MEMBERS PRESENT: Chairman Stewart
Vice Chairman Sader
Mr. Thompson
Ms. Foley
Mr. Beyer
Mr. Price
Mr. Chaney
Mr. Malone
Mrs. Cafferata
Ms. Ham
Mr. Banner

MEMBERS ABSENT: None

GUESTS PRESENT: See EXHIBIT A.

Chairman Stewart called the meeting, which had been moved to a larger room due to the large number of witnesses present, to order at 8:15 a.m. He said he would hear testimony on AB 596 first.

AB 596: Revises requirements for consent and notice in cases of abortion.

Chairman Stewart noted that because of the number of people wishing to testify and the limited time available, he would arrange the speakers in the following order: 1) the ordered list of the proponents of the bill (EXHIBIT B); 2) the ordered list of the opponents of the bill (EXHIBIT C) (these being allocated one hour per group); and finally 3) those individuals not on the organized lists, alternating between those in favor and those against.

First to testify was Ms. Carma Watts, who read the letter attached as EXHIBIT D.

Next to testify was Dr. Henry Davis, M.D., a family practitioner of Carson City who has been in private practice in medicine here for 12 years. He stated he was testifying on the basis of his own experience as a practitioner in the community.

Dr. Davis said that 7 years ago, when the abortion bill was passed in Nevada, there was an assumption that carried along with it that because abortion had now been legalized it was a stamp of approval that it was also safe and free from various complications. At about that time, Dr. Davis said he began to assume and has continued to assume the burden of caring for the complications of the people who seek abortions and whose abortions are performed in various abortion clinics in the area. He said that as he interviews these patients when they return

from having had an abortion, it is clear to him that there is a lack of communication of the possibility of complications to the patient. It is possible that something was communicated, and it is possible that a consent was obtained on this, thus there was some semblance of informed consent. Communication being the responsibility of the communicator, however, it was obvious to Dr. Davis that the points had not been received and understood by the person getting the abortion. He said that usually, when the complication occurred, there was some sense of outrage in the patients that they had not understood that this was a possibility.

Dr. Davis said that he usually encourages these people to go back to the person who performed the abortion, partly because that would be their responsibility to care for the complications, and partly because he wanted them to know that these complications were happening. He noted that one sees reports coming out of statistics from abortion clinics claiming that the complication rate is low; he said his own sense is they are not seeing their own complications--these people are, in fact, returning to their private doctors who then take care of the complications.

Dr. Davis went on to say that he feels there is a great breach of medical ethics and standard of practice in the way things are currently being done. This is possible because of a sense of guilt in the patient and because of the protection the state now offers practitioners of abortion, so that they do not have to conform with the usual rules and regulations that most of those practicing in the community in an ethical way would have to conform to.

The witness said that it seems that abortion, because of its implications, is treated somehow differently than, for example an appendectomy. He said he could not get away with the kind of misinformation, or lack of information on a patient on whom he is performing an appendectomy that he hears those performing abortions get away with.

Dr. Davis said that it is a fact that most women seeking abortion are doing so, not upon their own, but because someone else--a boyfriend, parents, counselors, social workers--is pushing them to do so. There is this implied sense of guilt that the person carrying the child has somehow "messed up" and that they therefore have the responsibility of taking care of this. Because of this implied sense of guilt, these women are quite willing to do things without fully understanding what is going to happen to them. He felt they are asked to take unnecessary risks, and risks that they do not fully understand.

Dr. Davis said that experience tells him with his own children that they are not really able to give an informed consent. They are a medical family, his children hear a lot about medical things, and yet he would not trust his own children, teenagers,

to give their consent to a surgical procedure unless he had some knowledge of what was to happen and could inform them of this and of any possible complications. He said that somehow the state protects abortionists in this particular area, and allows mayhem to be committed upon this person without their knowing what is going on or of possible complications.

Dr. Davis said teenagers do not have in their experience something that validates the idea of a life-threatening hemorrhage or infection. They need parental guidance for this. But the state has, in effect, sanctioned mayhem being committed on these people.

He said that as a parent he feels a sense of protection of his children. He added that when they have so much as a traffic ticket they are required to have him appear with them so he can help and advise them; the state does allow for this. Somehow, in the case of abortion, this is overlooked and bypassed, and this is protected by law.

Dr. Davis said he heartily endorses AB 596 because it restores the state as a protector of human life; it restores the authority of the family; it restores some sense of ethic and dignity to the manner in which abortions are approached and treated by the medical profession; it places abortion at least in the same category of informed consent as other surgical procedures; it allows patients to have some degree of consumer protection, which in fact is not offered or given under the present law. He said that as a practitioner AB 596 would give him some confidence that his patients would be protected from a current unethical practice of having a life-threatening procedure performed with only superficial or cursory and often biased information being offered.

Ms. Foley asked Dr. Davis what procedures he goes through in explaining to a woman or a man the procedures of an appendectomy. He replied that he would tell them the importance of the disease, how, if the disease went untreated, it would affect their health, so that they would understand that the operation was really necessary. And balanced against that, he would offer the usual sort of risks: that there is a possibility of infection, sometimes serious infection; that there is a possibility of hemorrhage; there is a possibility of anesthetic complication, and that there is, in fact, in that complication a life-threatening complication. He added that if this were a minor child, much of this conversation would go on with the parents. He would, in the child's sense of comprehension, explain to him what to expect in the usual course of the operation. He said he would respond to their anxieties and their questions about it, and try to let them know that, although there is a risk in the operation, there is a considerable risk in the untreated case.

Mr. William O'Mara, an attorney licensed to practice law in the states of California and Nevada, and a member of and legal

counsel to The Right to Life, testified next. He stated he favored AB 596, and that he wished to address two basic areas during his testimony.

Mr. O'Mara noted that this bill addresses two fundamental points: 1) the person upon whom the abortion is to be had must be informed as to the procedures to be performed to the fullest extent possible; and 2) the question of whether or not the parents of the minor child should be notified.

Regarding the first point, it is fairly obvious that this should be done. Mr. O'Mara pointed out that there are all kinds of advertisements about getting a second medical opinion before any surgery is done, because there is a lot of unnecessary surgery being done. He said that now we have a situation where abortions are being performed in abortion clinics on a regular basis. We then should make sure that the person upon whom they are being done is fully aware to the best medical knowledge of what is going to happen to them, what are the possible complications, so that they can give a better informed consent.

As to the requirement that pictures be shown to the individual seeking an abortion, Mr. O'Mara said it is his experience that "a picture is worth a thousand words", and you can explain with a picture much better what the problems are, what the procedure is, and what the complications will be, than in any other way. He said he did not feel that this is any impediment to the bill.

The second, and probably most controversial area of the bill, involves the notification of parents or the guardian. He told the Committee that there is at least one decision of the U.S. Supreme Court, made 23 March 1981, (EXHIBIT E) which states there is nothing wrong with a state law requiring a doctor to notify the parents or guardian that the minor child is going to have an abortion performed on her. He noted that "a state furthers an appropriate end by encouraging an unmarried, pregnant minor to seek the help and advice of the parents in making the very important decision whether or not to bear a child. It seems unlikely, the court continued, that she will obtain adequate counsel and support from the attending physician in an abortion clinic, where abortions for pregnant minors frequently take place." He added that, when someone is going to make money off of a procedure, such as an abortion clinic will, the likelihood of them supporting that child in any way, and giving the full amount of advice which that child should receive is impossible; they are too busy doing other things, and have too many other things to take care of. We see it in business all the time. So the court makes its determination based on practicality. It also bases its opinion on fundamental areas of our law concerning when parents have the right to discuss with their children what their future will be.

He reminded the Committee that this law is not stopping the abortion; it does not say that the parents have to consent to

the abortion. And the U.S. Supreme Court specifically makes that differentiation. It says that all we are doing is allowing those parties, which have a legitimate right to, to know that this procedure may be done. He added that it is the children who will benefit from this law, and cited examples of this. He also pointed out that it is in the service of better medical care to allow a physician to get information from a person who might know of the minor's prior medical history.

Mr. O'Mara said there may be arguments saying this procedure may inhibit abortions. The U.S. Supreme Court directly ruled on that question by saying "that the requirement of notice to parents may inhibit some minors from seeking abortion is not a valid basis to void the statute."

He then asked, which is better: should we allow the abortions to continue without any knowledge of the parent whatsoever? He thinks not, and feels that most parents feel this way. He said that, as a parent, it is very important to him when his child goes to the hospital under any circumstances, whether it is for an appendectomy or an abortion. He said he feels that if they are going to go through a procedure, whatever it may be, he should be notified of it so he can give them the encouragement and help they may need in overcoming what their problems may be. He said whatever the procedure, there could be medical and/or emotional problems, and the parents should be aware of those possibilities so they can prepare themselves and the child and work to overcome the problems.

Finally, Mr. O'Mara said he felt there is one thing lacking in the bill: there is no penalty for violation. He therefore suggested that section 8, subsection 5, be amended to read: "...except that any person who performs an abortion in willful violation of the conditions as specified in sections 1 through 8 shall be liable to a fine of not less than $200 and not more than $1,000."

Ms. Ruth McGroarty, a member and Director of Nevada Right to Life, and a Board Member of the National Right to Life, testified next. She stated that it is vitally important that all those present realize that this bill is not an attempt to stop abortions. She said they were present to ask that all those with differing opinions on abortion get together and exhaust every means available to assist any girl or woman who finds herself with an unexpected pregnancy problem. She felt they could all get together and solve the problems, rather than add to them.

Ms. McGroarty said feedback has reached her that there are some who are concerned about the proposal to show both pre-natal and abortion pictures. She said she could understand this, because several years ago she had been concerned upon receipt of several authenticated pictures which had been presented to the U.S. Supreme Court. The pictures were shocking to her,

because she had had no idea that these could really be true. Then she became angry and became determined that she would show these pictures anywhere, anytime and anyplace that she could, so that women would know what was happening in an abortion. She said she realized that women who are pregnant are still patients and thus entitled to a right to know what is going to be done to their body and to the unborn child in their womb.

Ms. McGroarty said that there is absolutely no way that you can explain an abortion procedure easier, quicker and more long lasting than by showing pictures.

Next Ms. McGroarty handed out some material dealing with abortion (EXHIBIT F), which contained documentary evidence on the complications and legal ramifications of abortion suits being filed across the country against doctors and hospitals. She said that adoption of AB 596 would be a great service to these doctors and hospitals, because once a woman signs that she knows exactly what she is getting into, then it is out of their hands, and the suit can be avoided.

She also noted that in EXHIBIT F is a report by the American Association of Pro Life Obstetricians & Gynecologists, which contains two conclusions: 1) the complexity and frequency of problems associated with teen age abortions are not being publicized adequately; and 2) intensive educational efforts must be made at the high school level especially to show--not tell--students the dangers and far reaching effects of abortion.

She said that finally, she would like to read an opinion of the Nevada Right to Life. She added that, being a Right to Life member, she is in touch with people not only in this country, but all over the world, and it seems to be the same everywhere. "Critics of legislation requiring that prospective abortion cases be given a description of the unborn baby say it is an attempt by Pro-Lifers to prevent women from exercising their freedom of choice, and thus it is not to be allowed. In a recent letter to the editor of the New England Journal of Medicine, Dr. Virginia Riggs of Townshend, VT. argues that knowledge about the development of the baby before birth is not irrelevant to a woman's decision to have an abortion. She says denying that such information pertains to the abortion procedure is to deny any possibility that a second being is involved. If this fact has been established, she writes, a description of the fetal characteristics should not bias a woman in favor of continuing pregnancy, nor should it evoke guilt over pregnancy termination, any more than the description of an appendix to be removed should evoke guilt over an appendectomy. If, on the other hand, the fetal characteristics raise the question of the presence of another being, then the information is crucial to the woman's decision. Dr. Riggs argues that to refer to the unborn child as fetal tissue or the product of conception, or to convey an image of a blood clot or a fragment of placenta is a lie of understatement. She says women do deserve to know

"exactly what would be removed in an abortion before they make a decision. The doctor who protects them from the facts to preserve them from anxiety and guilt has made a moral decision on their behalf. I am convinced that to deprive a woman contemplating abortion of a description of the fetus, whether or not she requests it, is to deprive her of a truly informed consent."

Mrs. McGroarty said she did not know of a single Legislator who was interviewed who did not show great compassion for the inherent danger proposal of her questionnaire. Though some may question the methods, there is no other way. She said her organization was open to suggestions from anyone who might have a better idea, but 13 years of Pro-Life presentations tells her there is no other way. She said they have found both the students and parents grateful. At their affairs, thousands of parents have brought their little youngsters to see their pictures, explaining them to the children, and sealing that bond between the youngsters and the parents. She said these children will be able to make a decision in the future, because they have been told and they know.

The witness said that with the passage of AB 596 she sees a return to the importance of the child-parent relationship, as indicated by the U.S. Supreme Court decision. She said that up to its passage, parents have only been notified on two occasions when their daughters are having an abortion: 1) when she has complications, when she is in the hospital; and 2) when she dies. AB 596 won't stop all this, but it will help renew the community spirit to let the young people know that adults care and will stand by them, and it will give them the alternative and every piece of available true information to help them make a voluntary informed decision. She said that in truth there can be no guilt for anyone to bear.

The next witness was Ms. Sally Zamora, Vice Chairman for the Pro-Family Coalition of Nevada. She said that the Pro-Family Coalition is unalterably opposed to government policies that permit or promote abortion to minor children without parental consent and knowledge. She said that when the Supreme Court legalized abortion on demand for women, it carried with it the message of deception on demand for the family. How can a marriage survive when a wife deceives her husband in the most intimate decision of aborting their child? Why would an agency, or a school nurse, or a doctor be better qualified to share the problems, to encourage and to counsel a young pregnant girl, than loving parents whose greatest concern is her welfare?

Ms. Zamora said that Pro-Family members believe that the family is the training camp for good citizens; sociologists call it a socializing agency. If the family is undermined and weakened by policies which say it is OK to lie and deceive other members of the family, then the function is severely damaged and will produce citizens that lie and are distrustful and irresponsible toward one another.

She said that inter-dependence, not independence; truth, not deception; responsibility, not irresponsibility serve to strengthen the family.

Last year the state held four public meetings to receive input from the public on their views on issues related to the family. An advisory committee compiled all of the information into a state report for the White House conference on the family. The report was to be based first, on input from the public meetings, then on more than 2,000 letters and reports which were sent in. It was not to be based on the opinions of members of the committee. She then read from the report, portions of which are included in EXHIBIT G. She also referred to the Family Protection Act (see EXHIBIT G).

Ms. Zamora ended by urging the Committee to restore the rights and responsibilities to the family. She also asked that they include in AB 596 provisions for enforcement and strict penalties sufficient for the crime.

Mr. Price asked if it had been generally determined that a marriage would survive better if a wife, who had perhaps become pregnant from someone else besides her husband, informed her husband of this rather than have an abortion. He agreed neither option was desirable, but since Ms. Zamora stressed the family and keeping it together, he wondered if this type of situation was included in her assessment. Ms. Zamora replied that truthfulness in any relationship is to be preferred, but especially in marriage, which should be based on truth and support, particularly in times of problems.

Mr. Price said he has always had questions in his mind whether any governing body can legislate rules and regulations which will somehow make the family a stronger unit.

Mr. Price then asked what the intent of the legislation was: to provide medical protection for someone going in for a very serious operation, or to try to bring the family together; or is the bill to accomplish several things. Ms. Zamora said the bill addresses itself to informed consent of minor children and to telling of the husband, who oftentimes is not told until it is too late that his child that he conceived has been murdered; so it is hoped this bill will give men the right to have at least some influence over the wife who does that--not to make the determination, but to have some input into the decision.

Ms. Patricia Glenn, Director of Lifeline--a non-profit volunteer agency offering alternatives to abortion--testified next.

She noted that since January of 1974 Lifeline has offered its help at no charge to anyone faced with an unwanted pregnancy. One of the most troubling problems encountered is that a very large number of young girls simply have no idea of what is actually involved in an abortion procedure. She said they

often view it as a simple, safe, non-invasive answer to all their problems. It is viewed as a back-up method of birth control and an easy way out of very sudden responsibilities. They do not realize that there is a definite amount of risk involved in every abortion to the girl's own health, both physical and mental.

Ms. Glenn said that, despite blandly reassuring statements to the contrary, American hospitals are treating more abortion complications now than before the legalization of abortion on demand. Annually, at least 115,567 females undergoing legal abortions suffer complications. And the effects on their subsequent reproductive capacity when they wish to have a planned baby, is horrendous: 17-50% will lose their babies through miscarriage, tubal pregnancies, stillbirth and infant death. Undergoing a legal abortion increases the subsequent risk of having a baby with physical and/or mental disabilities, because it increases the risk of a premature birth by 67-200%. Two abortions increase the risk to 250%, and three abortions increase the risk to nearly 400%.

The witness said that often a girl will tell the Lifeline people that if she had only realized that there was any help available in the community, she would have preferred not to have the abortion. She is often in need of professional counseling as well as medical, financial and emotional support.

AB 596 would require that the availability of this assistance be made known to her before an irreversible decision to abort is made. Clearly this decision is not one to be made lightly. A minor child needs the advice and support of her parents at this time probably more than at any other time in her life. She needs facts, not platitudes, upon which to base her decision.

Ms. Glenn felt that anyone truly interested in women's rights would not deprive any women, and especially a pregnant minor, of the right to factual medical and biological information as to the exact nature of her condition and of her proposed surgery. If she is truly to make a choice, the various alternatives must be made available to her.

Ms. Glenn ended by asking the Committee members, whatever their religious, moral or philosophical beliefs, to support AB 596. She asked them to do this in the name of all the women and girls who are entitled to the facts, to the support of their families, and to protection from those who would derive financial profit from their distressful situation.

Ms. Ham asked Ms. Glenn what services Lifeline offers. She replied that they do not provide financial assistance because they are a low-profit, low-key, completely volunteer group, but they help the girl in any way she needs help. They refer her to the agencies which offer, for example, adoption services; they make known to her that there are such things as Aid to

Dependent Children; they make sure that she gets medical care, either through a state or county agency or through a private physician; they make sure she gets professional counseling if she needs it; they make sure she has a place to stay, either in a private home, a home for unwed mothers, or whatever. She said that, basically, they try to get her the help she needs, using those agencies and resources available throughout the state.

Mr. Beyer noted that Ms. Glenn had testified that Lifeline was under-financed and low-key, and asked how a girl would find out about the services offered, this being the case. Ms. Glenn said that they are listed in the phonebook, and that they also have brochures which they pass out. She said they also get many girls who have learned about them through word of mouth, and that most of the social service agencies in Washoe County know about them. She said it is mostly through word of mouth, although they do some advertising in papers, on TV, on radio, etc.

Mr. Beyer asked if this meant that a girl who went to a county service would be told about Lifeline, and similar groups. Ms. Glenn said this was not necessarily true. She hoped that if AB 596 were passed, they would be one of the agencies that they might be told about. She also pointed out that there is a lot of help available through Nevada State Welfare; they do a lot of counseling, they have an adoption service, etc. and do an excellent job. She did hope, however, that Lifeline would be one of the agencies listed as offering the girls an alternative to abortion.

Ms. Chris Benson, Vice President of the Pro-Family Coalition of Southern Nevada, was the next witness to testify in support of AB 596. She said that, whether you are for or against abortion, you can't argue the fact that the person having the abortion has the right to know everything involved. They have the right to know the details: that this does increase their chance of premature births; that it will increase their chances of stillbirths; and that there is a chance that they will become sterile from an abortion procedure. Even though the percentages may be low, they have this right to know that this could happen to them.

She stated these women have the right to know exactly what the medical procedures are, and that it isn't just a mass of blood and tissue that they are aborting, but in many cases a viable human being. She said there are several cases where, in the later months--up to 24 weeks--the babies have lived, and then died. She said when she worked for the Welfare Department there were cases of the hospitals contacting them in search of mothers because they needed her to sign the death certificate on the infant. The people have the right to know that this could happen, and that it is possible the baby will live after the abortion. They have a right to know the stage of the fetus' development at the time of the abortion request.

Ms. Benson then went on to describe the stage of development of the fetus at different time periods.

Ms. Benson said she agreed that the decision on whether or not to seek an abortion is an emotional one, and that the woman is under a lot of strain at the time; however, she does not feel that showing these women pictures of what they are aborting at this time would be too traumatic for them. She said it would be more traumatic if the woman went through an abortion, having been led to believe that at, for example 12 weeks, she was just aborting blood and tissue, and then learned of the actual stage of development of the fetus at a later date. Thus, it should be ensured that all this information is provided before the abortion takes place.

She also pointed out that this bill does provide that if a wife is pregnant by a man other than her husband, she does not need to have the consent of the husband, nor must he be notified, if she establishes paternity.

Finally, Ms. Benson said she was concerned that there were no penalties listed in the bill for those failing to comply with the law. She felt these should be added.

She ended her testimony by asking the Committee to vote in favor of the bill, not on the point of being for or against abortion, but on a woman's right to the facts.

On this last statement, Mr. Chaney asked if women were being denied the right to know. Ms. Benson said she did not feel this right was actually being denied, but neither is it being ensured. She then cited the example of a young girl who wanted to weigh both sides before having an abortion. The girl sought information from Right to Life, where she was shown the pictures and was told of the stage of development and size of the fetus at that point in her pregnancy. The girl then went to have her abortion performed, where they showed her the tubes which would be used and insinuated that no living body, no baby, could fit through those tubes. Ms. Benson said she felt AB 596 would ensure that there would not be as many misconceptions; not that anyone is being denied their rights, but in many cases these rights are not being ensured.

Ms. Ina Wagner, also representing Pro-Family Coalition as well as other groups, testified next on this bill. She said she was speaking not only as a Pro-Family member, but also as a mother.

Ms. Wagner said that, before she left Las Vegas, she took the occasion to speak to the doctor who is the Director of the LDS social services of the state of Nevada. She said that as part of their program for pregnant, unwed girls this group offers counseling and also adoption services. She said the doctor had told her that often the group will have unwed mothers come who are in their second pregnancy, and who had an abortion the

first time, not realizing what they were going to have to go through; not to mention the physical trauma and the emotional trauma that would accompany them. Thus, knowing what abortion entailed, the second time they became pregnant they decided to go through the unwed mother's program instead of an abortion.

Ms. Wagner also pointed out that, as a dentist, her husband must explain in full the procedures and alternatives thereto, as well as any possible complications, to his patients before starting the treatment. If he does not, he can be held liable and sued. She felt the same thing should certainly apply in something as important as an abortion.

She said that as a parent she feels very strongly that if children have a problem, and particularly if they would happen to become pregnant before they were married, their prime source of help to be given is the parents. She said she would be appalled if her children were advised not to come to their parents first, but to go through with something like this and she found out about it later.

She said she also agreed there should be some penalty imposed for lack of compliance.

Mr. Thompson asked why the bill required that the parent or guardian be notified by certified mail, rather than by phone, etc. Ms. Wagner could not answer this, but assumed it was a means of assuring that the notification is received.

Mr. Thompson pointed out that under the present law the minor child must have the prior written consent of the parent or guardian, so why change it. Ms. Wagner said that if the law does currently provide for this, then why isn't it taking place, and why are there no efforts being made to enforce this law. Mr. Thompson said that was his question. Ms. Wagner offered to get this information for the Committee.

Chairman Stewart announced that the time for those favoring the bill to testify was over, and that the Committee would now hear testimony from those opposing AB 596.

The first of the opponents to testify was Mr. Mike Melner, an attorney appearing on behalf of Planned Parenthood of both Northern and Southern Nevada.

Mr. Melner said there were a number of very serious legal problems with the bill. He distributed to the Committee an analysis of some of the sections and/or portions which have been held unconstitutional by federal and state courts all over the United States (EXHIBIT H).

He said he would also like to point out that in Mr. O'Mara's testimony, he has indicated a number of things about the Supreme Court decision to which he referred which are not

quite complete. He said the Supreme Court authorizes notification of parents of minors, but only as to a very narrow class of minors. Chief Justice Burger, in writing that decision, talked about the minor who 1) is living with and dependent upon her parents, 2) is not emancipated by marriage, 3) has made no claim that she is mature and informed enough to make the abortion decision, and 4) has not claimed that her relationship with her parents provides some reason why notification would not be in her best interests. The Utah statute, which was the one being upheld by this decision, is much narrower and is not in any way like AB 596.

Mr. Melner said that, in terms of waiting periods, mandatory waiting requirements have been struck down by federal courts for the districts noted in EXHIBIT H. He then went on to note those other provisions which have been ruled unconstitutional, as cited in EXHIBIT H.

Mr. Melner said that if this Legislature wants to process a bill, and if they want a notification process, he felt that bill should be in compliance with federal court decisions and state court decisions. He said certainly there is provision for notification, but AB 596 does not do that.

He said that there were a number of things wrong with this bill; there are a number of things wrong with the concept. He said he must point out that Planned Parenthood of Nevada is certainly not pro-abortion, but pro-choice.

Mr. Melner also wondered how this bill would be implemented; what procedure would be used for implementation and what legal procedure would be used for enforcement. He noted the bill does not address itself to these issues.

A requirement that the physician must personally give informed consent information at least 48 hours before the procedure has been stricken by the courts. A requirement for a 48 hour waiting period between counseling by a physician and abortion has been struck down. He added that, in fact, the longer a person waits for an abortion, the greater the risks. He felt the pro-life people are coming up with a self-defeating concept here, if you make someone wait. A requirement that probable fetal development and abortion procedure be shown and explained has been struck down. He said he felt it should be raised here that perhaps they should also be shown pictures of abused, physically mistreated, deformed, etc. children in terms of first trimester abortions.

Regarding the requirement that additional counseling must be provided by someone who has no interests, and the ensuing suggesting that perhaps the Welfare Department could handle this, Mr. Melner said that if this is to be the case, then the bill should also be processed by the Ways and Means Committee, because it will have a substantial impact on

the financial resources of the Welfare Department and on what they do in terms of counseling. He also said the Ways and Means Committee should process this if there is going to be a police force used to somehow enforce this bill.

Regarding the requirement that notice must be given, he said that no court has upheld a requirement of notice to a husband. He said he would indicate that though the presumption is that a child conceived in a marriage is a product of the marriage, a large number of abortions are, in fact, those conceived by someone other than the husband in a very difficult situation. He said that, furthermore, if the answer is that, in fact, a judicial declaration of who the father is be required, those who are lawyers know how long that procedure takes and how difficult it is to prove that a fetus is conceived by someone. He noted that if the intent is to allow an educated choice by the woman, then you cannot tie it up by judicial procedings. There is no notice requirement of that kind that has been upheld.

Mr. Melner reiterated that there are a number of things wrong with the bill that are very dangerous and if this type of a bill is desired by the Committee, then many changes should be made to it prior to its passage.

The 1973 abortion decision which made abortion in the first trimester legal indicates that the state cannot regulate first trimester abortions; AB 596 is an attmept to regulate. This bill is more than providing information, it is more than providing guidance. It is an attempt to chill abortion. He further noted that the courts have said that, if the combined weight of a number of regulations not independently unconstitutional make it unduly burdensome for a woman to carry out the decision to seek abortion, those provisions are invalid.

Mr. Melner summarized his testimony by saying that AB 596 is so complex and contains so many violations of constitutional law, that he would strongly urge the Committee not to process this bill. He said that Planned Parenthood of Nevada is strongly opposed to this legislation, and he hopes the Committee will consider the law as it exists in the U.S. at this point, and the medical testimony which the Committee will hear later on.

In reply to a question from Mr. Sader, Mr. Melner described the case which resulted in the cited Supreme Court decision, and noted this information was contained in EXHIBIT E.

Dr. Donovan Roberts, a United Methodist Clergyman, testified next. He noted that the intent of the proposed legislation is thinly veiled, indeed, it is rather transparent. The line between legitimate regulation and unwarranted harrassment is transgressed. He said that simply, and plainly, the bill proposes intimidating measures against persons who would consider abortion as an option for dealing with problem pregnancies. Likewise, it would also dispose the medical

community towards an unconstitutional bias in its consideration of measures for healing therapeutically with procedures for terminating pregnancy.

Dr. Roberts said that he feels this bill and its more straightforward counterpart seeking to prohibit abortion have one thing in common: its proponents and supporters allocate to themselves a presumption of unique knowledge. Unlike theology, unlike philosophy, unlike jurisprudence, unlike medicine, these advocates know unerringly when human life begins and a person becomes a person. Whereas this self assured certainty has escaped the collective and consensual historic wisdom of learned societies and institutions, the Church, the courts, medicine and the academy, these persons present themselves as keepers of a special truth and protectors of the rights and privileges of innocence. The perception of the humanity of the fetus and the weighing of fetal rights against other human rights is the work of moral reflection proper to those above-listed disciplines and the humane conscience. But even with the fetus weighed as human, one interest could be weighed as equal or superior, that is the interest of the mother and her life and her well-being. United Methodism, United Presbyterianism, the United Church of Christ, among other Protestant denominations in our land have gone on official record in support of the woman's free choice to decide for abortion as an option amongst others with respect to the termination of a problem pregnancy.

He went on to note that the teachings of a religious body may invoke revelation, claim authority, exemplify values, embody insight in making the moral doctrine it teaches binding for believers it its faith. But such teachings are of academic concern to those outside its confession. And to make the ethical awareness of a part of our community binding upon the moral behavior of the whole is a breach of faith in our democratic and pluralistic society.

He said he would like to suggest a certain self-denying ordinance be placed on all ethical outlooks. This would help us make a distinction between sin and crime. All contradictions of the moral law are not good subjects for legislation; some moral persuasions regard the use of alcoholic beverages, gambling, and prostitution as grievous sin. In the main, our state has averred that such alleged sins will not be treated as crimes, thus calling forth the regulation and enforcement of laws threatening towards abstinence.

Dr. Roberts stated St. Thomas Aquinas--who was not a United Methodist--in his Summa Theologica states "human law does not prescribe concerning all the acts of every virtue, but only in regard to those that are ordainable for the public good." He said he wished to suggest to the Committee that perceptions of sin or wrong practice become fit subjects for legislation when three conditions can be satisfied: 1) when such practices show clear evidence of injuring the common good substantially;

2) when the proposed legislation can be enforced equitably, in all its incidences; and 3) when enforcement does not cause greater sins than those it represses.

In conclusion Dr. Roberts said he believed AB 596 does not and cannot satisfy any of those three conditions. Therapeutic abortion and a patient's right to confer and deliberate with the physician when seeking counsel for abortion, minus the restrictions of this legislation, does not injure the common good substantially. There is no reason to believe, according to the stipulations of this bill, that such regulations would or could be enforced equitably. And there is considerable warrant for suspecting that the attempted enforcement of this legislation would severely jeopardize the moral, civil and constitutional rights of both the patient and the physician.

He asked that the Committee reconsider the merit of the suggested criteria; such would exert a rather salutary restraint upon the propensity of every moralist and Legislator to conclude quickly that "there ought to be a law..." It would give us pause in so readily passing from "possible" perceptions of sin or wrong to acts punishable as crime.

Mr. Stewart asked Dr. Roberts if he opposes the idea of informed medical consent by a doctor being obtained from a patient before an operation. Dr. Roberts said he opposes this if it is regulated. Mr. Stewart noted that it is regulated by court decisions in malpractice suits, etc. Dr. Roberts said that he thinks it is proper to undertake to stipulate with the client the risks involved in the procedure. He informed Mr. Stewart that he was opposed to some notification of the parents in the event it is a minor child, although he does not oppose the involvement of parents in juvenile proceedings, nor the mandatory participation of the parents in juvenile court proceedings. He also said he did not oppose the involvement of the parent in an operation, such as a tonsillectomy, on a child. But he does oppose this involvement in the case of abortion.

There followed a discussion between Mr. Stewart and Dr. Roberts over the killing of an infant vs. the killing of a fetus, and the moral and legislative issues involved therein, including when the state can legislate using morality as a basis.

Ms. Ham then asked Dr. Roberts what his position would be if the U.S. Supreme Court decided that the unborn was indeed a human being from conception. Dr. Roberts said that what his position would be would have to wait, but what he would immediately be was confused as to how the Supreme Court, in its apparent wisdom, was able to make such a convincing determination, when in fact the church, the medical community, the community of law have not been able to do so with any collective consensus.

Ms. Ham again asked if it became law that an unborn child, from conception, was legally a human being, would Dr. Roberts be for abortion or against it. Dr. Roberts said he would be for a woman's right to free choice. He also told Ms. Ham that the Methodist Church currently goes on record as being in support of the woman's right to choose.

Mr. Price questioned Dr. Roberts as to why, in the normally perceived case of a minor child who is living at home and whose parents are responsible for medical costs of the child, he felt the parents should not be informed. Dr. Roberts said that presumably, these same parents have extended to this minor child the right to make a free and independent decision about whether or not to become sexually active, thus the decision about the whole business of abortion in the event of a problem pregnancy ought to follow the same guideline of reasoning.

Dr. Roberts also noted that when referring to a parent, guardian, or entity in loco parentis, it should be noted that in some cases of minor children attending the University of Nevada, the University would be in loco parentis. This could result in there being a student away from home, living at school, whose parents might be paying tuition and all fees, and the University could be the agent in loco parentis and as such responsible for the granting of permission for the abortion.

Mr. Price said his question was referring more to the younger 12-16 year old age group where the child would still be within the family unit. Dr. Roberts replied that, contrary to popular belief, the decision to abort or not to abort is not one which many women take very easily. And every counselor Dr. Roberts has ever known or worked with, every clergyman he has known as a colleague, and every doctor who will perform therapeutic abortions, in the context of their counseling, will spend time and effort in working through with that individual the benefits versus the liabilities of discussing this whole matter, either with a family, or with a husband, etc. Those kinds of precautions are taken; they just don't go in for an abortion like you would run into a MacDonald's and order a Big Mac. And because most of them come with some real matters of conscience heavily upon them, there is time spent in discussing all of the ramifications; the ramifications of the procedure and its risks, the alternatives to abortion in a problem pregnancy, carrying to term and putting up for adoption, etc. These matters are discussed, and it is not done through regulation, but out of a sense of decency and common respect for the person involved in an important life decision.

Dr. Roberts ended his testimony by submitting additional information on the subject. (See EXHIBIT I.)

Ms. Mylan Roloff, representing the Coalition for Human Dignity, testified next on AB 596. She said she had not come in order to testify for or against this bill, but to ask on behalf of the Coalition a number of questions. She then began asking those questions contained in EXHIBIT J. While Chairman Stewart and the Committee members were willing to answer any questions which Ms. Roloff might have, they explained to her that a public hearing was not the proper forum for this, since its purpose is to gather information upon which the Committee can base their decision on the value of the proposed legislation, and not to educate the public. They suggested she ask her questions at some other, more appropriate time.

Next to testify was Dr. Richard Inskip, a family physician. He noted he would like to preface his remarks by saying he has never performed an abortion, and he has no intention of ever doing so. He said that, as one of medicine's leaders, however--he is the immediate past-President of the Nevada State Medical Association--he cannot stand silent while a bill that further regulates physicians' activities is debated.

Dr. Inskip said this bill serves no useful function, but harrasses physicians and makes women who seek abortions feel guilty, embarrassed, and frightened. He felt one ought to address oneself to the need for the legislation, something not yet done during this hearing. He thought that for laws to be passed there should be demonstrated need.

He said AB 596 is not a very deceptive piece of legislation; it is clear that it is talking about anti- and pro- abortion. He said that this issue is likely to be answered in some fashion within the next couple of years. He stated it would be brought before the public in some form, and the states will have opportunity to make their feelings known. He therefore recommended that the Committee wait until the next Legislative session before passing legislation of this type.

Dr. Inskip noted further that, in regards to the need for this legislation, the proponents have very carefully testified that the need is not there. He pointed out that there was adequate testimony that current laws (governing the malpractice situation in particular) mandate that physicians inform their patients of alternatives for treatment and likely complications. He said the Chairman of the Committee pointed out that there are many awards to parents and to patients based on failure of that consent. Dr. Inskip therefore felt that there is currently adequate provision in the law and in the court system, and that this bill is not necessary.

He added that Mrs. Glenn quite eloquently testified to the fact that there are other community agencies providing adequate consultative services for women that find themselves in this particular condition. He stated she is much too modest: Lifeline is well known and well publicized, and also well utilized as an

alternative recourse for patients that require that kind of counseling.

Dr. Inskip stated he would like to bring the official word of the State Medical Association, which feels that the legislation is not only unconstitutional as proposed, but that it sets some very bad precedents.

He pointed out that, regarding that section of the bill requiring color photographs be shown to the woman before the abortion, if he were to show someone color photographs of major surgeries prior to that surgery, no matter how necessary such a procedure might be, the patient would not be in a better position to give an informed consent, and in fact would probably be forced to suffer additional anxiety, and might even opt against the surgery, out of fear.

He ended his testimony by asking the Committee to judge the constitutionality of the bill, judge its necessity, and realize that the majority of physicians try to practice medicine in a reasonable manner, try to get informed consent from their patients, and that this is no less true of physicians who elect to perform a legal operation called abortion.

Ms. Foley asked Dr. Inskip what type of procedure doctors currently go through in explaining abortions to patients. He said that the Committee has heard a lot about that this morning, and that the complications are--and have to be--discussed. He said that a physician that would perform an abortion without indicating that bleeding is potentially a problem, that infection is potentially a problem, would be very remiss and would be subject to legal and financial burdens from patients should those complications develop. He said that most places that perform abortions, and physicians who perform abortions, have highly skilled counselors that specialize in this effort and who sit down and try to explain the procedure fully, try to modify guilt if it is there, try to explore the patient's real motivation for having the procedure, etc. In addition, the physician describes in great detail what is going to be done, how it is going to be done, what the likely outcome will be and what complications, if any, can be expected. He pointed out that this is standard medicine and that physicians have been doing this for ages.

Ms. Foley then asked if Dr. Inskip felt a physician would perform an abortion if he saw great hesitancy on the part of the patient, after she heard what the procedure was going to be. Dr. Inskip replied that he did not believe a physician would perform an abortion until he felt completely convinced that the patient had had the procedure adequately explained, and that if there were any guilt feelings that were perceived, if there was any hesitation on the part of the patient, then the patient would be asked to come back, rediscuss the situation, or would be given further opportunity to think about it. He said this is currently accepted medical practice in the entire U.S.

Ms. Foley then asked Dr. Inskip if he felt doctors in the state treat abortion patients differently from other patients upon whom they are going to perform surgery. He did not think this to be the case. He said the same considerations are utilized by physicians in that circumstance as for any patient that is going to have to undergo surgery.

Mr. Price asked if there were such a thing as an emergency abortion, where in some instances--perhaps an auto accident--it might become necessary to terminate the life of the child. Dr. Inskip said there are complex medical problems as to when abortion should be performed for the safety of the mother. Complicated diseases, certain kidney diseases, diabetes, etc. are conditions in which abortion might be recommended as a life-saving measure to the mother. He said that there is no indication that he is aware of where an emergency abortion would be required; emergency arises if an abortion is beginning on its own and often very heavy bleeding can occur, that can present as an emergency; but he sees no immediate that comes to mind where an abortion would have to be performed on an emergency basis.

Mr. Price explained the reason for his question is that the bill provides without any exception a certain notice time. He wondered if this provision required any exception, such as in the case of an accident, etc. Dr. Inskip said he was not aware of any condition which would require any exception to the waiting requirement. He added, however, that he hoped the bill would not be passed, since he sees no justification for the waiting period in the first place. He also added that, since the conditions were not conducive to his thinking in depth as to any possible complication which might necessitate an emergency abortion, that it would be very wise to put an amendment in that would allow for some emergency provision, where a physician feels it is in the patient's best interest that the abortion be performed sooner than 48 hours.

Mr. Price then asked if during the training of physicians there is any portion or part of that training that deals with the physician having to become involved in moral judgments in conjunction with the patient, as appears to be required in AB 596. Dr. Inskip said he did not see this requirement as a particular problem.

Mr. Beyer then said that Dr. Inskip had stated in his testimony that the question of abortion will be resolved in the next couple of years; he asked the doctor to what was he referring. The witness replied that he felt there may very well be attempts to introduce a constitutional amendment, which the states would have to ratify, concerning the issue of abortion itself. He thought the current administration and some other very powerful forces have indicated that they would like to see this issue addressed by the public in some manner, and he therefore expects on that basis that the issue will be decided by other

than the Supreme Court in the future. For this reason it might be beneficial to wait to see what happens over the next couple of years; he added that he could see no need to run with such haste on this bill, which is really not designed to do what it's cracked up to do. Both Mr. Beyer and Dr. Inskip agreed that this issue has been hanging since the Supreme Court made the decision without there being any commitment on the part of a large segment of our society to see that the issue was brought to the public. Dr. Inskip said he has every reason to believe that this will occur now; if it should not, the Legislature could still address this in the next session.

Mr. Price asked Dr. Inskip if, at any time during the course of his training as a physician, he was taught that life begins at conception, or one week, or eleven weeks; is that part of the training for a physician. The doctor replied that question has not been answered by medicine to date, and it is part of the difficulty in the entire concept of the abortion issue. He said medical students cannot be taught, at this point in time, when life begins after conception; that is largely a religious issue--science has not been able to resolve it--and various religions differ on this point, but medical students are not taught at what point life begins.

Mr. Sader then clarified the issue of informed consent, stating that it is a concept of negligence law, and means basically that the doctor has a responsibility or duty to the patient to inform the patient of things like alternative procedures, complications, etc. This is a duty to the patient. If the doctor does not fulfill this obligation, he can be sued civilly for breach of duty. Also, if there are complications, if the patient can prove damage because he or she was not so informed, the doctor might be held liable for hundreds of thousands of dollars. Dr. Inskip said this was true, and already occurs now. It was noted that this concept applies to abortions as to other medical procedures.

Mr. Stewart asked the doctor what he does in the case of an operation on a minor, does he bring the parents in. He said he most certainly does this when he performs an operation on a minor. He said he got the signed consent of the parents before he performed the surgery.

Next to testify was Dr. Joseph Boyle, who was asked to speak to the Committee on behalf of the Nevada State Medical Society. He explained that he is not from Nevada, but was in Carson City in order to represent the American Medical Association during the annual session of the Nevada State Medical Society.

He said that he served as Vice Chairman of the Board of Trustees of the American Medical Association, and that the AMA's policy--as well as of all state medical societies--is that abortion is a medical question that should be decided between the patient and her physician. He said that anything

that artificially interferes with that is not good medical practice and is not good public policy. The AMA has not taken a position which favors abortion or opposes abortion under certain circumstances; however, it does believe that it is a medical procedure and should be subject to the same considerations as any other medical procedure.

Whether or not abortion is legal and can be performed in this country has been a question decided many many years ago, both by legislatures and by the courts. In fact, whether or not the woman has a right to make that determination has most recently been determined by the U.S. Supreme Court.

One of the most basic tenants of medicine is that "you should do no harm", and while doctors can readily understand the concern of the state legislature when it comes to questions such as informed consent, in which one wants to be certain that the patient's rights are adequately protected, or such questions concerning emancipated minors and/or others, at the same time the state legislature should take that same kind of thing to mind: i.e., that one should do no harm. He noted that as he views AB 596, it can only do harm.

Dr. Boyle said that at the present time there are only certain sets of circumstances in which a doctor can be presented for whom he believes there ought to be a more detailed and informed consent: that is a person who is, in fact, asking for abortion on demand, who will go ahead and have that abortion regardless of what they are shown. Those individuals may be indiscriminate in other ways, but they will make that determination, and these are not all minors; many of them are fairly mature individuals whose life circumstances are such that they really must choose this option as one way of resolving what they consider to be a problem. He said all one can do is rub their noses in a moral decision.

Dr. Boyle went on to note that the other people with whom a doctor will be dealing under this bill are those who are now pregnant as a result of rape, women who have been exposed to rubella in the first trimester, women who inadvertently have been exposed to chemical substances--drugs they have taken or others who may or may not have known they were pregnant at the time, people who, for reasons of genetics, are reasonably advised that that is the best avenue for them, etc. He said that, as far as he could tell from the literal application of the bill, these women could be forced to live with rather substantial psychological harm for the rest of their lives.

Ms. Ham asked Dr. Boyle how a physician could reconcile "do no harm" with the fact that he is definitely doing harm to the unborn. Dr. Boyle said that, as he indicated at the outset of his testimony, these decisions have already been made by the U.S. Supreme Court. In fact, in virtually every state, for many years, there have been laws that have allowed therapeutic

abortions if it threatened the life of the mother. At the same time, there are those who, for religious reasons, believe even that to be immoral and would not permit it. He went on to say that he is not proposing to do harm to anyone and that these are societal decisions that have been made. He added that this is not the issue before the Committee at present.

Dr. Boyle went on to say that he decries and deplores the fact that as far as law is concerned in the U.S. today, there is no law with respect to abortion. He said that right now, if you look at the statutes in Nevada, when put together with California and the U.S. Supreme Court decision, it says that one can literally take the life of an unborn child right up to the instant prior to which spontaneous labor begins. To Dr. Boyle that is an abhorrent concept; somehow or other law and society have got to deal with it. Unfortunately, this bill is not the way to deal with it because all one does here is harm people in an effort to try to involve them in somebody else's moral conscience as to when that is permissable. He explained that this is harmful to the woman, because to force a person who, for one reason or another, has made that choice--in many instances in which the doctor might agree, in which the doctor knows that the growing, living tissue is going to be a monster, and someone is going to be burdened with it, and the doctor agrees that abortion is the best option for mother and child--this bill would force that woman to live with a view of what that child could have looked like for the rest of her life.

Ms. Ham then asked how accurate prenatal prediction that a child will be a monster is. Dr. Boyle said that in some instances fairly good, in some instances not so good. That is the kind of information that the person would have to have prior to making the decision: what are the risks, how much of a risk are people willing to assume, are they going to assume any risk in order to carry pregnancy through, etc.

Mr. Price said that he understood Dr. Boyle to be saying that what should really be decided by the courts is at what point in time and under what circumstances should an abortion be allowed to be performed, and that there should be as little physical and psychological damage set upon the patient as possible. Dr. Boyle said that, very simply stated, that is true. He said he believes the issue of at which point a living tissue becomes a life is a question which he is not sure anyone can settle. The question of when one can say beyond this point what you are really doing is committing infanticide has got to be decided. He said he did not know when that moment is, although he knows it certainly isn't at 40 weeks after conception.

Mr. Price then recounted an example of a woman, the mother of 11 children, who, because of a serious complication, had to have a pregnancy terminated. This woman had very strong religious ties, and if she had been required to be shown pictures, etc. as outlined in AB 596, he presumes it would have made the whole

situation much worse. Dr. Boyle said he felt such an experience would be terrifying; in fact, he said he personally would have refused to do it, inspite of the law.

At this point Chairman Stewart noted that the Committee had to leave to attend General Session, and he recessed the hearing until 1:30 p.m. the same day.

Next to testify was Dr. Eugene Glick, an obstetrician-gynecologist. He handed out copies of EXHIBIT K, which describes the effect of delay and method choice on the risk of abortion morbidity, and asked the Committee to look at the graph on page 3 of this exhibit, noting that this makes rather obvious the problems involved in the delay of an abortion.

Dr. Glick then read to the Committee the decision of the U.S. District Court for the Western District of Kentucky at Louisville, written 12/3/80, in regards to some of the things being discussed at the hearing. He said that after hearing medical testimony, "the weight of the evidence is to the effect, also, that delays in carrying out abortion procedures increase the risks, complications and mortality... There is also convincing evidence to the effect that women who come to the clinic have already received a diagnosis of pregnancy and have already made up their minds to have an abortion. The weight of the evidence also is to the effect that to require a 24 hour waiting period will impose significant financial burdens, and to some extent, emotional burdens on women who come to the clinic from areas outside of Louisville, as so many of them do, and will be forced in many instances to incur extra expenses during the waiting period which could be as much as 3 or 4 days because of the intervention of the weekend when the consent is also given on Friday."

Dr. Glick then passed out and referred to EXHIBIT L, a summary from the Center of Disease Control in Atlanta, where they study the complications of abortion: "The aggregated data for the years 1972-1977 show that the risk of death from legal abortion was lowest for women whose abortions were perfomed at less than 9 menstrual weeks' gestation, with a death-to-case ratio of 0.6 per 100,000 procedures. The death-to-case rate increased by approximately 40%-60% for each week of delay after the 8th week. Abortions performed at 9-10 weeks were nearly 3 times more dangerous in terms of mortality than those performed earlier."

Dr. Glick said that, in essence, most physicians involved are concerned, in the delivery of abortion to all people, adolescents or otherwise, about the above noted statistics. He said that much of what they have done as obstetricians-gynecologists in order to allow the patient to get in sooner is in recognition of the rather geometric progression of complications with each delay; and part of the problem is that.

Next, Dr. Glick distributed copies of the consent form used in his office (EXHIBIT M). He said that the patient who calls his office must have a positive pregnancy test before she will be given an appointment. This pregnancy test is done elsewhere. When the woman comes into the office, that day she gets a repeat pregnancy test. She then is taken into counseling with trained counsellors--and most of these people are degreed people, or if not, have special linguistic abilities, like the ability to speak Spanish, in order to communicate thoroughly with a patient. The woman spends about a half an hour there, and one of the primary things they do is to ascertain whether that human being, that woman, wants to have an abortion. He said that what his clinic finds is that a fair amount of effort is expended to be sure that woman wants to have the abortion herself; they often find that parents will frequently bring the child in and say that she needs an abortion. In Dr. Glick's clinic it is an absolute that not one woman will have an abortion who does not want it for herself. If her husband wants her to have it, which frequently happens, father, etc. the clinic says sorry, the only one who can get an abortion in this office is that patient herself who wants it.

Dr. Glick said that if people are in doubt, he will examine them to make sure they are not going to be terribly endangered by waiting a week, and then he will refuse to do an abortion on anyone who does not want to do it. He will send them home first. He said he has even taken women off the table at the time and told them to go home, saying abortion is not for them.

Dr. Glick said the consent form that they sign after discussion with the counsellor reads as noted in EXHIBIT M, page 4.

Mr. Beyer noted that Dr. Glick said his office provided counselling after the patient comes to him and spends some time with a staff member; he asked how many of those women who come to the doctor's office would decide at that point that they would rather not go through with the abortion. Dr. Glick said that he has found that the vast majority of people who come into the office have already made their mind up to have it. He said it is not a large percentage, but there is a percentage that does leave. It is simply a selection factor, since after calling the office they must wait a week or so before they even get in. He said that he does not feel women even call up impetuously, but that they think about it a bit, go through a lot of trauma, and then call, and then they are given a length of time in which they can really think about it. He said his office does this automatically, and then they come in. Thus, by this time they have only a 10% no-show rate, which is indicative of those who are not sure and would like to do something else.

Mr. Beyer then said that Dr. Glick had mentioned in his testimony that waiting does create additional problems, and that the bill requires a waiting period of 48 hours; he asked if, recognizing that there could be weekends and/or holidays involved, there is

that much of a problem involved in a 48 hour wait. Dr. Glick said yes, especially with a youngster. He said what you find is that most youngsters automatically delay. The ones most in danger are the very young, since they are the ones who are going to hope that something is going to happen and thus they don't come in until they are 10-13 weeks along, they are right at the edge anyway. One week could put them into the second trimester, which increases the risks. He added that sometimes the delay of trying to find parents adds to the risks. He noted that his office requires a note from the parents if the patient is a minor, and that they are told this over the phone. He said that in terms of the immature minor, it is the rare minor that comes in without their parents. He said this did not include the 17-18 year old kids who are going to college.

Dr. Glick said that of the 20 obstetrician-gynecologists in the Reno area, 14 do their own therapeutic abortions and the other 6 refer to those 14. There is no doctor who does not refer, even if they themselves do not perform abortions.

Mr. Malone said he was confused by Dr. Glick's testimony, wherein at one point he states it is dangerous to wait 48 hours, and then he says that he will not see a patient until a week after they call for an appointment. Dr. Glick said that Mr. Malone was correct: there is a dichotomy of problems there, between what is safe and what is emotionally important to the person, who should have a chance to think it over and try and get to the parents and try to discuss it, etc. He agreed it is a balance, but if the Legislature adds additional time to that original waiting period, then the problems are enhanced. He agreed it might be better if these people could get in sooner, but at the same time the people have to think about it and deal with their emotional needs and do all these things. Thus there is a balance needed, and Dr. Glick feels the week is the best balance he has been able to come up with.

Dr. Glick reminded the Committee that the reason most physicians got into the field of abortion is because they saw the evils of the illegal abortion. He pointed out to the Committee that if anyone does not want to go through the laws of Nevada, California is very near indeed, but this will involve an additional delay. He said that AB 596 would exist in a vacuum, since the other states do not have such a law; thus, it is not helping the patient, since they can always go to California. He said his main concern, especially with the adolescent, is the delay. He pointed out that adolescents cannot deal with the "hassle", and they tend to do things--they don't have the ability to defer things--and it is possible there will be an increase in the illegal abortion if bills such as AB 596 are passed.

Dr. Glick explained that illegal abortion--meaning the self-induced abortion--is a dangerous thing because it causes what is called septic abortion, and to this day there is no cure for that. He said that 50% of all those who get an

infection relating to pregnancy--any pregnancy--are going to die.

Ms. Ham asked Dr. Glick what he charges for an abortion in his clinic. Dr. Glick said he charges $175, which includes a pap smear, a complete physical examination, all medications, the RH factor test, and all after care, including follow-up care if needed.

Ms. Ham then asked Dr. Glick whether the hypocratic oath says anything about abortion. He said it does, saying "I will not give a woman a pessary." He explained that history has it that Hypocrates does recommend jumping up and down and striking a woman's heels against her buttocks to induce abortion, but that his feeling was to do something was dangerous. At that time, Hypocrates was very much against the practice of putting pessaries up inside because it could cause hemorrhage, thus the hypocratic oath says a doctor will not give a woman a pessary, or an instrument to procure abortion; i.e., give it to the woman to perform the abortion on herself. Since Hypocrates was against anything which might cause harm, he said do not give the woman a pessary.

Next to testify was Ms. Nellie Droes, a licensed registered nurse in the state and representing the Nevada Nurses Association. Ms. Droes said NNA has grave concerns regarding AB 596, for many of the same reasons that have been previously identified. However, NNA has particular concerns because of this bill's grave and serious relation to the patient health care provider, especially in the most significant area of patient education. Incorporating into statute specific details that must be covered in explaining medical procedures has serious risks, including setting a precedent that may be extended to other procedures and situations which would support government interference in private citizens' lives.

She said that NNA believes that patient education should not only avoid coercion and exploitation of the patient, but also provide for a safe and humane approach to treatment. AB 596 fails in all of these respects, and she urged the Committee to vote against this bill.

Ms. Ham asked if Ms. Droes objected to having the nurse explain the medical procedures. Ms. Droes said she did not; what she did object to was incorporating into statute specific requirements regarding details that must be explained as a very dangerous precedent providing for government interference in private matters.

Next to testify was Ms. Janine Triggs, State Chairman of the Pro-Family Coalition. She said she felt it unfortunate that she had to be present at all asking for the enactment of this bill because it should be the assumed responsibility of parents and their right to know, particularly in this grave case of

abortion, and to be able to have the opportunity to counsel their children. This opportunity was denied by parents through the efforts of Planned Parenthood, in Planned Parenthood vs. Danforth, which came before the U.S. Supreme Court in 1976. She said that it has been greatly through the efforts of Planned Parenthood and other pro-abortion groups that the rights of parents have been denied. It is an historical fact that parents in the past have had greater rights and responsibilities with respect to all aspects of their children's lives. Something so important and so far-reaching as an abortion cannot be ignored.

She said she heard it stated today that it was important for a parent to know of the possibility of a tonsillectomy and should be involved and yet not for an abortion, which can be a life-threatening operation. Many of you may be familiar with the Chicago Sun Times article which was an expose done by two pro-abortionists women on the problems involved in the abortion clinics in the Chicago area, in 1978. She read from the article: "During a five month investigation, the Sun Times, aided by a civic watchdog of the Better Government Association, documented how dangerous, inept, illegal practices flourished inside four Chicago Abortion Clinics in flagrant defiance of state licensing and inspection laws and accepted medical standards. We called the people who run these clinics -- the abortion profiteers. They found abortions had been performed on children as young as ten years old."

She continued, no credible good doctor has anything to fear from this bill. We are concerned with those who are more concerned with financial gain, which has been a real problem in the Chicago area and we hope that it will never become a problem in Reno.

Ms. Triggs then quoted Clifford Josef, who claims to be the sole owner of Biogenics Ltd, speaking to his staff: "We have to sell abortions, we have to use all of the tactics we can because, just like my other business, we have competition. Now we have to go by the rules, but rules have to be broken if we're going to get things done."

She then quoted other incidences such as $5 cash bonus for selling an abortion over the telephone and twin sisters competing for numbers working for rival abortion clinics. She used these examples to show how easily the patient's feelings and informed consent laws can be secondary to profit.

She complimented Dr. Glick's testimony of what went on in his clinic and said she felt sad that he could not agree that these practices should be done at all clinics for all abortions.

Ms. Triggs displayed to the committee a pin she was wearing of tiny feet that were the size of a fetus' feet at 10 weeks. She told how they use this in counseling, often the first realistic explanation a girl might receive in abortion counseling.

She said that they do not wish to restrict abortions for those through this bill that desire and choose to have abortions, but to allow an informed decision. She said that sex education is given in more detail than ever, but efforts are stifled to educate young people as to the results of becoming sexually active, possibly resulting in death of a young girl.

She said this bill is erroneously referred to as harrassment. It only includes notification by mail of parents or spouses, and filing the receipts of mailing and the mail being received. This is not harrassment, she said.

She continued abortion clinics, now readily available in most of the communities, may be operated on a commercial basis where abortions may often be obtained on demand. This is what has happened in the Chicago area and should not happen in Nevada. She said the patients should be protected to make the choice and to be satisfied with their choice, not only immediately but in years to come.

Ms. Triggs quoted a Dr. Nathanson who after performing 60,000 abortions said he "had presided over 60,000 deaths." She said Dr. Nathanson had many opportunities to come to this decision but a woman may only have one opportunity.

In closing, she told the story of her own son's birth and how the fetal monitor caused an emergency cesarean operation. She said she was the "1 in 100" that needed the additional safeguard, and it really didn't matter that the other 99 did not need it. She felt the same way as to counseling for abortion. Whether or not all 100 need it, if "1 in 100" does, it should be available. She said if the mother of the young girl who testified earlier that her daughter had an abortion without her knowledge was the "1 in 100" that needed to be told so that she could help her daughter have less psychological problems, then informed consent is necessary.

Mary Gojack said she was speaking in opposition to AB 596. She said she would like added to the section on explaining risks, the risks involved in carrying a child full term. She said that on page 2 where it describes what must be told in counseling, if this is added to the statutes, it must be added for all other areas of medicine. She said doctors had been testifying before the committee today on what they tell their patients before surgery. She said the big difference is that this is not required by law now. For equal protection under the law, all of this will have to become part of the statutes.

She said where it mentioned "monetary profit" for abortions, it will have to be in the law to say the same thing for all kinds of medical treatment, abortions cannot be singled out. She said the same thing for interpreters being provided and easily understood medical terminology.

Ms. Gojack continued that under the notification section, vasectomies should be included. A husband should not be able to have a vasectomy without informing the spouse. She said no minor male under the age of 18 should have a vasectomy without parental consent by law.

She suggested this bill be placed with a study committee of the medical profession, the legal profession, and to produce legislation not so susceptible to court tests.

Ms. Gojack presented to the committee written testimony from Ruth Ann Wright who could not attend today, attached as EXHIBIT N.

Dr. Clifford Stratton, from Sparks, spoke in favor of the bill. He said he had two concerns with the bill, the first being on page 2, line 9, where the pictures must be shown to the patient. He disagrees that this should be done in all cases. He said it works good with high school students, but would not with a pregnant woman who must have an abortion as a result of an automobile accident, not by choice. These pictures would then cause undue harm psychologically -- it should be left up to the discretion of the physician when to use them. He said what is said while the pictures are being shown could vary greatly from physician to physician and could not be regulated.

Dr. Stratton's second concern was on page 3, line 13, where if the patient is under 18 there must be prior written consent. He felt this area could be left in and he supported stronger wording.

Ms. Ham asked Dr. Stratton if he thought a death certificate should be issued in the case of an aborted fetus. Dr. Stratton said that this was borderline on a moral issue, but he did feel that it was appropriate in many cases so therefore should be done in all cases. He said some families desperately want a child and must lose a pregnancy to abortion and need the death certificate to "claim a child."

Mr. Beyer asked about Dr. Stratton counseling high school students. Dr. Stratton said that he has used all of the pictures, the stages of fetal development as well as of aborted fetus by suction method and by saline injection. He reiterated that the pictures were good in some cases, but there was no way for all doctors to have a complete set of pictures to show a mother what a deformed fetus might look like and there was no way to require physicians to show the pictures in the right light. He said people highly respect physicians and they can show the most gruesome pictures but explain them in different manners as to not show them to be so gruesome. He said the intent of the bill is good but will not be carried out as the intent. He said frequently, if this bill passes, a pregnant woman whose life is in danger somehow from the pregnancy will have to be shown pictures of a fetus possibly 7 months along and will have to choose between her life and the baby's life. Dr. Stratton felt very strongly for this reason it should not be made mandatory in every case.

Mr. Price asked of Ruth McGroarty in the audience if she had intended that the pictures of the fetal development as well as of aborted fetuses would be shown. She replied that she had intended to show both.

Mr. Price then asked Dr. Stratton what they teach at the University about when life begins. Dr. Stratton responded that they say that when the sperm and the egg unite, the potential of life is there. Then they discuss physical development only. They are not to go into different religious or personal beliefs of when life begins, when the heart begins to beat, or when the physical parts begin to take form, etc. Just the stages of development as they occur.

Mr. Price asked if this bill passed, would an I.U.D. be considered an abortive process. Dr. Stratton said that it could be interpreted that way, but would be a part of the whole spectrum of birth control such as vasectomies as well.

Mr. Price asked about the psychological "damage" to a victim of rape who must carry a fetus nine months. Dr. Stratton said there is now evidence in the psychiatric community that this can be just as damaging as abortion and are beginning to recommend abortion to terminate the situation sooner and to recover sooner therefore. He said this is also one of the strong reasons for the parents to be involved in the decision in the case of minors. He said the strong religious beliefs of the family may be the determining factor one way or the other and the parents are needed for this decision.

Mr. Price asked about the rare situation of a deceased mother and the father having an incestuous relationship with a minor about 13 years old. How would you obtain the father's consent for an abortion in that case. Dr. Stratton said in the first place, it is not that rare of a situation. He said the last case he handled was turned over to the clergyman. He said he appreciated the committee's insight into these problems, and if ever a law is designed to handle all cases in a situation, it will be quite a miraculous law. He said he presumed each case will have to be handled individually as is now happening.

John Barrage, member of the American Civil Liberties Union of Nevada, said he was also speaking for Dr. Richard Siegel who was scheduled to speak next but had to leave. He said that this bill is an omnibus bill and makes a heavy presumption that an unborn fetus is a human being. He said that the United States Judiciary Committee held recent hearings on the definition to determine what was a human being. There was no determination made at that time, no statutory definition that has been upheld. He said Dr. Siegel also suggests that this bill limits a physician's freedom of speech and thought -- that he must provide the presumption that an unborn fetus is a human being. He said it also prohibits a freedom of religion for the physician.

Mr. Barrage then discussed in detail a survey presented by the Nevada Right to Life Group, and how the information on the survey differs from the sections and intent of AB 596.

He said a young pregnant woman who wants an abortion would go to her parents if she were not scared that they would turn her down. She is likely to go to a clinic and give them false identification and family status. He said if this does not work or if she is not brave enough to do this, she will resort to a black market abortion. He said this bill will proliferate this situation. He said his aunt is a nun and operates a home for unwed mothers. He said the situation he has described is very common in her area, according to her experiences.

Mr. Price and Mr. Barrage discussed when a fetus is considered a human being and when it is not. Mr. Barrage said there is a difference between a legal definition and an operational definition. Mr. Price described a recent newspaper article where an unborn fetus was being treated for a serious condition with drugs. He said they were successful and when the child was born, she was healthy.

Mr. Sader said a term frequently used in court is "potential life." He said generally a fetus is considered a child in the third trimester. He said that you can sue for damages, wrongful death, such as in losing a child in an automobile accident, if it was into the third trimester.

Rosa Matthews, from Carson City, said she has observed a witness trying to question the committee, the committee asking many good questions, and herself asking questions in the hallway. She said all want to know and therefore, this is what the bill is about. She said without knowledge, decisions are not as good as they can be, and she is never sure that too much information can hinder a decision. She said if she had a daughter that was pregnant, both she as the mother and as to her feelings about her daughter, both should know the facts. If her son conceived a child and the girl was considering an abortion, she felt she should know about it too, it would be her grandchild. If she had been raped, she would want her husband to know about the abortion. She said she wants them all to know before making the decision, not to prevent the decision.

Elizabeth Bernheimer read her testimony which is attached as EXHIBIT O.

Janna Gardner, representing the Pro-Family group, said she first wanted to comment on some previous testimony. She said that she is seven months pregnant and if she were injured in an accident and had to be shown pictures before an abortion, it would not be from the pictures that she would produce her feelings. She said she would already have produced many feelings from feeling the baby kick inside her and having carried the baby for all those months. She said that informed consent for abortions and vasectomies are two very different things; one being a prevention of life, one being a life already formed.

Mrs. Gardner said she wanted to point out the misuse of the phrase "informed consent" for all concerned. Only the patient gives consent, the others are informed, but do not need to give consent. She said her group supports the idea of the parents of minors having a voice in the decision, but not making the decision for the minor.

Dr. William Ramos, a practicing Obstetrician-Gynecologist in Reno, said he was speaking for Dr. Knutzen who could not return this afternoon. He said Dr. Knutzen comes from the University of South Africa and they had an abortion law passed in South Africa which was very similar to AB 596. He said Dr. Knutzen agreed with testimony presented this morning to the effect that this law does in fact encourage people to seek illegal, criminal abortions from unlicensed, uncompetent, unqualified personnel simply because they do not and will not comply with the provisions of this bill. They will not wait 48 hours, they will not inform their parents, they will not inform their husbands. They will seek alternative methods which are far more dangerous.

Dr. Ramos said his personal experience in New York, before abortions were made legal there, was to try to help patients, 25-30 daily, who had received criminal abortions. He said any law that would return people to that situation he is opposed to. He said he witnessed 2-3 maternal deaths per month. He said he also witnessed cases of teenage suicide where the patient would take her own life before informing her parents she was pregnant.

Dr. Ramos said he had a concern about the 48 hour waiting period, in the case of a patient who comes from Tonopah to obtain an abortion in Reno or Las Vegas. He said this is an undue harrassment of that person. He said as to informed consent, once the Legislature begins to practice medicine and decide what must transpire between patient and physician, they are on very thin ice in that medicine changes far more rapidly than the law does. He said good examples are organ transplants, which long proceeded any laws, and neurologic death as well. He said many lives would have been lost if procedures waited for laws to be passed.

He said complications may change, new complications may arise, present complications may be preventable in the near future; and yet the law does not change as quickly.

Dr. Ramos presented written testimony from Dr. Knutzen and Dr. Sher, which is attached as EXHIBIT P.

Mr. Malone asked if Dr. Ramos was against notification of the parent. He said he was if the patient feels it is not in the best interests. He said he believes in the family as a strong entity, but if that rapport is not there, it should not be forced on the patient. Mr. Malone said he objected because a parent is ultimately responsible for whatever a minor does and that this would promote deceiving parents. Dr. Ramos said that the penalties for a crime are a strong deterrent to a minor committing a crime, and the parents not being notified about it, but there are no criminal penalties for having an abortion so the two situations cannot be treated the same.

Dr. Ramos continued that knowing about the pregnancy frequently deteriorates a family relationship as much as knowing about an abortion does. He said if a man has had a vasectomy and his wife gets pregnant and has an abortion, him finding out about it is not good for the marriage.

Chairman Stewart said a few years back the medical profession did come to the Legislature to help determine when life ends so that argument is not necessarily valid.

Dr. Ramos said he agreed that the Legislature had that right, but that this situation is different. He said the point of when life begins has not been resolved and maybe cannot be resolved by lawmakers.

Dr. Ramos responded to Ms. Ham that yes he does perform abortions and those performed on minors were mostly paid by State Welfare. He said some minors paid for the abortion themselves.

Chairman Stewart said their time was up and adjourned the meeting at 3:35 p.m., and thanked all participants.

Additional items are attached as EXHIBITS Q, R, S, AND T.

Respectfully submitted,

Pamela Sleeper,
Committee Secretary

EXHIBIT A

THIS EXHIBIT IS MISSING FROM BOTH THE ORIGINAL MINUTES AND THE MICROFICHE.

EXHIBIT B

Testimony in favor of AB 596 (Informed Consent Bill)

Assembly Judiciary Committee
Friday, May 15, 1981

8:00 a.m.

1. Mother of minor child who recently had an abortion. (name given to chairman of committee)
2. Henry Davis, M.D. (Carson City) Family Practice.
3. William O'Mara, Legal counsel, Nevada Right to Life.
4. Ruth McGroarty, Nevada Director, Nat'l Right to Life.
5. Sally Zamora, Nevada Pro-Family Coalition
6. Pat Glenn, Director, Nevada Lifeline
7. Representative of Knights of Columbus
8. Chris Benson
9. Mrs. Wagner

EXHIBIT C

WITNESS LIST

MIKE MELNER — PPA

DONOVAN ROBERTS —

MYLAN ROLOFF — PPA

Lyndi — Cooper-Schrader — SELF

RICK PUGH —

DR ENSKAT —

Dr RANOS — OBGYN

PAT GOTHBERG — NURSES ASSN

MARY GOJACK —

JOHN BARNOE — ACLU

RICH SIEGEL — ACLU

LIZ BENHEM — MED SCHOOL

FRANCIS OSBORNE, RN — DOUGLAS CTY

VICTOR KAUTZEN — MED SCHOOL

MED SCHOOL PSYCHIATRIST

(JOHN CHAPPEL)

OTHERS

EXHIBIT D

My name is Donna. I'm the mother of a 16 year old, who on 3/31/81 had an abortion from Dr. Glick at the Woman's Clinic on Mill Street, without our parental knowledge or consent.

Suspecting she was pregnant, she went to the Family Planning Division of the state agency. There they confirmed the pregnancy and recommended she see Dr. Glick, but not to tell anyone of the recommendation because of her age.

On March 31st, she went to Dr. Glick with her boyfriend at 7:45 a.m. He had to pay $165.00 in cash. They asked my daughter's age; she lied and said 18. They did not ask her for any proof of identification or age. They performed the abortion and released her at around 11:00 a.m.

She finally told me and her father what happened that evening of 3/31/81, and she was seen by Dr. Parker, at 175 W. 6th Street, the following day.

At Dr. Glick's office she was given three packets of medication: an antibiotic, one for blood coagulation, and Darvon for pain. She was also given a code name, RITA; in case they called her she would know who it was and we would not.

My daughter and I both feel if she had not been made to feel there would be no problems--emotional or physical--she would have come to me and we would have delt with her problems by not having an abortion.

I feel if AB 596 had been in effect and passed, my daughter would not be feeling the emotional insecurity of the future she is feeling now.

signed

EXHIBIT E

The United States
LAW WEEK

Supreme Court
Opinions

March 24, 1981 • THE BUREAU OF NATIONAL AFFAIRS, INC., WASHINGTON, D.C. • Volume 49, No. 37

OPINIONS ANNOUNCED MARCH 23, 1981

The Supreme Court decided:

CRIMINAL LAW AND PROCEDURE — Sex Offenses

California statute that prohibits males, but not females, from having sexual intercourse with person of opposite sex under age of 18, who is not his spouse, does not violate Fourteenth Amendment's Equal Protection Clause. (Michael M. v. Superior Court of Sonoma County, No. 79-1344) ..... page 4273

DOMESTIC RELATIONS — Community Property

Now superseded Louisiana statute that gave husband, as "head and master" of jointly owned property, unilateral right to dispose of such property without his spouse's consent violated Equal Protection Clause. (Kirchberg v. Feenstra, 79-1388) ..... page 4270

HEALTH LAW — Abortions

Utah statute that requires physicians to "notify, if possible," parents of minor women who seek abortions does not, as applied to immature, unemancipated minors dependent on their parents, violate any constitutional guarantees; statute's constitutionality is not undermined by fact that parental notice requirement may inhibit some minors from seeking abortions, or by fact that it fails to specify what information parents may give physicians, to provide for mandatory delay after physicians notify parents, or to require pregnant minors to notify parents of their consent to other medical procedures. (H.L. v. Matheson, No. 79-5903) ..... page 4255

Full Text of Opinions

No. 79–5903

H. L., etc., Appellant, v. Scott M. Matheson et al. | On Appeal from the Supreme Court of Utah.

Syllabus

No. 79–5903. Argued October 6, 1980—Decided March 23, 1981

A Utah statute requires a physician to "notify, if possible," the parents or guardian of a minor upon whom an abortion is to be performed. Appellant, while an unmarried minor living with and dependent on her parents, became pregnant. A physician advised her that an abortion would be in her best medical interest but, because of the statute refused to perform the abortion without first notifying her parents. Believing that she should proceed with the abortion without notifying her parents, appellant instituted a suit in state court seeking a declaration that the statute is unconstitutional and an injunction against its enforcement. She sought to represent a class consisting of unmarried minors "who are suffering unwanted pregnancies and desire to terminate the pregnancies but may not do so" because of their physicians' insistence on complying with the statute. The trial court upheld the statute as not unconstitutionally restricting a minor's right of privacy to obtain an abortion or to enter into a doctor-patient relationship. The Utah Supreme Court affirmed.

Held:

1. Since appellant did not allege or offer evidence that either she or any member of her class is mature or emancipated, she lacks standing to challenge the Utah statute as being unconstitutional on its face on the ground of overbreadth in that it could be construed to apply to all unmarried minor girls, including those who are mature and emancipated. *Harris* v. *McRae*, 448 U. S. —. Moreover, the State is bound by a ruling in another case that the statute does not apply to emancipated minors, and the Utah Supreme Court has had no occasion to consider the statute's application to mature minors.

2. As applied to an unemancipated minor girl living with and dependent upon her parents, and making no claim or showing as to maturity or as to her relations with her parents, the Utah statute serves important state interests, is narrowly drawn to protect only those interests, and does not violate any guarantees of the Constitution.

(a) Although a state may not constitutionally legislate a blanket, unreviewable power of parents to veto their daughter's abortion, *Bellotti* v. *Baird*, 443 U. S. 622, *Planned Parenthood of Central Missouri* v. *Danforth*, 428 U. S. 52, a statute setting out a mere requirement of parental notice when possible, does not violate the constitutional rights of an immature, dependent minor.

(b) The Utah statute does not give parents a veto power over the minor's abortion decision. As applied to immature and dependent minors, the statute serves important considerations of family integrity and protecting adolescents as well as providing an opportunity for parents to supply essential medical and other information to the physician. The statute is not unconstitutional for failing to specify what information parents may furnish to physicians, or to provide for a mandatory period of delay after the physician notifies the parents; or because the State allows a pregnant minor to consent to other medical procedures without formal notice to her parents if she carries the child to term; or because the notice requirement may inhibit some minors from seeking abortions.

604 P. 2d 907, affirmed.

BURGER, C. J., delivered the opinion of the Court, in which STEWART, WHITE, POWELL, and REHNQUIST, JJ., joined. POWELL, J., filed a concurring opinion, in which STEWART, J., joined. STEVENS, J., filed an opinion concurring in the judgment. MARSHALL, J., filed a dissenting opinion, in which BRENNAN and BLACKMUN, JJ., joined.

CHIEF JUSTICE BURGER delivered the opinion of the Court.

The question presented in this case is whether a state statute which requires a physician to "notify, if possible" the

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NOTE: Where it is deemed desirable, a syllabus (headnote) will be released, * * * at the time the opinion is issued. The syllabus constitutes no part of the opinion of the Court but has been prepared by the Reporter of Decisions for the convenience of the reader. See *United States* v. *Detroit Lumber Co.*, 200 U.S. 321, 337.

parents of a dependent, unmarried minor girl prior to performing an abortion on the girl violates federal constitutional guarantees.

I

In the spring of 1978, appellant was an unmarried 15-year-old girl living with her parents in Utah and dependent on them for her support. She discovered she was pregnant. She consulted with a social worker and a physician. The physician advised appellant that an abortion would be in her best medical interest. However, because of Utah Code Ann. (1953) § 76-7-304, he refused to perform the abortion without first notifying appellant's parents.

Section 76-7-304, enacted in 1974, provides:

> "To enable a physician to exercise his best medical judgment [in considering a possible abortion], he shall:
> "(1) Consider all factors relevant to the well-being of the woman upon whom the abortion is to be performed including, but not limited to,
> "(a) Her physical, emotional and psychological health and safety,
> "(b) Her age,
> "(c) Her familial situation.
> "(2) *Notify, if possible, the parents or guardian of the woman upon whom the abortion is to be performed, if she is a minor* or the husband of the woman, if she is married." (Emphasis supplied.) [1]

Violation of this section is a misdemeanor punishable by imprisonment for not more than one year or a fine of not more than $1,000.[2]

Appellant believed "for [her] own reasons" that she should proceed with the abortion without notifying her parents. According to appellant, the social worker concurred in this decision.[3] While still in the first trimester of her pregnancy, appellant instituted this action in the Third Judicial District Court of Utah.[4] She sought a declaration that § 76-7-304 (2) is unconstitutional and an injunction prohibiting appellees, the Governor and the Attorney General of Utah, from enforcing the statute. Appellant sought to represent a class consisting of unmarried "minor women who are suffering unwanted pregnancies and desire to terminate the pregnancies but may not do so" because of their physicians' insistence on complying with § 76-7-304 (2). The trial judge declined to grant a temporary restraining order or a preliminary injunction.[5]

The trial judge held a hearing at which appellant was the only witness. Appellant affirmed the allegations of the complaint by giving monosyllabic answers to her attorney's leading questions.[6] However, when the State attempted to cross-examine appellant about her reasons for not wishing to notify her parents, appellant's counsel vigorously objected,[7] insisting that "the specifics of the reasons are really irrelevant to the Constitutional issue."[8] The only consti-

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[1] Whether parents of a minor are liable under Utah law for the expense of an abortion and related after care is not disclosed by the record.

Utah also provides by statute that no abortion may be performed unless a "voluntary and informed written consent" is first obtained by the attending physician from the patient. In order for such a consent to be "voluntary and informed," the patient must be advised at a minimum about available adoption services, about fetal development, and about foreseeable complications and risks of an abortion. See Utah Code Ann. (1953) § 76-7-305. In *Planned Parenthood of Central Missouri* v. *Danforth*, 428 U. S. 52, 65-67 (1976), we rejected a constitutional attack on written consent provisions.

[2] Utah Code Ann. (1953) §§ 76-7-314 (3), 76-3-204 (1), 76-3-301 (3).

[3] Appellant's counsel stated in his jurisdictional statement and again in his brief that the physician concluded not only that an abortion would be in appellant's best interests, but also that parental notification would not be in appellant's best interests. However at oral argument, counsel retreated this statement and conceded that there is no evidence to support this assertion. Tr. of Oral Arg., at 8, 17.

[4] The record does not reveal whether appellant proceeded with the abortion.

[5] The trial judge allowed appellant to proceed without appointment of a guardian *ad litem*. He noted that a guardian would be required to notify the parents.

[6] The testimony was as follows:

[BY MR. DOLOWITZ, appellant's counsel]:

"Q. At the time that the Complaint in this matter was signed, you were pregnant?

"A. Yes.

"Q. You had consulted with a counselor about that pregnancy?

"A. Yeah.

"Q. You had determined after talking to the counselor that you felt you should get an abortion?

"A. Yes.

"Q. You felt that you did not want to notify your parents—

"A. Right.

"Q. —of that decision? You did not feel for your own reasons that you could discuss it with them?

"A. Right.

"Q. After discussing the matter with a counselor, you still believed that you should not discuss it with your parents?

"A. Right.

"Q. And they shouldn't be notified?

"A. Right.

"Q. After talking the matter over with a counselor, the counselor concurred in your decision that your parents should not be notified?

"A. Right.

"Q. You were advised that an abortion couldn't be performed without notifying them?

"A. Yes.

"Q. You then came to me to see about filing a suit?

"A. Right.

"Q. You and I discussed it as to whether or not you had a right to do what you wanted to do?

"A. Yes.

"Q. You decided that, after our discussion, you should still proceed with the action to try to obtain an abortion without notifying your parents?

"A. Right.

"Q. Now, at the time that you signed the Complaint and spoke with the counselor and spoke with me, you were in the first trimester of pregnancy, within your first twelve weeks of pregnancy?

"A. Yes.

"Q. You feel that, from talking to the counselor and thinking the situation over and discussing it with me, that you could make the decision on your own that you wished to abort the pregnancy?

"A. Yes.

"Q. You are living at home?

"A. Yes.

"Q. You still felt even though you were living at home with your parents, that you couldn't discuss the matter with them?

"A. Right."

Tr., at 82-84.

[7] [BY MR. McCARTHY, counsel for the State]:

"Q. . . . Are you still living at home?

"A. Yes.

"Q. Are you dependent on your parents?

"A. Yes.

"Q. All your money comes from them?

"A. Yes.

"Q. How old are you now?

"A. Fifteen.

"Q. Aside from the issue of abortion, do you have any reason to feel that you can't talk to your parents about other problems?

"A. Yes.

"Q. What are those reasons?

"MR. DOLOWITZ: Now you are moving into the problem area that I indicated. . . ."

Tr., at 85.

[8] Tr., at 87. Appellant repeatedly pressed this point despite the trial court's statements that it could "conceive of a situation where a child probably wouldn't have to tell the parents" and that the statute "might

tutionally permissible prerequisites for performance of an abortion, he insisted, were the desire of the girl and the medical approval of a physician.[9] The trial judge sustained the objection, tentatively construing the statute to require appellant's physician to notify her parents "if he is able to physically contact them."

Thereafter, the trial judge entered findings of fact and conclusions of law. He concluded that appellant "is an appropriate representative to represent the class she purports to represent."[10] He construed the statute to require notice to appellant's parents "if it is physically possible." He concluded that § 76–7–304 (2) "do[es] not unconstitutionally restrict the right of privacy of a minor to obtain an abortion or to enter into a doctor-patient relationship."[11] Accordingly, he dismissed the complaint.

On appeal, the Supreme Court of Utah unanimously upheld the statute. *H. L. v. Matheson*, 604 P. 2d 907 (1979). Relying on our decisions in *Planned Parenthood of Central Missouri v. Danforth*, 428 U. S. 52 (1976), *Carey v. Population Services International*, 431 U. S. 678 (1977), and *Bellotti v. Baird*, 443 U. S. 622 (1979) (*Bellotti II*), the court concluded that the statute serves "significant state interest[s]" that are present with respect to minors but absent in the case of adult women.

The court looked first to subsection (1) of § 76–7–304. This provision, the court observed, expressly incorporates the factors we identified in *Doe v. Bolton*, 410 U. S. 179 (1973), as pertinent to exercise of a physician's best medical judgment in making an abortion decision. In *Doe*, we stated:

> "We agree with the District Court . . . that the medical judgment may be exercised in the light of *all factors—physical, emotional, psychological, familial, and the woman's age—relevant to the well-being of the patient.* All these factors may relate to health. This allows the attending physician the room he needs to make his best medical judgment." *Id.*, at 192 (emphasis supplied).

Section 76–7–304 (1) of the Utah statute suggests that the legislature sought to reflect the language of *Doe*.

The Utah Supreme Court held that notifying the parents of a minor seeking an abortion is "substantially and logically related" to the *Doe* factors set out in § 76–7–304 (1) because parents ordinarily possess information essential to a physician's exercise of his best medical judgment concerning the child. 604 P. 2d, at 909–910. The court also concluded that encouraging an unmarried pregnant minor to seek the advice of her parents in making the decision of whether to carry her child to term promotes a significant state interest in supporting the important role of parents in child-rearing. 604 P. 2d, at 912. The court reasoned that since the statute allows no veto power over the minor's decision, it does not unduly intrude upon a minor's rights.

The Utah Supreme Court also rejected appellant's argument that the phrase "if possible" in § 76–7–304 (2) should be construed to give the physician discretion whether to notify appellant's parents. The court concluded that the physician is required to notify parents "if under the circumstances, in the exercise of reasonable diligence, he can ascertain their identity and location and it is feasible or practicable to give them notification." The court added, however, that "the time element is an important factor, for there must be sufficient expedition to provide an effective opportunity for an abortion." 604 P. 2d, at 913.

II

Appellant challenges the statute as unconstitutional on its face. She contends it is overbroad in that it can be construed to apply to all unmarried minor girls, including those who are mature and emancipated. We need not reach that question since she did not allege or proffer any evidence that either she or any member of her class is mature or emancipated.[12] The trial court found that appellant "is unmarried, fifteen years of age, resides at home and is a dependent of her parents." That affords an insufficient basis for a finding that she is either mature or emancipated. Under *Harris v. McRae*, — U. S. —, — (1980), she therefore lacks "the personal stake in the controversy needed to confer standing" to advance the overbreadth argument.

There are particularly strong reasons for applying established rules of standing in this case. The United States District Court for Utah has held that § 76–7–304 (2) does not apply to emancipated minors and that, if so applied, it would be unconstitutional. *L. R. v. Hansen*, Civil No. C–80–0078J (Feb. 8, 1980). Since there was no appeal from that ruling, it is controlling on the State. We cannot assume that the statute, when challenged in a proper case, will not be construed also to exempt demonstrably mature minors.[13] See *Bellotti v. Baird*, 428 U. S. 132, 146–148 (1976) (*Bellotti I*). Nor is there any reason to assume that a minor in need of emergency treatment will be treated in any way different from a similarly situated adult.[14] The Utah Supreme Court has had no occasion to consider the application of the statute to such situations. In *Bellotti I*, *supra*, we unanimously declined to pass on constitutional challenges to an abortion regulation statute because the statute was "susceptible of a construction by the state judiciary 'which might avoid in whole or in part the necessity for federal constitutional adjudication, or at least materially change the nature of the problem.'" *Id.*, at 147, quoting *Harrison v. NAACP*, 360 U. S.

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be unconstitutional as it relates to a particular fact situation but constitutional as it relates to another fact situation." *Id.*, at 87, 94.

There is no evidence to support the "surmise" in the dissent, *post*, at 13, n. 24, that "appellant expects family conflict over the abortion decision."

[9] Tr., at 95.

[10] The trial judge adopted, verbatim, findings of fact and conclusions of law prepared by appellant. The findings, the conclusions, and the opinion of the State Supreme Court make no mention whatsoever of the precise limits of the class.

[11] The trial judge also ruled that the statute does not violate 42 U. S. C. § 1983.

[12] In *Bellotti II*, by contrast, the principal class consisted of "unmarried [pregnant] minors in Massachusetts *who have adequate capacity to give a valid and informed consent* [to abortion], and who do not wish to involve their parents." *Id.*, at 625 (emphasis supplied). The courts considered the rights of "all pregnant minors who might be affected" by the statute. *Id.*, at 627, n. 5.

[13] The record shows that the State unsuccessfully argued in the trial court that it should be permitted to inquire into appellant's degree of maturity. Tr., at 88.

JUSTICE STEVENS and the dissent argue that the Utah Supreme Court held that the statute may validly be applied to all members of the class described in the complaint. *Post*, at —, —. However, as we have shown, neither of the state courts mentioned the scope or limits of the class. See n. 10, *supra*. Moreover, appellant's counsel prepared the findings and conclusions. In addition to considerations of standing, we construe the ambiguity against appellant.

[14] There is no authority for the view expressed in the dissent that the statute would apply to "minors with emergency health care needs." *Post*, at 25–26. Appellant does not so contend, and the Utah Supreme Court in this case took pains to say that time is of the essence in an abortion decision. 604 P. 2d, at 913. When the specific question was properly posed in *Bellotti II*, the Massachusetts statute was construed by the state court not to apply in such cases. *Id.*, at 630.

The same is true for minors with hostile home situations, a class referred to by appellant's *amici curiae* and by the dissent, *post*, at 13–14.

167, 177 (1959). See *Kleppe* v. *New Mexico*, 426 U. S. 529, 546–547 (1976); *Ashwander* v. *Tennessee Valley Authority*, 297 U. S. 288, 346–347 (1936) (concurring opinion). We reaffirm that approach and find it controlling here insofar as appellant challenges a purported statutory exclusion of mature and emancipated minors.

The only issue before us, then, is the facial constitutionality of a statute requiring a physician to give notice to parents "if possible," prior to performing an abortion on their minor daughter, (a) when the girl is living with and dependent upon her parents, (b) when she is not emancipated by marriage or otherwise, and (c) when she has made no claim or showing as to her maturity or as to her relations with her parents.

III

A

Appellant contends the statute violates the right to privacy recognized in our prior cases with respect to abortions. She places primary reliance on *Bellotti II*, *supra*, 443 U. S., at 642, 655. In *Danforth*, *supra*, we struck down state statutes that imposed a requirement of prior written *consent* of the patient's spouse and of a minor patient's parents as a prerequisite for an abortion. We held that a state

> "does not have the constitutional authority to give a third party an absolute, and possibly arbitrary, veto over the decision of the physician and his patient to terminate the patient's pregnancy, regardless of the reason for withholding the consent." *Id.*, at 74.

We emphasized, however, "that our holding . . . does not suggest that every minor, regardless of age or maturity, may give effective consent for termination of her pregnancy." *Id.*, at 75, citing *Bellotti I*, *supra*. There is no logical relationship between the capacity to become pregnant and the capacity for mature judgment concerning the wisdom of an abortion.

In *Bellotti II*, dealing with a class of concededly mature pregnant minors, we struck down a Massachusetts statute requiring parental or judicial consent before an abortion could be performed on any unmarried minor. There the State's highest court had construed the statute to allow a court to overrule the minor's decision even if the court found that the minor was capable of making, and in fact had made, an informed and reasonable decision to have an abortion. We held, among other things, that the statute was unconstitutional for failure to allow mature minors to decide to undergo abortions without parental consent. Four Justices concluded that the flaws in the statute were that, as construed by the state court, (a) it permitted overruling of a mature minor's decision to abort her pregnancy; and (b) "it requires parental consultation or notification in every instance, without affording the pregnant minor an opportunity to receive an independent judicial determination that she is mature enough to consent or that an abortion would be in her best interest." *Id.*, at 651. Four other Justices concluded that the defect was in making the abortion decision of a minor subject to veto by a third party, whether parent or judge, "no matter how mature and capable of informed decisionmaking" the minor might be. *Id.*, at 653–656.

Although we have held that a state may not constitutionally legislate a blanket, unreviewable power of parents to veto their daughter's abortion,[14] a statute setting out a "mere requirement of parental notice" does not violate the constitutional rights of an immature, dependent minor.[15] Four Justices in *Bellotti II* joined in stating:

> "[Plaintiffs] suggest . . . that the mere requirement of parental notice [unduly burdens the right to seek an abortion]. As stated in Part II above, however, parental notice and consent are qualifications that typically may be imposed by the State on a minor's right to make important decisions. As immature minors often lack the ability to make fully informed choices that take account of both immediate and long-range consequences, a State reasonably may determine that parental consultation often is desirable and in the best interest of the minor. It may further determine, as a general proposition, that such consultation is particularly desirable with respect to the abortion decision—one that for some people raises profound moral and religious concerns.
>
> . . . . . .
>
> " 'There can be little doubt that the State furthers a constitutionally permissible end by encouraging an unmarried pregnant minor to seek the help and advice of her parents in making the very important decision whether or not to bear a child. That is a grave decision, and a girl of tender years, under emotional stress, may be ill-equipped to make it without mature advice and emotional support. It seems unlikely that she will obtain adequate counsel and support from the attending physician at an abortion clinic, where abortions for pregnant minors frequently take place.' " *Id.*, at 640–641, quoting *Danforth*, *supra*, 428 U. S., at 91 (concurring opinion), (footnotes omitted).

Accord, *id.*, at 657 (dissenting opinion).

In addition, "constitutional interpretation has consistently recognized that the parents' claim to authority in their own household to direct the rearing of their children is basic in the structure of our society." *Ginsberg* v. *New York*, 390 U. S. 629, 639 (1968) (plurality opinion). In *Quilloin* v. *Walcott*, 434 U. S. 246 (1978), the Court expanded on this theme:

> "We have recognized on numerous occasions that the relationship between parent and child is constitutionally protected. See, *e. g.*, *Wisconsin* v. *Yoder*, 406 U. S. 205, 231–233 (1972); *Stanley* v. *Illinois*, [405 U. S. 645 (1972)]; *Meyer* v. *Nebraska*, 262 U. S. 390, 399–401 (1923). 'It is cardinal with us that the custody, care and nurture of the child reside first in the parents, whose primary function and freedom include preparation for obligations the state can neither supply nor hinder.' " *Id.*, at 255, quoting *Prince* v. *Massachusetts*, 321 U. S. 158, 166 (1944).

See also *Parham* v. *J. R.*, 442 U. S. 584, 602 (1979); *Pierce* v. *Society of Sisters*, 268 U. S. 510, 535 (1925). We have recognized that parents have an important "guiding role" to play in the upbringing of their children, *Bellotti II*, *supra*, at 633–639, which presumptively includes counseling them on important decisions.

B

The Utah statute gives neither parents nor judges a veto power over the minor's abortion decision.[17] As in *Bellotti I*,

[14] *Bellotti II*, *supra*, 443 U. S., at 642–643, 653–656; *Danforth*, *supra*, 428 U. S., at 74.

[15] *Bellotti II*, *supra*, 443 U. S., at 640, 649; *id.*, at 657 (dissenting opinion); *Danforth*, *supra*, 428 U. S., at 90–91 (concurring opinion); see *Bellotti I*, *supra*, 428 U. S., at 145, 147; cf. *Carey*, *supra*, 431 U. S., at 709–710.

[17] The main premise of the dissent seems to be that a requirement of

supra, "we are concerned with a statute directed toward minors, as to whom there are unquestionably greater risks of inability to give an informed consent." *Id.*, at 147. As applied to immature and dependent minors, the statute plainly serves the important considerations of family integrity[14] and protecting adolescents[15] which we identified in *Bellotti II*. In addition, as applied to that class, the statute serves a significant state interest by providing an opportunity for parents to supply essential medical and other information to a physician. The medical, emotional, and psychological consequences of an abortion are serious and can be lasting; this is particularly so when the patient is immature.[16] An adequate medical and psychological case history is important to the physician. Parents can provide medical and psychological data, refer the physician to other sources of medical history, such as family physicians, and authorize family physicians to give relevant data.

Appellant intimates that the statute's failure to declare, in terms, a detailed description of what information parents may provide to physicians, or to provide for a mandatory period of delay after the physician notifies the parents,[17] renders the statute unconstitutional. The notion that the statute must itemize information to be supplied by parents finds no support in logic, experience, or our decisions. And as the Utah Supreme Court recognized, 604 P. 2d, at 913, time is likely to be of the essence in an abortion decision. The Utah statute is reasonably calculated to protect minors in appellant's class by enhancing the potential for parental consultation concerning a decision that has potentially traumatic and permanent consequences.[18]

Appellant also contends that the constitutionality of the statute is undermined because Utah allows a pregnant minor to consent to other medical procedures without formal notice to her parents if she carries the child to term.[19] But a State's interests in full-term pregnancies are sufficiently different to justify the line drawn by the statutes. Cf. *Maher* v. *Roe*, 432 U. S. 464, 473–474 (1977). If the pregnant girl elects to carry her child to term, the *medical* decisions to be made entail few—perhaps none—of the potentially grave emotional and psychological consequences of the decision to abort.

That the requirement of notice to parents may inhibit some minors from seeking abortions is not a valid basis to void the statute as applied to appellant and the class properly before us. The Constitution does not compel a State to fine-tune its statutes so as to encourage or facilitate abortions. To the contrary, state action "encouraging childbirth except in the most urgent circumstances" is "rationally related to the legitimate governmental objective of protecting potential life." *Harris* v. *McRae*, *supra*. — U. S., at —. Accord, *Maher* v. *Roe*, *supra*, 432 U. S., at 473–474.[20]

As applied to the class properly before us, the statute plainly serves important state interests, is narrowly drawn to protect only those interests, and does not violate any guarantees of the Constitution.[21] The Judgment of the Supreme Court of Utah is

Affirmed.

JUSTICE POWELL, with whom JUSTICE STEWART joins, concurring.

This case requires the Court to consider again the divisive questions raised by a state statute intended to encourage parental involvement in the decision of a pregnant minor to have an abortion. See *Planned Parenthood of Central Missouri* v. *Danforth*, 428 U. S. 52 (1976); *Bellotti* v. *Baird*, 443 U. S. 662 (1979) (*Bellotti II*). I agree with the Court that Utah Code Ann. § 76–7–304 (2) does not unconstitutionally burden this appellant's right to an abortion. I join the opinion of the Court on the understanding that it leaves open the question whether § 304 (2) unconstitutionally burdens the right of a mature minor or a minor whose best interests would not be served by parental notification. See *ante*, at —, n. 17. I write to make clear that I continue to entertain the views on this question stated in my opinion in *Bellotti II*. See *infra*, at n. 8.

I

Section 304 (2) requires that a physician "[n]otify, if possible, the parents or guardian of the woman upon whom the abortion is to be performed, if she is a minor."[1] Appellant attacks this notice requirement on the ground that it burdens the right of a minor who is emancipated, or who is mature enough to make the abortion decision independent of parental involvement, or whose parents will react obstructively upon

notice to the parents is the functional equivalent of a requirement of parental consent. See *post*, at 12–16. In *Bellotti II*, however, we expressly declined to equate notice requirements with consent requirements. *Id.*, at 640, 657.

[14] *Bellotti II*, *supra*, 443 U. S., at 637–639. The short shrift given by the dissent to "parental authority and family integrity," *post*, at 22, runs contrary to a long line of constitutional cases in this Court. See cases cited *supra*, at 11–12.

[15] *Bellotti II*, *supra*, 443 U. S., at 634–637.

[16] Abortion is associated with an increased risk of complication in subsequent pregnancies. D. Maine, Does Abortion Affect Later Pregnancies?, 11 Fam. Plng. Persp. 98 (1979). The emotional and psychological effects of the pregnancy and abortion experience are markedly more severe in girls under 18 than in adults. J. Wallerstein, et al., Psychosocial Sequelae of Therapeutic Abortion in Young Unmarried Women, 27 Arch. Gen. Psychiatry 828 (1972); see also H. Babikian & A. Goldman, A Study in Teen-Age Pregnancy, 128 Am. J. Psychiatry 755 (1971).

[17] Five states have enacted parental notifications statutes containing brief mandatory waiting periods. La. Rev. Stat. Ann. § 40:1299.35.5 (1980 Supp.) (24 hours actual notice or 72 hours constructive notice except for court-authorized abortions); Mass. G. L. A. ch. 112, § 12S (1981 Supp.) (24 hours); Me. Rev. Stat. Ann. tit. 22, § 1597 (1980) (24 hours); N. D. Cent. Code § 14–02.1–03 (24 hours); Tenn. Code Ann. § 39–302 (1979 Supp.) (two days).

[18] Members of the particular class now before us in this case have no constitutional right to notify a court in lieu of notifying their parents. See *Bellotti II*, *supra*, 443 U. S., at 647. This case does not require us to decide in what circumstances a State must provide alternatives to parental notification.

[19] See Utah Code Ann. (1953) § 78–14–5 (4) (f) (permitting any female to give informed consent "to any health care not prohibited by law . . . in connection with her pregnancy or childbirth").

[20] See also *Bellotti II*, *supra*, 443 U. S., at 643–644; *Bellotti I*, *supra*, 428 U. S., at 148–149; *Danforth*, *supra*, 428 U. S., at 65–67, 79–81; *Connecticut* v. *Menillo*, 423 U. S. 9, 11 (1975); *West Side Women's Services, Inc.* v. *City of Cleveland*, 450 F. Supp. 796, 798 (ND Ohio), aff'd mem., 582

[21] Appellant argues that the statute violates her right to secure necessary treatment from a physician who, in the exercise of his best medical judgment, does not believe the parents should be notified. Since there is no evidence that the physician had such an opinion, we decline to reach this question. See p. 2, n. 3, and pp. 7–9, *supra*.

The dissenting opinion purports to see in the Court's opinion "a clear signal" as to how the Court will decide a future case concerning this or a similar statute, and goes on to forecast a successful challenge on the merits. Today, of course the Court's function is to decide only the question properly presented in this case, and there is no occasion to intimate or predict a view as to the proper resolution of some future case. Speaking for the unanimous Court in *Kleppe* v. *New Mexico*, *supra*, JUSTICE MARSHALL took note of the impropriety of deciding constitutional questions "in the absence of 'an adequate and full-bodied record.'" *Id.*, at 546, quoting *Public Affairs Associates, Inc.* v. *Rickover*, 369 U. S. 111, 113 (1962).

[1] Section 304 (2) is quoted in full in the Court's opinion. *Ante*, at 1–2.

notice. See *ante*, at 5. The threshold question, as the Court's opinion notes, is whether appellant has standing to make such a challenge. Standing depends initially on what complaint alleges, *Warth* v. *Seldin*, 422 U. S. 490, 498, 501 (1975), as courts have the power "only to redress or otherwise to protect against injury to the complaining party." *Id.*, at 499. The complaint in this case was carefully drawn. Appellant's allegations about herself and her familial situation are few and laconic. She alleged that she did "not wish to inform her parents of her condition and believe[d] that it [was] in her best interest that her parents not be informed of her condition." Complaint ¶ 6. She also alleged that she understood "what is involved in her decision," ¶ 9, and that the physician she consulted had told her that "he could not and would not perform an abortion upon her without informing her parents prior to aborting her." ¶ 7.

Appellant was 15 years of age and lived at home with her parents when she filed her complaint. She did not claim to be mature, and made no allegations with respect to her relationship with her parents. She did not aver that they would be obstructive if notified, or advance any other reason why notice to her parents would not be in her best interest. Similarly, the complaint contains no allegation that the physician—while apparently willing to perform the abortion—believed that notifying her parents would have adverse consequences. In fact, nothing in the record shows that the physician had any information about appellant's parents or familial situation, or even that he had examined appellant.

A

This case does not come to us on the allegations of the complaint alone. An evidentiary hearing occurred after the trial court had denied appellant's motion for a preliminary injunction. Appellant was the only witness, and her testimony—and statements by her counsel—make clear beyond any question that the "bare bones" averments of the complaint were deliberate, and that appellant is arguing that a mere notice requirement is invalid *per se* without regard to the minor's age, whether she is emancipated, whether her parents are likely to be obstructive, or whether there is some health or other reason why notification would not be in the minor's best interests.

On direct examination, appellant merely verified the allegations of her complaint by affirming each allegation as paraphrased for her by her lawyer in a series of leading questions.[2] Her testimony on cross-examination added nothing to the complaint.[3] In addition, appellant's lawyer insistently objected to all questions by counsel for the State as to the appellant's reasons for not wishing to notify her parents.[4] The trial court, on its own initiative, pressed unsuccessfully to elicit some reasons, inquiring how it could "find out the validity of [appellant's] reasons without [the state's lawyer] being permitted to cross-examine her." Tr., at 86. Appellant's lawyer replied:

> "It is our position constitutionally that she has the right to make [the abortion] decision and if she has consulted with a counselor and the counselor concurs that those are valid reasons, why then—. . . . In terms of going beyond [the complaint allegations], our point is that the specifics of *the reasons are really irrelevant to the constitutional issue.*" Tr., at 86–87 (emphasis supplied).

When appellant's lawyer insisted that the facts with respect to this particular minor were irrelevant, the trial court sustained the validity of the statute.[5]

In sum, and as the Court's opinion emphasizes, appellant alleges nothing more than that she desires an abortion, that she has decided—for reasons which she declined to reveal—that it is in her best interest not to notify her parents, and that a physician would be willing to perform the abortion if notice were not required. Although the trial court did not rule in terms of standing, it is clear that these bald allegations do not confer standing to claim either that § 304 (2) unconstitutionally burdens the right of a mature minor or a minor whose best interests would not be served by parental notification.[6] They confer standing only to claim that § 304 (2) is an unconstitutional burden upon an unemancipated minor who desires an abortion without parental notification but also desires not to explain to anyone her reasons either for wanting the abortion or for not wanting to notify her parents.[7]

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[2] Appellant's testimony on direct examination is quoted in full in the Court's opinion. *Ante*, at 3, n. 6.

[3] Appellant's testimony on cross-examination is quoted in full in the Court's opinion. *Ante*, at 4, n. 7.

[4] After his direct examination of appellant and the State's brief cross-examination, appellant's lawyer insisted repeatedly during subsequent argument that "there is no relevancy to any other facts," Tr., at 94; that "the particular facts that come before [a minor's doctor] are irrelevant," *id.*, at 95; and that "[t]he specific facts of any individual case, no matter how ridiculous they are or how strong or weak they are, really become irrelevant," *ibid.* In summarizing his position, appellant's lawyer stated, "Our position is that it is the doctor/patient relationship that is the key. If the doctor determines he should go ahead with the patient, then he should. The specific facts in any case, whether [the doctor] is wrong or right, are constitutionally protected to make that decision and go ahead and act on it. The is why I say it is irrelevant." *Ibid.*

[5] At the end of the evidentiary hearing, appellant's lawyer framed the trial court's ruling as follows:

"If your ruling is that 'if possible' [as used in the statute means "physically possible"] and there are no circumstances whatever that justify the violation of the statute, then the issue is closed." Tr., at 96.

[6] Because this case is a class action, it might be presumed that other members could raise the question whether a pregnant minor has a right to abortion, without parental notice, upon a showing that she is mature or that her parents will interfere with her abortion. But the record in this case contains no facts to support a presumption that the class includes such members. The only complaint allegations about the class are that appellant's claims "are typical of the claims of all members of the class," and that the class consists of "minor women who are suffering unwanted pregnancies and desire to terminate the pregnancies but may not do so inasmuch as their physicians will not perform an abortion upon them without compliance with the provisions of Section 76–7–304 (2)." Complaint, ¶ 10. Thus, the record supports only the conclusion that the class consists entirely of pregnant minors who assert the identical claim that appellant presents: a constitutional right to an abortion without notifying their parents, and without claiming to be mature or that notification would not be in their best interest. In short, the class members—like appellant—assert an absolute right to make this decision themselves, independently of everyone except a physician.

[7] The trial court entered findings of fact and conclusions of law after the evidentiary hearing. Paragraph 7 of the trial court's findings reads:

"The plaintiff consulted with a counselor to assist her in deciding whether or not she should terminate her pregnancy. She determined, after consultation with her counselor, that she should secure an abortion, but was advised when consulting her physician that under the provisions of Section 76–7–304 (2), Utah Code Annotated, 1953, that he believed along with her that she should be aborted and that he felt it was in her best medical interest to do so but he could not and would not perform an abortion upon her without informing her parents prior to aborting her because it was required of him by that statute and he was unwilling to perform an abortion upon her without complying with the provisions of the statute even though he believed it was best to do so." *E. L.* v *Matheson*, Civil No. C-78-2719 (Dec. 26, 1978).

Precisely what this paragraph finds is ambiguous. At the least, it finds that appellant "consulted" a physician and that the physician agreed with appellant that an abortion would be in appellant's best medical interest. The final portion of the finding—"he was unwilling to perform an abortion upon her without complying with the provisions of the statute even though he believed it was best to do so"—could be read to find that the

B

On the facts of this case, I agree with the Court that § 304 (2) is not an unconstitutional burden on appellant's right to an abortion. Numerous and significant interests compete when a minor decides whether or not to abort her pregnancy. The right to make that decision may not be unconstitutionally burdened. *Roe* v. *Wade*, 410 U. S. 113, 154 (1973); *Planned Parenthood of Central Missouri* v. *Danforth*, *supra*, at 74–75. In addition, the minor has an interest in effectuating her decision to abort, if that is the decision she makes. *Id.*, at 75; *Bellotti II*, *supra*, at 647. The State, aside from the interest it has in encouraging childbirth rather than abortion, cf. *Maher* v. *Roe*, 432 U. S. 464 (1977); *Harris* v. *McRae*, — U. S. — (1980), has an interest in fostering such consultation as will assist the minor in making her decision as wisely as possible. *Planned Parenthood of Central Missouri* v. *Danforth*, *supra*, at 91 (STEWART, J., concurring); *post*, at — (STEVENS, J., dissenting). The State also may have an interest in the family itself, the institution through which "we inculcate and pass down many of our most cherished values, moral and cultural." *Moore* v. *City of East Cleveland*, 431 U. S. 495, 503–504 (1977). Parents have a traditional and substantial interest in, as well as a responsibility for, the rearing and welfare of their children, especially during immature years. *Bellotti II*, *supra*, at 637–639.

None of these interests is absolute. Even an adult woman's right to an abortion is not unqualified. *Roe* v. *Wade*, *supra*, at 154. Particularly when a minor becomes pregnant and considers an abortion, the relevant circumstances may vary widely depending upon her age, maturity, mental and physical condition, the stability of her home if she is not emancipated, her relationship with her parents, and the like. If we were to accept appellant's claim that § 304 (2) is *per se* an invalid burden on the asserted right of a minor to make the abortion decision, the circumstances which normally are relevant would—as her counsel insisted—be immaterial. *Supra*, at 5. The Court would have to decide that the minor's wishes are virtually absolute. To be sure, our cases have emphasized the necessity to consult a physician. But we have never held with respect to a minor that the opinion of a single physician as to the need or desirability of an abortion outweighs all state and parental interests.[9]

In sum, a State may not validly require notice to parents in all cases, without providing an independent decisionmaker to whom a pregnant minor can have recourse if she believes that she is mature enough to make the abortion decision independently or that notification otherwise would not be in her best interests. My opinion in *Bellotti II*, joined by three other Justices, stated at some length the reasons why such a decisionmaker is needed. *Bellotti II*, *supra*, at 642–648.[10] The circumstances relevant to the abortion decision by a minor can and do vary so substantially that absolute rules—requiring parental notice in all cases or in none[10]—would create an inflexibility that often would allow for no consideration of the rights and interests identified above. Our cases have never gone to this extreme, and in my view should not.

JUSTICE STEVENS, concurring in the judgment.

As the Court points out, this is a class action in which the appellant represents all unmarried "'minor women who are suffering unwanted pregnancies and desire to terminate the pregnancies but may not do so' because of their physicians' insistence on complying with § 76–7–304 (2)" of the Utah Code. *Ante*, at 2–3. The Utah Supreme Court held that the statute may validly be applied to *all* members of that class. This appeal therefore squarely presents the question whether that holding is consistent with the Constitution of the United States. The Court, however, declines to reach this question and instead decides the narrower question presented by the appellant's particular factual situation. Because I believe we have a duty to answer the broader question decided by the Utah Supreme Court, I am unable to join the opinion of the Court.

In *Planned Parenthood of Central Missouri* v. *Danforth*, 428 U. S. 52, 72–75 (1976), the Court held that a pregnant minor's right to make the decision to obtain an abortion may not be conditioned on parental consent. My dissent from that holding, *id.*, at 102–105, does not qualify my duty to respect it as a part of our law. See *Bellotti* v. *Baird*, 443 U. S. 622, 652–656 (1979) (STEVENS, J., concurring). However, as I noted in *Bellotti*, neither that case nor *Danforth* "determines the constitutionality of a statute which does no more than require notice to the parents, without affording them or any other third party an absolute veto." 443 U. S., at 654, n. 1. Since the outcome in this case is not controlled by *Danforth*, the principles that I considered dispositive of the parental consent issue in that case plainly dictate that the Utah statute now before us be upheld.

The fact that a state statute may have some impact upon a minor's exercise of his or her rights begins rather than ends the constitutional inquiry. Once the statute's impact is identified, it must be evaluated in light of the state interests underlying the statute. The state interest that the Utah statute at issue in this case attempts to advance is essentially the same state interest considered in *Danforth*. As I noted in *Danforth*, that interest is fundamental and substantial:

> "The State's interest in the welfare of its young citizens justifies a variety of protective measures. Because he may not foresee the consequences of his decision, a minor may not lawfully work or travel where he pleases, or even attend exhibitions of constitutionally protected adult motion pictures. Persons below a certain age may not marry without parental consent. Indeed, such consent is essential even when the young woman is already pregnant. The State's interest in protecting a young person from harm justifies the imposition of restraints on his or

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physician also agreed with appellant that "it was best" to "perform an abortion upon her without complying with the provision[]" requiring parental notice. Or, the final portion could be read to find only that the physician would not perform an abortion without complying with the statute even though he believed that "it was best" to abort appellant's pregnancy. In light of appellant's limited allegations and testimony, and the legal argument of her lawyer, the trial court's finding cannot be read as saying that the physician determined that appellant's parents would react hostilely or obstructively to notice of appellant's abortion decision.

[9] While the medical judgment of a physician of course is to be respected, there is no reason to believe as a general proposition that even the most conscientious physician's interest in the overall welfare of a minor can be equated with that of most parents. Moreover, abortion clinics, now readily available in most urban communities, may be operated on a commercial basis where abortions often may be obtained "on demand." See *Planned Parenthood of Central Missouri* v. *Danforth*, *supra*, at 91–92, n. 2 (STEWART, J., concurring); *Bellotti II*, *supra*, at 641, n. 21.

[9] Although *Bellotti II* involved a statute requiring parental consent, the rationale of the plurality opinion with respect to this need is applicable here.

[10] The dissenting opinion of JUSTICE MARSHALL, which would hold the Utah statute invalid on its face, elevates the decision of the minor and her physician to an absolute status ignoring state and parental interests.

her freedom even though comparable restraints on adults would be constitutionally impermissible. Therefore, the holding in *Roe* v. *Wade* [410 U. S. 113 (1973)] that the abortion decision is entitled to constitutional protection merely emphasizes the importance of the decision; it does not lead to the conclusion that the state legislature has no power to enact legislation for the purpose of protecting a young pregnant woman from the consequences of an incorrect decision.

"The abortion decision is, of course, more important than the decision to attend or to avoid an adult motion picture, or the decision to work long hours in a factory. It is not necessarily any more important than the decision to run away from home or the decision to marry. But even if it is the most important kind of a decision a young person may ever make, that assumption merely enhances the quality of the State's interest in maximizing the probability that the decision be made correctly and with full understanding of the consequences of either alternative." 428 U. S., at 102–103.

In my opinion, the special importance of a young woman's abortion decision, emphasized by JUSTICE MARSHALL in dissent, *post*, at 10–11, provides a special justification for reasonable State efforts intended to ensure that the decision be wisely made. Such reasonable efforts surely may include a requirement that an abortion be procured only after consultation with a licensed physician. And, because "the most significant consequences of the [abortion] decision are not medical in character," 428 U. S., at 103, the State unquestionably has an interest in ensuring that a young woman receive other appropriate consultation as well. In my opinion, the quality of that interest is plainly sufficient to support a state legislature's determination that such appropriate consultation should include parental advice.

Of course, a conclusion that the Utah statute is invalid would not prevent young pregnant women from voluntarily seeking the advice of their parents prior to making the abortion decision. But the State may legitimately decide that such consultation should be made more probable by ensuring that parents are informed of their daughter's decision:

"If there is no parental-[notice] requirement, many minors will submit to the abortion procedure without ever informing their parents. An assumption that the parental reaction will be hostile, disparaging, or violent no doubt persuades many children simply to bypass parental counsel which would in fact be loving, supportive, and, indeed, for some indispensable. It is unrealistic, in my judgment, to assume that every parent-child relationship is either (a) so perfect that communication and accord will take place routinely or (b) so imperfect that the absence of communication reflects the child's correct prediction that the parent will [act] arbitrarily to further a selfish interest rather than the child's interest. A state legislature may conclude that most parents will be primarily interested in the welfare of their children,[1] and further, that the imposition of a parental-[notice] requirement is an appropriate method of giving the parents an opportunity to foster that welfare by helping a pregnant distressed child to make and to implement a correct decision." 428 U. S., at 103–104 (STEVENS, J.).

Utah's interest in its parental-notice statute is not diminished by the fact that there can be no guarantee that meaningful parent-child consultation will actually occur. Good faith compliance with the statute's requirements would tend to facilitate communication between daughters and parents regarding the abortion decision. The possibility that some parents will not react with compassion and understanding upon being informed of their daughter's predicament or that, even if they are receptive, they will incorrectly advise her, does not undercut the legitimacy of the State's attempt to establish a procedure that will enhance the probability that a pregnant young woman exercise as wisely as possible her right to make the abortion decision.

The fact that certain members of the class of unmarried "'minor women who are suffering unwanted pregnancies and desire to terminate the pregnancies'" may actually be emancipated or sufficiently mature to make a well-reasoned abortion decision does not, in my view, undercut the validity of the Utah statute. As I stated in *Danforth*, a state legislature has constitutional power to utilize, for purposes of implementing a parental notice requirement, a yardstick based upon the chronological age of unmarried pregnant women. That this yardstick will be imprecise or even unjust in particular cases does not render its use by a state legislature impermissible under the Federal Constitution. 428 U. S., at 104–105. Accordingly, I would reach the question reserved by the Court and hold that the Utah parental-notice statute is constitutionally valid as applied to all members of the certified class.[2]

Because my view in this case, as in *Danforth*, is that the State's interest in protecting a young pregnant woman from the consequences of an incorrect abortion decision is sufficient to justify the parental-notice requirement, I agree that the decision of the Utah Supreme Court should be affirmed.

JUSTICE MARSHALL, with whom JUSTICE BRENNAN and JUSTICE BLACKMUN join, dissenting.

The decision of the Court is narrow. It finds shortcom-

[1] My conclusion, in this case and in *Danforth*, that a state legislature may rationally decide that most parents will, when informed of their daughter's pregnancy, act with her welfare in mind is consistent with the "ages of human experience that teach that parents generally do act in the child's best interests" relied upon by the Court in *Parham* v. *J. R.*, 442 U. S. 584, 602–603 (1979). It is also consistent with JUSTICE BRENNAN's opinion in *Parham*, which I joined. *Id.*, at 625–639.

As the Court noted in *Parham*, the presumption that parents act in the best interests of their children may be rebutted by "experience and reality." *Id.*, at 602–603. In my opinion, nothing in the fact that a minor child has become pregnant and therefore may be confronted with the abortion decision, undercuts the general validity of the presumption. However, when parents decide to surrender custody of their child to a mental hospital and thereby destroy the ongoing family relationship, that very decision raises an inference that parental authority is not being exercised in the child's best interests. See *id.*, at 631–632 (BRENNAN, J., dissenting in part). Accordingly, while the abortion decision and the commitment decision are of comparable gravity, reliance upon the "pages of human experience" is, in my judgment, more appropriate in the former case than in the latter.

[2] The Court's unwillingness to decide whether the Utah statute may constitutionally be applied to the entire class certified by the state courts presumably rests on the assumption that requiring notice to the parents of a mature or emancipated minor might prevent such a minor from obtaining an abortion. See *ante*, at 7–8. Almost by definition, however, a woman intellectually and emotionally capable of making important decisions without parental assistance also should be capable of ignoring any parental disapproval. Furthermore, if every minor with the wisdom of an adult has a constitutional right to be treated as an adult, a uniform minimum voting age is surely suspect. Instead of simply enforcing general rules promulgated by the legislature, perhaps the judiciary should grant hearings to all young persons desirous of establishing their status as mature emancipated minors instead of confining that privilege to unmarried pregnant young women.

ings in appellant's complaint and therefore denies relief. Thus, the Court sends out a clear signal that more carefully drafted pleadings could secure both a plaintiff's standing to challenge the overbreadth of Utah Code Ann. (1953) § 76–7–304 (2), and success on the merits.[1]

Nonetheless, I dissent. I believe that even if the complaint is defective, the majority's legal analysis is incorrect and it yields an improper disposition here. More important, I cannot agree with the majority's view of the complaint, or its standing analysis. I therefore would reverse the judgment of the Supreme Court of Utah.

I

The Court finds appellant's complaint defective because it fails to allege that she is mature or emancipated, and neglects to specify her reasons for wishing to avoid notifying her parents about her abortion decision. As a result, the Court reasons, appellant lacks standing to challenge the overbreadth of the Utah parental notification statute.[2]

The majority's standing analysis rests on prudential concerns and not on the constitutional limitations set by Art. III. See *Gladstone, Realtors* v. *Village of Bellwood*, 441 U. S. 91, 99–100 (1979); *Warth* v. *Seldin*, 422 U. S. 490, 498–499, 517–518 (1975). For the Court does not question that appellant's injury due to the statute's requirement falls within the legally protected ambit of her privacy interest, and that the relief requested would remedy the harm. See *ante*, at 9–10 (opinion of THE CHIEF JUSTICE), *ante*, at 7–8 (opinion of POWELL, J.). The Court decides only that appellant cannot challenge the blanket nature of the statute because she neglected to allege that by her personal characteristics, she is a member of particular groups that undoubtedly deserve exemption from a parental notice requirement.[3] Thus, the Court seems to apply the familiar prudential principle that an individual should not be heard to raise the rights of other persons. This principle, of course, has not precluded standing in other instances where, as here, the party has established the requisite and legally protected interest, capable of redress through the relief requested.[4] See, *e. g.*, *Duke Power Co.* v. *Carolina Environmental Study Group*, 438 U. S. 59, 80–81 (1978); *Singleton* v. *Wulff*, 428 U. S. 106, 113–118 (1976) (BLACKMUN, J.) (plurality); *Doe* v. *Bolton*, 410 U. S., at 118–189; *Griswold* v. *Connecticut*, 381 U. S. 479, 481 (1965); *NAACP* v. *Alabama*, 357 U. S. 449, 459–460 (1958); *Barrows* v. *Jackson*, 346 U. S. 249, 259 (1953).

I do not believe that prudential considerations should bar standing here, for I am persuaded that appellant's complaint establishes a claim that notifying her parents would not be in her interests.[5] She alleged that she "believes that it is in her

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[1] Under the majority's view, to assure standing, the plaintiff pregnant minor simply need allege her desire to obtain an abortion, her inability to do so because of the statute, and her view that she is emancipated, mature, or that it is in her best interests to have an abortion performed without notifying her parents. The majority finds no standing problem where the complaint alleges that the plaintiff is emancipated or mature, and thus reaffirms the standing analysis employed in *Bellotti* v *Baird* 443 U. S. 662 (1979) (*Bellotti II*). See *ante*, at 7, n. 12 (opinion of BURGER, C. J.). In addition, the Court relies in part on a decision by the Federal District Court in Utah, which enjoined application of the same Utah statute involved here to emancipated minors. *L. R.* v *Hansen*, Civil No CS0–0078 (Feb 8, 1980). The Court apparently contemplates that similar challenges will meet with success in the future. For example, the District Court in *L. R.* v. *Hansen* also accorded intervenor status and awarded preliminary relief to a minor woman who, like appellant, is under 17 years old and is dependent upon a parent with whom she resides. The only difference between the allegations of the instant appellant and those of that intervenor is the latter's express allegation that parental notice would result in her expulsion from home and destruction of her relationship with her parent *L. R.* v. *Hansen*, Civil No. 80–0078 (Findings of Fact and Conclusions of Law ¶ 4) (Oct. 24, 1980). Finally, the Court today does not question our prior decision upholding the standing of physicians to challenge abortion restrictions. See n. 4, *infra*.

[2] In essence, the Court concludes that because appellant neglected to make specific allegations about herself and her situation, she "'lacks the personal stake in the controversy needed to confer standing' to advance the overbreadth argument," *ante*, at 7 (opinion of BURGER, C. J.) (quoting *Harris* v. *McRae*, — U. S. — (1980)). The majority thus assumes that a plaintiff raising an overbreath challenge to an abortion statute must allege that she herself falls within the statute's overbroad reach. The quotation from *Harris* actually refers to an entirely different kind of standing issue: there the plaintiffs lacked standing because they failed to allege that they were in a position either to seek abortions or to receive Medicaid, and thus they lacked the concrete adverseness necessary to advance their challenge to the Medicaid limit on abortion funding None of the cases cited for this point in *Harris* apply to the instant appeal. See *O'Shea* v. *Littleton*, 414 U. S. 488 (1974) (plaintiffs lack standing because of failure to allege specific injury); *Bailey* v *Patterson*, 369 U. S. 31, 31 (1962) (petitioners "lack standing to enjoin criminal prosecutions under Mississippi's breach-of-peace statutes, since they do not allege that they have been prosecuted or threatened with prosecution under them").

A standing limitation on overbreadth challenges to an abortion statute has roots in a context hardly analogous to the instant case. For while we have frequently ruled that criminal defendants lack standing to challenge a statute's overbreadth when their conduct indisputedly falls within the statute's legitimate core, *e. g.*, *United States* v. *National Dairy Prod. Corp.*, 372 U. S. 29 (1963), *United States* v *Harriss*, 347 U. S. 612 (1954); *Williams* v. *United States*, 341 U. S. 97 (1951), these rulings bear little relationship to appellant's challenge to a State's restriction of her exercise of a fundamental right See *Planned Parenthood of Central Missouri* v *Danforth*, 428 U. S. 52 (1976); *Doe* v *Bolton*, 410 U. S. 179 (1973). More relevant, I believe, is our analysis of standing to claim that a statute's overbreadth affects fundamental liberties, primarily those guaranteed by the First Amendment Because of the risk that exercise of personal freedoms may be chilled by broad regulation, we permit facial overbreadth challenges without a showing that the moving party's conduct falls within the protected core. *Gooding* v. *Wilson*, 405 U. S 518 (1972); *Coates* v. *City of Cincinnati*, 402 U. S. 611 (1971); *United States* v. *Robel*, 389 U S. 258 (1967); 294 U. S. 147, *Cox* v. *Louisiana*, 379 U. S. 536 (1965), *Aptheker* v. *Sec'y of State*, 378 U. S. 500 (1964); *Kunz* v. *New York*, 340 U. S 290 (1951). See also *United States* v. *Reese*, 92 U. S. 214 (1876) (facial challenge under Fifteenth Amendment).

[3] See n. 1, *supra* The Court does not question that exceptions from a parental notice requirement are necessary for minors emancipated from the custody or control of their parents, see *infra* n. 48, and for minors able to demonstrate their maturity for the purpose of choosing to have an abortion, *ante*, at 7–8 (opinion of BURGER, C. J.). See also *Bellotti II*, *supra*, at 651 (POWELL, J.); *id.*, at 653 (STEVENS, J.) Nor does the Court depart from the view, made explicit in JUSTICE POWELL's opinion in *Bellotti II*, *supra*, at 651, that a State cannot require parental notice when it would not be in the minor's best interests to do so. This position is articulated anew today by JUSTICE POWELL, *ante*, at 8, and bolstered by the majority, which acknowledges the need for exception where parental notification interferes with emergency medical treatment, *ante*, at 8, and which leaves open the possibility of relief where the minor makes "a claim or showing as to her relations with her parents," *ante*, at 9, or demonstrates a "hostile home situation[]," *ante*, at 8, n. 14. See also *L. R* v. *Hansen*, Civil No CS0–0078 (Feb. 8, 1980), (Oct 24, 1980).

[4] It is especially noteworthy that we have not refrained from according to physicians, threatened with the personal risk of prosecution, standing to challenge abortion restrictions by asserting the rights of any of their patients. *E. g.*, *Planned Parenthood of Missouri* v *Danforth*, 428 U. S. 52, 62 (1976); *Doe* v *Bolton*, *supra*; *Griswold* v. *Connecticut*, 381 U. S. 479 (1965).

[5] In the instant case, application of the prudential rule causes undue commingling of jurisdictional and merits issues. For here the third-party interests do not even come into play until appellant wishes to rebut the State's interests, which themselves are asserted only after appellant has established a burden on her protected interests. First, the appellant must satisfy a court that, on the merits, her fundamental right to privacy in consulting her physician about an abortion is burdened by the Utah statute. Only then need the State assert its countervailing State interests.

best interest that her parents not be informed of her [pregnant] condition," Complaint, ¶ 6, Appendix (App.) 4, and that after consulting with her physician, attorney, and social worker, "she understands what is involved in her decision" to seek an abortion, *id.*, ¶ 9.[4] This claim was further supported, albeit without detail, at the evidentiary hearing. There appellant testified she did not feel she could discuss the abortion decision with her parents even after she consulted a social worker on the issue. App. 26, Tr. 85.[5] In my judgment, appellant has adequately asserted that she has persistently held reasons for believing parental notice would not be in her best interests. This provides a sufficient basis for standing to raise the challenge in her complaint. Appellant seeks to challenge a state statute, construed definitively by the highest court of that State to permit no exception to the notice requirement on the basis of any reasons offered by the minor. 604 P. 2d 907, 913 (1979). As standing is a jurisdictional issue, separate and distinct from the merits, a court need not evaluate the persuasiveness of her reasons for opposing parental notice to conclude that appellant has a concrete interest in determining whether the parental notice statute is valid.[6]

Yet even if the Court's view of appellant's complaint is correct, and even if prudence calls for denying her standing to raise the overbreadth claim, the Court erroneously concludes that the class represented by appellant suffers the identical standing disability. In so doing, the Court is apparently indifferent to the federalism or comity issues arising when this Court presumes to supervise the procedural determinations made by a state trial court under state law. Even if application of federal law governing class actions were appropriate in this case, the majority misapplies federal law by disturbing the class definition as approved by the trial court. The Court acknowledges, *ante*, at 2–3, 5 (BURGER, C. J.); *ante*, at 4, n. 6 (POWELL, J.,), that the trial court granted appellant's motion to represent a class, and it is undisputed that this class includes all "minor women who are suffering unwanted pregnancies and desire to terminate the pregnancies but are unable to do so inasmuch as their physician will not perform an abortion upon them without compliance with the provisions of Section 76–7–304 (2)." Complaint ¶ 10, App. 4. This class by definition includes *all* minor women, self-supporting or dependent, sophisticated or naive, as long as the Utah statute interferes with the ability of these women to decide with their physicians to obtain abortions. If the Court is correct that appellant cannot raise challenges based on the interest of emancipated or mature minors, or others whose best interests call for avoiding parental notification, the proper disposition under federal law would be a remand. This remand would protect such class members by permitting the trial court to determine whether appellant is a proper and adequate class representative, and whether her claims are sufficiently similar to the class to warrant the class action.[9] Since the trial court enjoys considerable latitude in approving class actions, such a remand is appropriate only on those rare occasions where the reviewing Court discerns an abuse of discretion.[10] But where an abuse of discretion is clear from the record, remand should ensue, and could result in redefinition or dismissal of the class, addition of other named plaintiffs to represent interests appellant cannot advance, or creation of subclasses with additional representative parties.[11] In contrast, it is improper to assume appel-

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which here include promoting family autonomy and parental authority. And only in rebuttal would appellant next challenge as overbroad the means employed by the State, for the absolute ban regulates the abortion decision of emancipated and mature minors, and others whose best interests call for an abortion without parental notice. Thus, in the name of prudence, the majority's standing analysis depends upon its evaluation of the complicated merits.

[4] Appellant's consultation with three professionals casts substantial doubt on JUSTICE POWELL's suggestion, see *ante*, at 6, that appellant "desires not to explain to anyone her reasons either for wanting the abortion or for not wanting to notify her parents."

[5] This portion of the transcript is set out in full *ante*, at 3, n. 6, 4, n. 7 (opinion of BURGER, C. J.).

JUSTICE POWELL correctly reports, *ante*, at 3–5, that the in-chambers hearing elicited from appellant statements essentially identical to her complaint. And it is also true that counsel for appellant objected to inquiries by the appellee and the trial judge regarding appellant's exact reasons for not wanting to talk with her parents about her pregnancy or other matters. What JUSTICE POWELL neglects to note, however, is that counsel's objections stemmed from the trial court's own ruling that any facts specific to appellant's situation would be irrelevant to the physician's duty under the statute to notify her parents of an abortion decision. Because the trial judge ruled that the statute and its sanctions would apply regardless of the pregnant minor's personal reasons for opposing parental notification, the judge sustained the objections to questions about appellant's particular reasons. Tr. 91–97, App. 31–36. It is this ruling that is the legal basis for the decision below, and not the trial judge's binary comments cited by the majority *ante*, at 4, n. 8 (opinion of BURGER, C. J.).

[6] I also doubt the wisdom in pinning a minor's success in challenging a blanket parental notice requirement to consideration of her particular situation by judges, as opposed to others who are more regularly involved in the counseling of adolescents. Cf. *Bellotti* v. *Baird*, 443 U. S., at 655–656 (STEVENS, J.).

[9] As the Court observed in *Eisen* v. *Carlisle & Jacquelin*, 417 U. S. 156, 176 (1974), the federal class action procedure "was intended to insure that the judgment, whether favorable or not, would bind all class members who did not request exclusion from suit." The binding effect of the class action's disposition poses serious due process concerns where the interests of class members are not properly presented. 7A Wright & Miller, *supra*, § 1785.

Where review of the claims asserted is impaired by an obvious lack of homogenity in the class approved by the trial court, the reviewing court must remand "for reconsideration of the class definition," *Kremens* v. *Bartley*, 431 U. S. 119, 134–135 (1977), and for a determination whether the named plaintiff is a proper representative of the class, *Martin* v. *Thompson Tractor Co.*, 486 F. 2d 510, 511 (CA5 1973).

[10] *E. g.*, *Bogus* v. *American Speech & Hearing Assn.*, 582 F. 2d 277 (CA3 1978); *Dellums* v. *Powell*, — U. S. App. D. C. —, 566 F. 2d 167 (1977), cert. denied, 438 U. S. 916 (1978); *Barnett* v. *W. T. Grant Co.*, 518 F. 2d 542 (CA4 1975); *Arkansas Educ. Assn.* v. *Board of Educ. of the Portland, Arkansas School Dist.*, 446 F. 2d 763 (CA8 1971); *Gold Strike Stamp Co.* v. *Christensen*, 436 F. 2d 791 (CA10 1970).

It is difficult to conclude that the trial judge below in fact abused his discretion in approving the class. Other courts have approved similar classes represented by similar named plaintiffs, *e. g.*, *Gary-Northwest Indiana Women's Services* v. *Bowen*, 421 F. Supp. 734 (ND Ind. 1976), aff'd, 429 U. S. 1067 (1977) (unmarried pregnant 16-year-old proper representative for class of unmarried pregnant minors under 18 challenging abortion restriction). Conflict within the class, moreover, seems unlikely, for "it is difficult to imagine why any person in the class appellant represents would have an interest in seeing [the challenged statute] upheld." *Sosna* v. *Iowa*, 419 U. S. 393, 403, n. 13 (1975).

[11] A class may need to be redefined, *e. g.*, *Gresicki* v. *Oswald*, 336 F. Supp. 317, 374 (SDNY 1971) (three-judge court), divided into sub-classes, *e. g.*, *Francis* v. *Davidson*, 340 F. Supp. 351 (Md. 1972) (three-judge court), or otherwise modified, to adequately protect its members' interests. See generally 7 Wright & Miller, Federal Practice and Procedure §§ 1758–1771 (Supp. 1979).

The majority mistakenly assumes, *ante*, at 7, n. 13 (opinion of BURGER, C. J.), that it is free to rewrite the class as approved by the trial court because that court based its class definition on submissions from the plaintiff. This assumption runs counter to the general practice in both state and federal courts whereby the party seeking class certification proposes a class definition which is then subject to challenge by the opposing party. See 1 H. Newberg, Class Actions 644 (1977); 5 H. Newberg, Class Actions 1376, 1403 (1977). Respondents challenged the class without success, and the state supreme court never questioned the trial court's approval of appellant's class.

lant adequately represents the entire class as defined by the trial court, but redefine the class appellant is deemed to represent, and deny relief on that basis.[13] Nonetheless, that is exactly the course selected by the majority today.

I instead assume that appellant adequately represents the class which the trial judge concluded she represents—all minor women seeking an abortion but finding the parental notice requirement an obstacle. I then would find that their rights and interests can be raised here by appellant in support of a facial challenge to the Utah statute, and conduct the appropriate review of appellant's claims.

II

Because the Court's treatment is so cursory, I review appellant's claims with due attention to our precedents.

Our cases have established that a pregnant woman has a fundamental right to choose whether to obtain an abortion or carry the pregnancy to term. *Roe* v. *Wade*, 410 U. S. 113 (1973); *Doe* v. *Bolton*, *supra*.[14] Her choice, like the deeply intimate decisions to marry,[15] to procreate,[16] and to use contraceptives,[17] is guarded from unwarranted state intervention by the right to privacy.[18] Grounded in the Due Process Clause of the Fourteenth Amendment, the right to privacy [19] protects both the woman's "interest in independence in making certain kinds of important decisions" and her "individual interest in avoiding disclosure of personal matters." *Whalen* v. *Roe*, 429 U. S. 589, 599–600 (1977).

In the abortion context, we have held that the right to privacy shields the woman from undue state intrusion in and external scrutiny of her very personal choice. Thus, in *Roe* v. *Wade*, 410 U. S., at 164, we held that during the first trimester of the pregnancy, the State's interests in protecting maternal health or the potential life of the fetus could not override the right of the pregnant woman and the attending physician to make the abortion decision through private, unfettered consultation. We further emphasized the restricted scope of permissible state action in this area when, in *Doe* v. *Bolton*, 410 U. S., at 198–200, we struck down state-imposed procedural requirements that subjected the woman's private decision with her physician to review by other physicians and a hospital committee.

It is also settled that the right to privacy, like many constitutional rights,[19] extends to minors. *Planned Parenthood of Central Missouri* v. *Danforth*, 428 U. S. 52 (1976); *Bellotti* v. *Baird*, 443 U. S. 622, 639 (1979) (POWELL, J.) (*Bellotti II*); *id.*, at 653 (STEVENS, J.); *T. H.* v. *Jones*, 425 F. Supp. 873, 881 (Utah 1975), aff'd on other grounds, 425 U. S. 986 (1976). Indeed, because an unwanted pregnancy is probably more of a crisis for a minor than for an adult, because the abortion decision cannot be postponed until her majority, "there are few situations in which denying a minor the right to make an important decision will have consequences so grave and indelible." *Bellotti II*, 443 U. S., at 646 (POWELL, J.).[20] Thus, for both the adult and the minor woman, state-imposed burdens on the abortion decision can be justified only upon a showing that the restrictions advance "important state interests." *Roe* v. *Wade*, 410 U. S., at 154; accord, *Planned Parenthood of Central Missouri* v. *Danforth*, 428 U. S, at 61. Before examining the state interests asserted here, it is necessary first to consider Utah's claim that its statute does not "impinge[] on a woman's decision to have an abortion" or "place[] obstacles in the path of effectuating such a decision." Brief for Appellee 9. This requires an examination of whether the parental notice requirement of the Utah statute imposes any burdens in the abortion decision.

The ideal of a supportive family so pervades our culture that it may seem incongruous to examine "burdens" imposed by a statute requiring parental notice of a minor daughter's decision to terminate her pregnancy.[21] This Court has long

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[13] See *ante*, at 1 (opinion of STEVENS, J.). JUSTICE POWELL reasons, *ante*, at 4, n. 6, that the class members cannot raise the overbreadth claims because the record fails to disclose that they wish to raise such claims. In my view, the record is quite to the contrary. The class members, through their class representative, unequivocally raised in the complaint the overbreadth challenge to the Utah statute. Complaint, ¶ 17, App. 6. This claim, along with the other allegations in the complaint, provided the context in which the trial judge approved appellant as class representative. In so approving, the trial court was obliged to ensure that appellant's allegations would adequately protect the interests of the class members, who would be bound by the judgment. If a reviewing court subsequently alters the claims that can be asserted by the named plaintiff, protection of the class interests requires a remand for reconsideration of the adequacy of the named plaintiff as class representative.

[14] See also *Carey* v. *Population Services International*, 431 U. S. 678, 684–685 (1977); *Griswold* v. *Connecticut*, 381 U. S., at 482–485.

[15] *Zablocki* v *Redhail*, 434 U. S. 374, 384–386 (1978); *Loving* v. *Virginia*, 388 U. S. 1, 12 (1967).

[16] *Skinner* v. *State of Oklahoma ex rel. Williamson*, 316 U. S. 535 (1942). See also *Cleveland Board of Education* v. *LaFleur*, 414 U. S. 632 (1974).

[17] *Eisenstadt* v. *Baird*, 405 U. S. 438, 453 (1972). *Griswold* v. *Connecticut*, *supra*; *Carey* v. *Population Services International*, *supra*; *Poe* v. *Ullman*, 367 U. S. 497, 539 (1961) (Harlan, J., dissenting) (ban on contraception is "intolerable and unjustifiable invasion of privacy in the conduct of the most intimate concerns of an individual's personal life").

[18] See also *Union Pacific Railway Co.* v *Botsford*, 141 U. S. 250, 251 (1891) ("No right is held more sacred, or is more carefully guarded by the common law, than the right of every individual to the possession and control of his person, free from all restraint or interference of others, unless by clear and unquestionable authority of law.").

[19] The right has often been termed "the right to be let alone." See *Olmstead* v. *United States*, 277 U. S. 438, 478 (1928) (Brandeis, J., dissenting) (quoted with approval in *Stanley* v. *Georgia*, 394 U. S. 557, 564 (1969), and *Eisenstadt* v. *Baird*, 405 U. S., at 453–454, n. 10). Defining the spheres within which the government may not act without sufficient justification the notion of privacy "emanates from the totality of the constitutional scheme under which we live." *Poe* v. *Ullman*, 367 U. S. 497, 521 (1961) (Douglas, J., dissenting).

[20] "Constitutional rights do not mature and come into being magically only when one attains the state-defined age of majority. Minors, as well as adults, are protected by the Constitution and possess constitutional rights. See, e. g., *Breed* v. *Jones*, 421 U. S. 519 (1975); *Goss* v. *Lopez*, 419 U. S. 565 (1975); *Tinker* v. *Des Moines School Dist.*, 393 U. S. 503 (1969); *In re Gault*, 387 U. S. 1 (1967). The Court indeed, however, long has recognized that the State has somewhat broader authority to regulate the activities of children than of adults. *Prince* v. *Massachusetts*, 321 U. S., at 170; *Ginsberg* v. *New York*, 390 U. S. 629 (1968)." *Planned Parenthood of Central Missouri* v. *Danforth*, 428 U. S. 52, 74–75 (1976). See also *Brown* v *Board of Education*, 347 U. S. 483 (1954) (children entitled to Equal Protection in schools).

The privacy right does not necessarily guarantee that "every minor, regardless of age or maturity, may give effective consent for termination of her pregnancy." *Planned Parenthood of Central Missouri* v. *Danforth*, 428 U. S., at 75. Utah, however, assigns this consent authority to a woman of any age who seeks pregnancy-related medical care, Utah Code Ann. § 78–145 (4) (f), subject to the State's informed consent requirements, see Utah Code Ann. § 76–7–305 (1978); § 78–14–5 (1953). This appeal does not present the broad issue of when may a State require parental consent for a surgical procedure on a minor child, 604 P. 2d 907, 910, n. 5 (Utah 1979). At issue here is only the scope of the minor's constitutional privacy right in the face of a statutory parental notice requirement.

[21] In striking down a related Utah prohibition against family planning assistance for minors absent parental consent, a federal district court reasoned that the "financial, psychological and social problems arising from teenage pregnancy and motherhood argue for our recognition of the right of minors to privacy as being equal to that of adults." *T. H.* v. *Jones*, 425 F. Supp 873, 881 (Utah 1975), aff'd on other grounds, 425 U. S. 986 (1976).

[22] Appellee also argues that "[i]t is difficult to contemplate a relationship where the right of privacy as formulated in the abortion context could

deferred to the bonds which join family members for mutual sustenance. See *Pierce* v. *Society of Sisters*, 268 U. S. 510, 534–535 (1925); *May* v. *Anderson*, 345 U. S. 528, 533 (1953); *Griswold* v. *Connecticut*, 381 U. S. 479, 486 (1965); *Stanley* v. *Illinois*, 405 U. S. 645, 651 (1972); *Moore* v. *East Cleveland*, 431 U. S. 454, 504–505 (1977) (POWELL, J., plurality). Especially in times of adversity, the relationships within a family can offer the security of constant caring and aid. See *Moore* v. *East Cleveland*, *id.*, at 505. Ideally, a minor facing an important decision will naturally seek advice and support from her parents, and they in turn will respond with comfort and wisdom.[22] If the pregnant minor herself confides in her family, she plainly relinquishes her right to avoid telling or involving them. For a minor in that circumstance, the statutory requirement of parental notice hardly imposes a burden.

Realistically, however, many families do not conform to this ideal. Many minors, like appellant, oppose parental notice and seek instead to preserve the fundamental, personal right to privacy. It is for these minors that the parental notification requirement creates a problem. In this context, involving the minor's parents against her wishes [23] effectively cancels her right to avoid disclosure of her personal choice. See *Whalen* v. *Roe*, 429 U. S., at 599–600. Moreover, the absolute notice requirement publicizes her private consultation with her doctor and interjects additional parties in the very conference held confidential in *Roe* v. *Wade*, *supra*, 410 U. S., at 164. Besides revealing a confidential decision, the parental notice requirement may limit "access to the means of effectuating that decision." *Carey* v. *Population Services International*, 431 U. S. 678, 688 (1977). Many minor women will encounter interference from their parents after a state-imposed notification.[24] In addition to parental disappointment and disapproval, the minor may confront physical or emotional abuse, withdrawal of financial support, or actual obstruction of the abortion decision. Furthermore, the threat of parental notice may cause some minor women to delay past the first trimester of pregnancy, after which the health risks increase significantly.[25] Other pregnant minors may attempt to self-abort or to obtain an illegal abortion rather than risk parental notification.[26] Still others may foresake an abortion and bear an unwanted child, which, given the minor's "probable education, employment skills, financial resources and emotional resources, . . . may be exceptionally burdensome." *Bellotti II*, 443 U. S., at 642 (POWELL, J.). The possibility that such problems may not occur in particular cases does not alter the hardship created by the notice requirement on its face.[27] And that hardship

be less relevant than in the confines of the nuclear family." Brief for Appellee 22. This view, however, was expressly rejected in *Planned Parenthood of Central Missouri* v. *Danforth*, 428 U. S., at 75.

[22] Realization of this ideal, however, must depend on the quality of emotional attachments within the family, and not on legal patterns imposed by the State. See *Quilloin* v. *Walcott*, 434 U. S. 246, 255 (1978); *Moore* v. *East Cleveland*, 431 U. S., at 506

[23] Nothing prevents the physician from encouraging the minor to consult her parents; only the minor who strenuously objects will remain burdened by the notice requirement.

[24] The record here contains little about appellant's situation because the trial judge excluded any such evidence as irrelevant to her facial challenge to the mandatory notice requirement. In light of her claim that the notice requirement inhibits the exercise of her right to choose an abortion, however, we may surmise that appellant expects family conflict over the abortion decision. Indeed, the transcript of the evidentiary hearing, quoted *ante*, at 3, n. 6, 4, n. 7 (opinion of BURGER, C. J.), demonstrates that consultation with her social worker, her physician, and her lawyer did not alter appellant's steadfast belief that she could not discuss the issue with her parents.

The records in other cases are also instructive as to the interference posed by some parents to the exercise of some minor's privacy right. See *L. R.* v. *Hansen*, Civil No. C80–0078 (Oct. 24, 1980) (CD Utah) (preliminary relief awarded to minor alleging parent expelled from home minor sister who disclosed facts of pregnancy and abortion); see *Women's Community Health Center, Inc.* v. *Cohen*, 477 F. Supp. 542, 548 (Maine 1979) (expert affidavits that some parents "will pressure the minor, causing great emotional distress and otherwise disrupting the family relationship"); *Baird* v. *Bellotti*, 450 F. Supp. 997, 1001 (Mass. 1978) (uncontested evidence some parents "would insist on an undesired marriage, or on continuance of the pregnancy as punishment" or even physically harm the minor); *Wynn* v. *Carey*, 582 F. 2d 1375, 1388, n. 24 (CA7 1978) (suggesting same problem); *In re Diane*, 318 A. 2d 629, 630 (Del. Ct. Ch. 1974) (father opposes minor's abortion on religious grounds); *State* v. *Koome*, 84 Wash. 2d 901, 905, 530 P. 2d 260, 265 (1975) (parent thinks forcing daughter to bear child will deter her future pregnancies). See *Margoret S.* v. *Edwards*, 488 F. Supp. 181 (ED La. 1980). Parents also may oppose a minor's decision not to abort. *E. g.*, *In re Smith*, 295 A. 2d 238 (Md. 1972). See generally F. Furstenberg, Unplanned Parenthood: The Social Consequences of Teenage Childbearing 54 (1976); Jolly, Young Female and Outside the Law, in Teenage Women in the Juvenile Justice System: Changing Values, at 102 (1979) ("When a young girl becomes pregnant, many families refuse to allow her back into their home"); Osofsky and Osofsky, Teenage Pregnancy: Psychosocial Considerations, 21 Clinical Obst. & Gynec. 1161, 1164–1165 (1978). See also J. Bedger, Teenage Pregnancy 123–124 (1980) (large majority of sampled pregnant minors predict parental opposition to their abortions)

[25] *Women's Community Health Center, Inc.* v. *Cohen*, *supra* (affidavits showing parental notice "may cause adolescent to delay seeking assistance with her pregnancy, increasing the hazardousness of an abortion should she choose one."). Cates, Adolescent Abortions in the United States, 1 J. Adolescent Health Care 24 (1980); Bracken and Kasl Delay in Seeking Induced Abortion: A Review and Theoretical Analysis, 121 Am. J. Obst. & Gynec. 1008, 1013 (1975); Hofmann, Consent and Confidentiality and Their Legal and Ethical Implications for Adolescent Medicine, in Medical Care of the Adolescent 42, 51 (Gallagher, Heald & Garell eds., 3d ed. 1976).

If she decides to abort after the first trimester of pregnancy, the minor faces more serious health risks. *Roe* v. *Wade*, 410 U. S., at 163; Benditt, Second-Trimester Abortion in the United States, 11 Fam. Plan. Perspectives 358 (1979); Cates, Schulz, Crimes & Tyler, The Effect of Delay and Method Choice on the Risk of Abortion Morbidity, 9 Fam. Plan. Perspectives 266 (1977). If she decides to bear the child, her health risks are also greater than if she had a first trimester abortion. Cates, *supra*, at 24; Cates & Tietze, Standardized Mortality Rates Associated with Legal Abortion: United States 1972–1975, 10 Fam. Plan. Perspectives 109 (1978) (abortion within first 16 weeks of pregnancy safer than carrying pregnancy to term); "The Earlier the Safer" Applies to all Abortions, 10 Fam. Plan. Perspectives 243 (1978). See also Zackler, Andelman & Bauer, The Young Adolescent as an Obstetric Risk, 103 Am. J. Obst. & Gynec. 305 (1969) (complications associated with childbirth by minors)

[26] *Women's Community Health Center, Inc.* v. *Cohen*, 477 F. Supp., at 545 (affidavits that minor may turn to illegal abortion rather than have parents notified). See also Kaban, Baker & Freeman, The Effect of Legalized Abortion on Morbidity Resulting from Criminal Abortion, 121 Am. J. Obst. & Gynec. 114 (1975) (illegal abortion rate drops when legal abortion available). The minor may also seek to abort herself, *Alice* v. *Dept. of Social Welfare*, 55 Cal. App. 3d 1039, 1044, 128 Cal. Rptr. 374, 377 (App. 1976); A. Holder, Legal Issues in Pediatrics and Adolescent Medicine 285 (1977); or even commit suicide, see Teicher, A Solution to the Chronic Problem of Living: Adolescent Attempted Suicide, in Current Issues in Adolescent Psychiatry 129, 135 (J. Schoolar ed. 1973) (study showing that approximately one-fourth of female minors who attempt suicide do so because they are or believe they are pregnant).

[27] It is the presence of the notice requirement, and not merely its implementation in a particular case, that signifies the intrusion. Cf. *Planned Parenthood of Central Missouri* v. *Danforth*, *supra* (availability of veto, not exercise of veto, found unconstitutional).

Despite the Court's objection today that we have in the past "expressly declined to equate notice requirements with consent requirements," *ante*, at 12, n. 17 (opinion of BURGER, C. J.), in *Bellotti II*, the Court rejected a statute authorizing judicial review of a minor's abortion decision—as an alternative to parental consent—precisely because a parent notified of the court action might interfere. Thus, JUSTICE POWELL wrote for four Members of the Court, "[a]s the District Court recognized 'there are parents who would obstruct, and perhaps altogether prevent, the minor's right to go to court' . . . There is no reason to believe that this would be so in

is not a mere disincentive created by the State,[28] but is instead an actual state-imposed obstacle to the exercise of the minor woman's free choice.[29] For the class of pregnant minors represented by appellant, this obstacle is so onerous as to bar the desired abortions.[30] Significantly, the interference sanctioned by the statute does not operate in a neutral fashion. No notice is required for other pregnancy-related medical care,[31] so only the minor women who wish to abort encounter the burden imposed by the notification statute. Because the Utah requirement of mandatory parental notice unquestionably burdens the minor's privacy right, the proper analysis turns next to the State's proffered justifications for the infringements posed by the statute.

III

As established by this Court in *Planned Parenthood of Central Missouri* v. *Danforth*, *supra*, the statute cannot survive appellant's challenge unless it is justified by a "significant state interest."[32] Further, the State must demonstrate that the means it selected are closely tailored to serve that interest.[33] Where regulations burden the rights of pregnant adults, we have held that the state legitimately may be concerned with "protection of health, medical standards, and pre-natal life." *Roe* v. *Wade*, 410 U. S., at 155. We concluded, however, that during the first trimester of pregnancy none of these interests sufficiently justifies state interference with the decision reached by the pregnant woman and her physician. *Id.*, at 162–163. Nonetheless, Utah asserts here that the parental notice requirement advances additional state interests not implicated by a pregnant adult's decision to abort. Specifically, Utah contends that the notice requirement improves the physician's medical judgment about a pregnant minor in two ways: it permits the parents to provide additional information to the physician, and it encourages consultation between the parents and the minor woman. Utah also advances an independent state interest in preserving parental rights and family autonomy. I consider each of these asserted interests in turn.[34]

A

In upholding the statute, the Utah Supreme Court concluded that the notification provision might encourage parental transmission of "additional information, which might prove invaluable to the physician in exercising his 'best medical judgment.'"[35] Yet neither the Utah courts nor the statute itself specifies the kind of information contemplated for this purpose, nor why it is available to the parents but not to the minor woman herself. Most parents lack the medical expertise necessary to supplement the physician's medical judgment, and at best could provide facts about the patient's medical history. It seems doubtful that a minor mature enough to become pregnant and to seek medical advice on her own initiative would be unable or unwilling to provide her physician with information crucial to the abortion decision. In addition, by law the physician already is obligated to obtain all information necessary to form his best medical judgment,[36] and nothing bars consultation with the parents should the physician find it necessary.

Even if mandatory parental notice serves a substantial state purpose in this regard, the Utah statute fails to implement it. Simply put, the statute on its face does not require or even encourage the transfer of information; it does not even call for a conversation between the physician and the parents. A letter from the physician to the parents would satisfy the statute, as would a brief telephone call made moments before the abortion.[37] Moreover, the statute is patently underinclusive if its aim is the transfer of informa-

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the majority of cases where consent is withheld. But many parents hold strong views on the subject of abortion, and young pregnant minors, especially those living at home, are particularly vulnerable to their parents' efforts to obstruct both an abortion and their access to court." 443 U. S., at 647.

[28] Thus, the notice requirement produces not only predictable disincentives to choose to abort, *Harris* v. *McRae*, 48 U. S. L. W. 4941, 4952 (June 30, 1980) (MARSHALL, J., dissenting); *id.*, at 4950 (June 30, 1980) (BRENNAN, J., dissenting); but also "'direct state interference with the protected activity,'" *Harris* v. *McRae*, 48 U. S. L. W. 4941, 4946 (June 30, 1980) (quoting with approval *Maher* v. *Roe*, 432 U. S. 464 (1977)).

[29] See *Doe* v. *Bolton*, *supra* (1973) (invalidating procedural restrictions on availability of abortions); *Carey* v. *Population Services International*, 431 U. S., at 687–689 (partial restrictions on access to contraceptives subject to constitutional challenge). Regardless of the personal views each of us may hold, the privacy right by definition secures latitude of choice for the pregnant minor, without State approval of one decision over another. Thus, JUSTICE STEVENS improperly inverts the reasoning of our decisions when he reiterates his previous view that the importance of the abortion decision points to a "'State's interest in maximizing the probability that the decision be *made correctly* and with full understanding of the consequences of either alternative,'" *ante*, at 3 (opinion of STEVENS, J.) (emphasis added).

[30] See text accompanying n. 8 and see nn. 20, 24, 25, *supra*.

[31] Utah permits pregnant minors to consent to any medical procedure in connection with pregnancy and childbirth, but requires parental notice only before an abortion. Compare Utah Code Ann. § 78–14–5 (4)(f) with Utah Code Ann. § 76–7–304 (2).

[32] 428 U. S., at 75. Cf. *Zablocki* v. *Redhail*, 434 U. S., at 388 (1978); *NAACP* v. *Button*, 371 U. S. 415, 438 (1963). In *Roe* v. *Wade*, *supra*, this Court concluded that the woman's privacy right may be tempered by "important state interests," 410 U. S., at 154, but the Court ultimately applied the "compelling state interest" test commonly used in reviewing state burdens on fundamental rights. *Id.*, at 155. Although it may seem that the minor's privacy right is somehow less fundamental because it may be overcome by a "significant state interest," the more sensible view is that state interests inapplicable to adults may justify burdening the minor's right. *Planned Parenthood of Central Missouri* v. *Danforth*, 428 U. S., at 74–75.

[33] *E. g.*, *Roe* v. *Wade*, 410 U. S., at 155; *Griswold* v. *Connecticut*, 381 U. S., at 485.

[34] Utah also argues that the notice requirement furthers legitimate state interests in enforcing its criminal laws against statutory rape, fornication, adultery, and incest. Brief for Appellee 28–30. These interests were not asserted below, and are too tenuous to be considered seriously here.

[35] 604 P. 2d, at 909–910.

[36] Section 76–7–304 (1) requires the physician to

"[c]onsider all factors relevant to the well-being of the woman upon whom the abortion is to be performed including, but not limited to,

"(a) Her physical, emotional and psychological health and safety,

"(b) Her age,

"(c) Her familial situation."

Violations of this requirement are punishable by a year imprisonment and $1,000 fine. Utah Code Ann. §§ 76–3–204 (1), 76–3–301 (3), 76–7–314 (3). Criminal sanctions also apply if the physician neglects to obtain the minor's informed written consent, and such consent can be secured only after the physician has notified the patient:

"(a) Of the names and addresses of two licensed adoption agencies in the state of Utah and the services that can be performed by those agencies, and nonagency adoption may be legally arranged; and

"(b) Of the details of development of unborn children and abortion procedures, including any foreseeable complications, risks, and the nature of the post-operative recuperation period; and

"(c) Of any other factors he deems relevant to a voluntary and informed consent." Utah Code Ann. § 76–7–305 (2).

The risk of malpractice suits also ensures that the physician will acquire whatever information he finds necessary before performing the abortion. See Utah Code Ann. § 78–14–5.

Moreover, "[i]f a physician is licensed by the State, he is recognized by the State as capable of exercising acceptable clinical judgment. If he fails in this, professional censure and deprivation of his license are available remedies." *Doe* v. *Bolton*, 410 U. S., at 199.

[37] The parties conceded as much at oral argument. Tr. of Oral Arg. 18–19, 29, 43.

tion known to the parents but unavailable from the minor woman herself. The statute specifically excludes married minors from the parental notice requirement; only her husband need be told of the planned abortion, Utah Code Ann. § 76-7-304 (2), and Utah makes no claim that he possesses any information valuable to the physician's judgment but unavailable from the pregnant woman. Furthermore, no notice is required for other pregnancy-related care sought by the minor. See Utah Code Ann. § 78-14-5 (4)(f) (authorizing woman of any age to consent to pregnancy-related medical care). The minor woman may consent to surgical removal and analysis of amniotic fluid, caesarian delivery, and other medical care related to pregnancy. The physician's decisions concerning such procedures would be enhanced by parental information as much as would the abortion decision, yet only the abortion decision triggers the parental notice requirement. This result is especially anomalous given the comparatively lesser health risks associated with abortion as contrasted with other pregnancy-related medical care.[38] Thus, the statute not only fails to promote the transfer of information as is claimed, it does not apply to other closely related contexts in which such exchange of information would be no less important. The goal of promoting consultation between the physician and the parents of the pregnant minor cannot sustain a statute that is so ill-fitted to serve it.[39]

B

The State also claims the statute serves the legitimate purpose of improving the minor's decision by encouraging consultation between the minor woman and her parents. The State does not dispute that it cannot legally or practically require such consultation.[40] Nor does the State contest the fact that the decision is ultimately the minor's to make.[41] Nonetheless, the state seeks through the notice requirement to give parents the opportunity to contribute to the minor woman's abortion decision.

Ideally, facilitation of supportive conversation would assist the pregnant minor during an undoubtedly difficult experience. Again, however, when measured against the rationality of the means employed, the Utah statute simply fails to advance this asserted goal. The statute imposes no requirement that the notice be sufficiently timely to permit any discussion between the pregnant minor and the parents. Moreover, appellant's claims require us to examine the statute's purpose in relation to the parents who the minor believes are likely to respond with hostility or opposition. In this light, the statute is plainly overbroad. Parental consultation hardly seems a legitimate state purpose where the minor's pregnancy resulted from incest, where a hostile or abusive parental response is assured, or where the minor's fears of such a response deter her from the abortion she desires. The absolute nature of the statutory requirement, with exception permitted only if the parents are physically unavailable, violates the requirement that regulations in this fundamentally personal area be carefully tailored to serve a significant state interest.[42] "The need to preserve the constitutional right and the unique nature of the abortion decision, especially when made by a minor, require a State to act with particular sensitivity when it legislates to foster parental involvement in this matter." *Bellotti II*, 443 U. S., at 642 (POWELL, J.). Because Utah's absolute notice requirement demonstrates no such sensitivity, I cannot approve its interference with the minor's private consultation with the physician during the first trimester of her pregnancy.

C

Finally, the state asserts an interest in protecting parental authority and family integrity.[43] This Court, of course, has recognized that the "primary role of the parents in the upbringing of their children is now established beyond debate as an enduring American tradition." *Wisconsin* v. *Yoder*, 406 U. S. 205, 232 (1972). See *Prince* v *Massachusetts*, 321 U. S. 158 (1944); *Meyer* v. *Nebraska*, 262 U. S. 390 (1923). Indeed, "those who nurture [the child] and direct his destiny have the right, coupled with the high duty, to recognize and prepare him for additional obligations." *Pierce* v. *Society of Sisters*, 268 U. S., at 535 (1924). Similarly, our decisions "have respected the private realm of family life which the state cannot enter." *Prince* v. *Massachusetts*, 321 U. S., at 166. See also *Moore* v. *East Cleveland*, 431 U. S., at 499.

The critical thrust of these decisions has been to protect the privacy of individual families from unwarranted state

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[38] I am baffled by the majority's statement today that "[i]f the pregnant girl elects to carry her child to term, the *medical* decisions to be made entail few—perhaps none—of the potentially grave and emotional and psychological consequences of the decision to abort," *ante*, at 14 (opinion of BURGER, C. J.). Choosing to participate in diagnostic tests involves risks to both mother and child, and also may burden the pregnant woman with knowledge that the child will be handicapped. See Prevention of Embryonic, Fetal, and Perinatal Disease 347–352 (R. Brent & M. Harris, eds. 1976); Risks in the Practice of Modern Obstetrics 59–81, 369–370 (S. Aladjem, ed. 1975). The decision to undergo surgery to save the child's life certainly carries as serious "emotional and psychological consequences" for the pregnant adolescent as does the decision to abort: in both instances, the minor confronts the task of calculating not only medical risks but also all the issues involved in giving birth to a child. See Risks in the Practice of Modern Obstetrics, *supra*, at 59–81. For an unwed adolescent, these issues include her future educational and job opportunities, as well as the more immediate problems of finding financial and emotional support for offspring dependent entirely on her. *Michael M.* v. *Sonoma County Superior Court*, — U. S. — (1981) (REHNQUIST, J.) (plurality) (Slip op., at 5). When surgery to save the child's life poses greater risks to the mother's life, the emotional and ethical dimensions of the medical care decision assume crisis proportion. Of course, for minors, the mere fact of pregnancy and the experience of child-birth can produce psychological upheaval.

[39] More flexible regulations which defer to the physician's judgment but provide for parental notice in emergencies have been proposed. *E. g.*, IJA-ABA, Juvenile Justice Standards Project, Standards Relating to Rights of Minors §§ 4.2, 4.6, 4.8 (1980) (minor can consent to pregnancy-related medical care; physician should seek to obtain minor's permission to notify parent, and notify parent over minor's objection only if failure to inform "could seriously jeopardize the health of the minor").

[40] 604 P. 2d, at 912 ("the State has a special interest in encouraging (but not requiring) an unmarried pregnant minor to seek the advice of her parents in making the important decision as to whether or not to bear a child").

[41] *Ibid.* (notification statute "does not per se impose any restriction on the minor as to her decision to terminate her pregnancy"). Cf. Utah Code Ann. § 78-14-5 (4)(f) (woman of any age can consent to any medical care related to pregnancy). See generally *Planned Parenthood of Central Missouri* v. *Danforth*, 428 U. S., at 74 (State may not delegate absolute veto authority to parents of pregnant minor seeking abortion).

[42] State sponsored counseling services, in contrast, could promote family dialogue and also improve the minor's decisionmaking process. Appellant H. L., for example, consulted with a counselor who supported her decision. The role of counselors can be significant in facilitating the pregnant woman's adjustment to decisions related to her pregnancy. See Smith, A Follow-Up Study of Women who Request Abortion, 43 Am. J. Orthopsychiatry 574, 583–585 (1973).

[43] This interest, although not discussed by the state courts below, was the subject of the State's most vigorous argument before this Court. The challenged provision does fall within the "Offenses Against the Family" chapter of the Utah Criminal Code, *ante*, at 1 (opinion of BURGER, C. J.), which also provides criminal sanctions for bigamy, Utah Code Ann. § 76-7-101, incest, § 76-7-102, adultery, § 76-7-103, fornication, § 76-7-104, and nonsupport and sale of children, §§ 76-7-201 to 76-7-203.

intrustion." Ironically, Utah invokes these decisions in seeking to justify state interference in the normal functioning of the family. Through its notice requirement, the State in fact enters the private realm of the family rather than leaving unaltered the pattern of interactions chosen by the family. Whatever its motive, state intervention is hardly likely to resurrect parental authority that the parents themselves are unable to preserve." In rejecting a statute permitting parental veto of the minor woman's abortion decision in *Planned Parenthood of Central Missouri* v. *Danforth*, 428 U. S., at 75, we found it difficult to conclude that

> "providing a parent with absolute power to overrule a determination, made by the physician and his minor patient, to terminate the patient's pregnancy will serve to strengthen the family unit. Neither is it likely that such veto power will enhance parental authority or control where the minor and the nonconsenting parent are so fundamentally in conflict and the very existence of the pregnancy already has fractured the family structure"

More recently, in *Bellotti* v. *Baird II*, 443 U. S., at 638, JUSTICE POWELL observed that efforts to guide the social and moral development of young people are "in large part . . . beyond the competence of impersonal political institutions."

Utah maintains, however, that its statute "merely safeguards a reserved right which parents have to know of the important activities of their children by attempting to prevent a denial of the parental rights through deception." Brief for Appellee 3. Casting its purpose this way does not salvage the statute. For when the threat to parental authority originates not from the State but from the minor child, invocation of "reserved" rights of parents cannot sustain blanket state intrusion into family life such as that mandated by the Utah statute. Such a result not only runs counter to the private domain of the family which the State may not breach; it also conflicts with the limits traditionally placed on parental authority. Parental authority is never absolute, and has been denied legal protection when its exercise threatens the health or safety of the minor children. *E. g., Prince* v. *Massachusetts*, 321 U. S., at 169–170. Indeed, legal protection for parental rights is frequently tempered if not replaced by concern for the child's interest.[44] Whatever its importance elsewhere, parental authority deserves de minimus legal reinforcement where the minor's exercise of a fundamental right is burdened.

To decide this case, there is no need to determine whether parental rights never deserve legal protection when their assertion conflicts with the minor's rights and interests.[47] I conclude that this statute cannot be defended as a mere reinforcement of existing parental rights, for the statute reaches beyond the legal limits of those rights. The statute applies, without exception, to emancipated minors,[48] mature minors,[49]

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[43] *Wynn* v. *Carey*, 582 F. 2d, at 1385–1386; Note, The Minor's Right of Privacy: Limitations on State Action after *Danforth* and *Carey*, 77 Colum. L. Rev. 1216, 1224 (1977).

[44] "The fact that the minor became pregnant and sought an abortion contrary to the parents' wishes indicates that whatever control the parent once had over the minor has diminished, if not evaporated entirely. And we believe that enforcing a single, albeit important, parental decision—at a time when the minor is near to majority status—by an instrument as blunt as a state statute is extremely unlikely to restore parental control." *Poe* v. *Gerstein*, 517 F. 2d 787, 794–795 (CA7 1975), summarily aff'd. 428 U. S. 901 (1976).

[45] Thus, in *Prince* v. *Massachusetts*, *supra*, this Court held that even parental rights protected by the First Amendment could be limited by the State's interest in prohibiting child labor. See *Wisconsin* v. *Yoder*, 406 U. S., at 233–234 (discussing *Prince*). The State traditionally exercises a *parens patriae* function in protecting those who cannot take care of themselves. See *Ginsberg* v. *New York*, 390 U. S. 629, 641 (1968). Some of the earliest applications of *parens patriae* protected children against their "objectionable" parents. *E. g., Wellesley* v. *Wellesley*, 4 Eng. Rep. 1078, 1082 (H. L. 1828). See generally Kleinfeld, The Balance of Power Among Infants, Their Parents and the State, Part III, 5 Family L. Q. 64, 66–71 (1971). Every State has enacted legislation to defend children from parental abuse. Wilcox, Child Abuse Laws: Past, Present, and Future, 21 J. Forensic Sci. 71, 72 (1976).

[47] The contexts in which this issue may arise are too varied to support any general rule. Appellee cites our recent decision in *Parham* v. *J. R.*, 442 U. S. 584 (1979), to support its claim that parents should be presumed competent to be involved in their minor daughter's abortion decision. That decision is inapposite to this case in several respects. First, the minor child in *Parham* who was committed to a mental hospital was presumed incompetent to make the commitment decision himself. *Id.*, at 623 (STEWART, J., concurring). In contrast, appellant by statute is presumed competent to make the decision about whether to complete or abort her pregnancy. Furthermore, in *Parham*, the Court placed critical reliance on the ultimately determinative, independent review of the commitment decision by medical experts. Here, the physician's independent medical judgment—that an abortion was in appellant's best medical interest—not only was not ultimate, it was defeated by the notice requirement. Finally, as JUSTICE STEWART emphasized in his concurring opinion in *Parham*, the pregnant minor has a "personal substantive right" to decide on an abortion. *Id.*, at 623–624, n. 6.

[48] Most States through their legislature or courts have adopted the common-law principle that a minor may become freed of the disabilities of that status—and at the same time release his parents from their parental obligations—prior to the actual date of his majority. Certain acts, in and of themselves, may occasion emancipation. See, *e. g.*, Cal. Civ. Code § 62 (Supp. 1979) (emancipation upon marriage or entry in armed services); Utah Code Ann. § 15–2–1 (emancipation upon marriage); *Crook* v. *Crook*, 80 Ariz. 275, 296 P. 2d 951 (1956) (same). A minor may become partially emancipated if he is partially-self supporting, but still entitled to some parental assistance. See Katz, Schroeder & Sidman, Emancipating Our Children—Coming of Legal Age in America, 7 Fam. L. Q. 211, 215 (1973). Several States by statute permit emancipation for a specific purpose, such as obtaining medical care without parental consent, *e. g.*, Cal. Civ. Code § 34.6; Mont. Code Ann. § 69–6101 (1979) (woman of any age may consent to pregnancy-related medical care); Utah Code. Ann. § 78–14–5 (4)(f) (same); Utah Code Ann. § 26–2–39.1 (minor can consent to medical treatment for venereal disease); Tex. Ann. Stat. art. 4447 (Vernon 1976) (person at least 13 years old may consent to medical treatment for drug dependency). See Pilpel, Minors' Rights to Medical Care, 36 Albany L. Rev. 462 (1972). Several States provide for emancipation once the individual becomes a parent. *E. g.*, Ky. Rev. Stat. Ann. § 214.185 (2) (1977). In Utah, minors who become parents are authorized to make all medical care decisions for their offspring. Utah Code Ann. § 78–14–5 (a). See generally *Cohen* v. *Delaware, L. & W. R. Co.*, 150 Misc. 450, 453–457, 269 N. Y. S. 667, 671–676 (Sup. Ct. 1934); *L. R.* v. *Hansen*, No. C–80–007SJ (Feb. 8, 1980) (CD Utah) (self-supporting minor seeking abortion is emancipated and mature); Goldstein, Medical Care for the Child at Risk: On State Supervention of Parental Authority, 86 Yale L. J. 645, 663 (1977) (recommending objective criteria to avoid case-by-case determination of emancipation).

[49] The "mature minor" doctrine permits a child to consent to medical treatment if he is capable of appreciating its nature and consequences. *E. g., L. R.* v. *Hansen*, No. C–80–007SJ (Feb. 8, 1980) (CD Utah) (this mature minor "is capable of understanding her condition and making an informed decision which she has done after carefully considering the alternative available to her and consulting the persons with whom she felt she should consult" prior to abortion decision); Ark. Stat. Ann. § 82–363 (g) (1976). See *Lacey* v. *Laird*, 166 Ohio St. 12, 139 N. E. 2d 25 (App. 1956) (physician not liable for battery after acting with minor's consent); *Smith* v. *Seibly*, 72 Wash. 2d 16, 21–22, 431 P. 2d 719, 723 (1967), *Younts* v. *St. Francis Hosp. & School of Nursing, Inc.*, 205 Kan. 292, 300–301, 469 P. 2d 330, 337 (1970).

Four Members of this Court embraced the "mature minor" concept in striking down a statute requiring parental notice and consent to a minor's abortion, regardless of her own maturity. *Bellotti II*, 443 U. S., at 643–644, and nn. 22 and 23. In *Bellotti II*, JUSTICE POWELL's opinion for four Members of this Court suggested that a statute could withstand constitutional attack if it permitted case-by-case administrative or judicial determination of a pregnant minor's capacity to make an abortion decision with her physician and independent of her parents. 443 U. S., at 643–644,

and minors with emergency health care needs,[50] all of whom, as Utah recognizes, by law have long been entitled to medical care unencumbered by parental involvement. Most relevant to appellant's own claim, the statutory restriction applies even where the minor's best interests—as evaluated by her physician—call for an abortion. The Utah trial court found as a fact that appellant's physician "believed along with her that she should be aborted and that he felt it was in her best medical interest to do so but he could not and would not perform an abortion upon her without informing her parents prior to aborting her because it was required of him by that statute and he was unwilling to perform an abortion upon her without complying with the provisions of the statute even though he believed it was best to do so." Civ. No. C–78–2719 (Dec. 26, 1978) (Findings of Fact ¶ 7). Even if further review by adults other than her physician, counselor, and attorney were necessary to assess the minor's best interests, see *Bellotti II, supra* (opinion of POWELL, J.), Utah's rejection of any exception to the notice requirement for a pregnant minor is plainly overboard. In *Bellotti II*, we were unwilling to cut a pregnant minor off from any avenue to obtain help beyond her parents, and yet the Utah statute does just that.

In this area, I believe this Court must join the state courts and legislatures which have acknowledged the undoubted social reality: some minors, in some circumstances, have the capacity and need to determine their health care needs without involving their parents. As we recognized in *Planned Parenthood of Central Missouri v. Danforth, supra*, 428 U. S., 75, "[a]ny independent interest the parent may have in the termination of the minor daughter's pregnancy is no more weighty than the right of privacy of the competent minor mature enough to have become pregnant."[51] Utah itself has allocated pregnancy-related health care decisions entirely to the pregnant minor.[52] Where the physician has cause to doubt the minor's actual ability to understand and consent, by law he must pursue the requisites of the State's informed consent procedures.[53] The State cannot have a legitimate interest in adding to this scheme mandatory parental notice of the minor's abortion decision. This conclusion does not affect parents' traditional responsibility to guide their children's development, especially in personal and moral concerns. I am persuaded that the Utah notice requirement is not necessary to assure parents this traditional child-rearing role, and that it burdens the minor's fundamental right to choose with her physician whether to terminate her pregnancy.[54]

IV

In its eagerness to avoid the clear application of our precedents, the Court today relies on a mistaken view of class action law and prudential standing requirements. The Court's avoidance of the issue presented by the complaint nonetheless leaves our precedents intact. Under those precedents, I have no doubt that the challenged statute infringes upon the constitutional right to privacy attached to a minor woman's decision to complete or terminate her pregnancy. None of the reasons offered by the State justifies this intrusion, for the statute is not tailored to serve them. Rather than serving to enhance the physician's judgment, in cases such as appellant's, the statute prevents implementation of the physician's medical recommendation. Rather than promoting the transfer of information held by parents to the minor's physician, the statute neglects to require anything more than a communication from the physician moments before the abortion. Rather than respecting the private realm of family life, the statute invokes the criminal machinery of the State in an attempt to influence the interactions within the family. Accordingly, I would reverse the judgment of the Supreme Court of Utah insofar as it upheld the statute against constitutional attack.

DAVID S. DOLOWITZ, Salt Lake City, Utah (PARSON, BEHILE & LATIMER, with him on the brief) for appellant; PAUL M. TINKER, ASSISTANT Attorney General, State of Utah (ROBERT B. HANSEN, Attorney General, with him on the brief) for appellees

No. 79–1388

Karl J. Kirchberg, Appellant, v. Joan Paillot Feenstra et al. | On Appeal from the United States Court of Appeals for the Fifth Circuit.

Syllabus

No 79–1388. Argued December 10, 1980—Decided March 23, 1981

In 1974, the husband of appellee Feenstra (hereafter appellee), without her knowledge, executed a mortgage on their jointly owned home as security on the husband's promissory note to appellant. The husband executed the mortgage pursuant to a now superseded Louisiana statute (Art. 2404) that gave a husband the unilateral right to dispose of jointly owned community property without his spouse's consent. In

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and nn. 22 & 23. Because this view was expressed in a case not involving such a statute, and because it would expose the minor to the arduous and public rigors of administrative or judicial process, four other Members of this Court rejected it as advisory and at odds with the privacy interest at stake. *Id.*, at 654–656, and 656, n. 4 (STEVENS, J.) Nonetheless, even under JUSTICE POWELL's reasoning in *Bellotti II*, the instant statute is unconstitutional. Not only does it preclude case-by-case consideration of the maturity of the minor, it also prevents individualized review to determine whether parental notice would be harmful to the minor.

[50] *E. g.*, Ky. Rev. Stat. § 214.185 (3) (1977); Utah Code Ann. § 26–31–8; Utah Laws ch. 98:7 (1979). The need for emergency medical care may even overcome the religious objections of the parents. *E. g. In re Clark*, 21 Ohio Op. 2d 86, 89–90, 185 N. E. 2d 128, 131–132 (C. P. Lucas County 1962); *In re Sampson*, 65 Misc. 2d 658, 317 N. Y. S. 2d 641 (Family Ct.), aff'd, 37 App. Div. 2d 668, (Sup. Ct. 1970); Mass. Gen. Laws. Ann. ch. 112, § 12F (Supp. 1974); Miss. Code Ann. § 41–41–7 (1972). Delay in treating nonemergency health needs may, of course, produce an emergency, and for that reason, this Court found statutory provision of emergency but not nonemergency care illogical. *Memorial Hospital v. Maricopa County*, 415 U. S. 250, 261, 265 (1974). In asserting that the Utah statute would not apply to minors with emergency health care needs, the Court fails to point to anything in the statute, the record, or Utah case law to the contrary. The Supreme Court of Utah addressed only one kind of emergency: where the parents cannot be physically located in sufficient time to permit performance of the abortion. 604 P. 2d, at 913. The court rejected any other emergency situation as an exception to the statute when it declined to afford a broad interpretation of the phrase, "if possible," which modifies the notice requirement. Even where the emergency is simply that the parents cannot be reached, the statute applies; the physician subject to its sanction merely has been granted an affirmative defense that he exercised "reasonable diligence" in attempting to locate and notify the parents. *Ibid.* The Court purports to draw support for its view of the Utah statute on this point from a Massachusetts statute, construed by the Massachusetts Supreme Judicial Court, *see ante*, at 8, n. 14.

[51] As one medical authority observed: "[o]ne can well argue that an adolescent old enough to make the decision to be sexually active . . . , and who is then responsible enough to seek professional assistance for his or her problem, is ipso facto mature enough to consent to his own health care." Hofmann, Consent and Confidentiality and Their Legal and Ethical Implications for Adolescent Medicine, in Medical Care of the Adolescent 42, 51 (3d ed. Gallagher, Heald & Garell eds. 1976). See Goldstein, Medical Care for the Child at Risk: On State Supervention of Parental Authority, 85 Yale L. J. 645, 663 (1977).

[52] Utah Code Ann. § 78–14–5 (4)(f).

[53] Utah Code Ann. § 76–7–305 requires voluntary and informed written consent. See n. 36, *supra*.

[54] Cf. *Wynn v. Carey*, 582 F. 2d, at 1358.

EXHIBIT F

AB 596

national RIGHT TO LIFE committee, inc.

National Press Building
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MRS. RUTH McGROARTY
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1648 Ottawa Drive
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American Association

of

Pro Life Obstetricians & Gynecologists

March 8, 1978

Mr. David Porter
Right To Life Committee
Oregon Chapter
2044 S. W. Livingston
Portland, Oregon 97225

Dear Mr. Porter:

This letter is in response to your inquiry dated February 23rd.

Enclosed you will find the paper I presented at the May meeting of the American Association of Pro Life Obstetricians and Gynecologists.

I do hope that you will find this most helpful. Thank you for your interest.

Sincerely,

Matthew J. Bulfin, M.D.
President

MJB:RMB

Enclosure

CC: National Office
National Right To Life

LEGAL ABORTION

IN THE TEEN AGER

MORTALITY AND MORBIDITY

CONSIDERATIONS

Matthew J. Bulfin, M.D., FAC
266 Pine Avenue
Lauderdale by the Sea, Flori

ABSTRACT

Case reports of mortality and morbidity in teen agers following legal abortion are presented. The diversity of the complications is noted. The Center for Disease Control statistics on abortion related mortality are recognized. A plea is made for more extensive reporting [illegible] clinic settings and the physicians offices. A more realistic appraisal of the mortality and morbidity following legal abortions in the Teen Ager will then be possible.

TITLE: Legal Abortion in the Teen Ager
Mortality and Morbidity Considerations

AUTHOR: Matthew J. Bulfin, M.D.

The teen age girl pregnant and about to undergo an abortion certainly should have the right to know the risks to her health and well being and future reproductive capabilities as a result of this elective procedure.

Serious to catastrophic complications still do occur following legal abortion. These complications are not theoretical or conjectural. There is a direct cause and effect between the actual abortion procedure and adverse outcome. Unfortunately, a high percentage of the most serious complications including death occur in teen agers. For example:

- An 18 year old girl died on June 14, 1977 a few hours after undergoing a legal abortion in a Southern Illinois abortion clinic. Autopsy revealed the cause of death to be exsanguinating hemorrhage from a ruptured uterus. Fetal parts were still present in the uterus including fragments of skull and vertebral column. The teen ager died in the back seat of an automobile while being rushed to a hospital near her home after having fainted in her bathroom a few hours after her abortion.[1]

The Center for Disease Control's Abortion Surveillance report issued in April 1977 reveals that of the 854,853 legal abortions reported for the year 1975, 33.1% were performed in females age 19 and younger.[2]

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The Center for Disease Control in Atlanta reports 24 abortion related deaths in teen agers during the period 1972 to 1975.[3]

It should be noted, however, that the Center for Disease Control does not claim that all abortion related deaths have been duly reported even though they utilize the best reporting sources available.[4] They rely on the vital statistics section of state health departments for accurate data while at the same time canvassing each existing state maternal mortality review committee to assure that no abortion related deaths have been overlooked.

It must be remembered, however, that most states have no foolproof method of insuring that every abortion related death comes to the attention of the Center for Disease Control.

In a critique of the 1974 maternal mortality report for the state of Florida, William N. Spellacy, M.D. writes:[5]

> "Maternal mortality committees usually have the charge to review all maternal deaths. The newly constituted committee cannot adequately function unless it has access to all the records within the state. This most probably is the single most vulnerable point of the current report. There is presently no way that the committee can be assured that all maternal mortality cases have been reported for review. The committee has requested that Florida follow the lead of many other states by putting a box on the death certificate whereby the physician must designate specifically whether the death represents a maternal mortality."

Apart from the vital statistics reports from state health departments, additional data have been obtained from state medical or hospital associations, published case histories usually in obstetrical and gynecological journals, and records from the National Center for Health Statistics.

Although the scientific community tends to look disparagingly at anecdotal type reporting, it must be willing to accept the fact that published reports of legal abortion mortality and morbidity leave much to be desired - especially those reports that reach the public.

For instance, the Center for Disease Control lists the death to case rate for legal abortion during 1975 as 3.2 per 100,000 abortions.[2] Yet, in the same report it mentions that the delay in reporting legal abortion deaths to the Center ranges from 1 day to 35 months. Quite possibly the death rate for 1975 could be considerably higher when the final reports are in.

Legal abortion morbidity reports are even less convincing. The Center for Disease Control publishes statistics from a carefully chosen group of 32 institutions, many of which are university connected or hospital type settings. Even these institutions report a legal abortion morbidity of 1-3% of significant complications. Would it not be likely that the

rate of morbidity of a serious nature would be considerably higher if these statistical summaries were to emanate from the neighborhood type abortion clinics?

Reports from the Center for Disease Control indicate 24 teen age girls died following legal abortion operations in the years 1972 to 1975. It was noted that the teen age group had the highest proportion of deaths from abortions performed later than 12 weeks gestation.

The following case reports from the current literature will illustrate the diversity of complications that can occur in teen age girls following legal abortions.

- A 14 year old para $\bar{0}$, 22 weeks pregnant, underwent saline abortion. She continued to bleed heavily after delivery; multiple sharp curettages were performed during which the uterus and bowel were perforated and torn. Despite partial ileal resection and drainage of a sub-diaphragmatic abscess, the patient died of peritonitis and septicemia 22 days after the saline abortion.[7]

- A 19 year old para $\bar{1}$, 10 weeks pregnant, bled so briskly following suction curettage abortion that deep sutures were used through four quadrants of the cervix. When severe bleeding recurred, a second curettage was done. Resuturing was necessitated as was uterine packing. Six

units of blood were given. When bleeding continued, a hysterectomy was elected. As the packing was being removed, cardiac arrest occurred. External massage restored heart action. The laparotomy revealed that the ascending branch of the uterine artery had been transected. Hysterectomy was done, but patient suffered recurrent convulsions post-operatively and expired.[6]

A 19 year old para 0, 14 weeks pregnant, had a saline abortion and despite a post-abortal fever was discharged from the hospital two days later. She was readmitted to a local hospital four days afterwards in shock with a temperature of 106°. Blood cultures grew staph aureus. The patient died ten days after the saline instillation.[7]

- A 16 year old, para 0̄, 18 weeks pregnant, had a saline instillation of 200 cc 20% saline for abortion. Severe headache developed shortly afterwards. Six hours later hematuria was noted. The fetus was expelled dead 32 hours later. Soon after this, epistaxis and hematomas developed. BUN 84 mg., acute renal failure was diagnosed. Patient was heparinized. Renal dialysis initiated. The patient was hospitalized for 28 days, but did recover.[8]

- A 16 year old primagravida, 16 weeks pregnant, had a saline instillation abortion. 30 hours later, fetus and placenta

delivered. Fever, septicemia and meningitis subsequently developed. Staph aureus and Klebsiella-cultured. Cardiomegaly and multiple neurologic deficits occurred. Patient subsequently died of severe congestive heart failure with extensive bronchopneumonia.[9]

A 17 year old para 0, 12 weeks pregnant, had 20 cc 2% Lidocaine injected paracervically prior to suction curettage abortion (at physician's office). Convulsions followed almost immediately. Despite external cardiac massage, patient was dead on arrival at nearby hospital.[10]

A 19 year old female was admitted to the emergency room after collapsing at home. Shock secondary to intra abdominal hemorrhage was diagnosed. Patient had a first trimester abortion three weeks previously. Exploratory laparotomy revealed massive hemoperitoneum secondary to a ruptured tubal pregnancy. Despite aggressive therapy, shock syndrome could not be reversed and the patient died. It should be noted, however, that following her abortion, patient had continued to experience nausea and complained of still feeling pregnant. She had been scheduled for an examination two weeks after the abortion, but had failed to keep her appointment.[11]

According to documented reports, many teen age girls, especially, undergo the abortion operation needlessly as they were never pregnant to begin with. The following case report illustrates this dramatically.

- An 18 year old female[7] underwent suction curettage for a suspected pregnancy of 8 weeks duration. She committed suicide three days after the procedure having expressed [illegible] pregnancy tissue in the suction specimen, but patient was never told this.

The number of young females who undergo the abortion operation who are not pregnant will probably never be known. But it is a well known fact that some abortion clinics are not overly concerned about erroneous false positive pregnancy tests. Channel 7 TV (WCKT) in Miami won an award for distinguished public service when it documented the evidence of many such abuses occurring at abortion clinics in the Miami area. News reporters in Chicago, Detroit and Los Angeles have uncovered numerous other instances of patients being scheduled for abortions when, in fact, they were not pregnant.

The following four brief case reports are taken from newspaper stories.

- A 16 year old Buck County, Pennsylvania girl died on

February 15, 1977 during a hysterectomy and reparative surgery following complications from a suction curettage abortion performed ten days earlier. The family of the patient is currently suing the hospital and doctors involved.

- An 18 year old Washington, D.C. girl died June 20, 1974 following paracervical block anesthesia for a first [illegible] before her death.

  Diagnosis at autopsy - Prolonged coma following bi-vital general anesthesia and paracervical procaine anesthesia for therapeutic abortion - manner of death "natural".

- R.M., a 17 year old female, died of septic shock four days after her abortion in a Washington, D.C. abortion clinic in March 1975. The physician who performed the abortion is currently being sued for $300,000 in compensatory damages and $3,000,000 in punitive damages. Three registered nurses have filed sworn statements that the physician used unsterile equipment and unusual medical practices in performing abortions.

- A 14 year old girl in Richmond, Virginia suffered catastrophic complications during her suction curettage abortion in 1972. A malpractice suit asking almost

$1,000,000 in damages brought out the testimony that during the abortion the girl's uterus was perforated, the suction caused the girl's intestines to be sucked into the uterus lacerating and damaging them to such a degree that a portion of the girl's colon and small intestine had to be subsequently removed. Prolonged hospitalization with grave mental and physical trauma ensued resulting in the subsequently filed law suit.

- A 15 year old girl, 3 months pregnant, entered a California hospital early this year for an abortion. Severe traumatic injuries to the cervix and uterus occurred during the instrumentation. Exsanguinating type hemorrhage quickly followed. Emergency hysterectomy was deemed necessary and frantic efforts to reach the girl's parents ensued. Neither of them was even aware that their daughter was pregnant. The patient fortunately survived. The parents are currently instituting legal action against the hospital and physicians involved.

Teen agers have also died from the effects of local anesthesia during legal abortion procedures.

- An 18 year old female, 10 weeks pregnant, was given a paracervical type anesthesia block for suction curettage abortion when suddenly at the end of the procedure the

patient sustained two convulsions and then cardio pulmonary arrest. Efforts at resuscitation failed.[12]

Three teen age girls died during second trimester abortions following the use of prostaglandins as the abortion producing agents.[13]

- A 19 year old female, 18 weeks' pregnant had sudden cardiac arrest three minutes after passage of the fetus. She was [illegible] suspected polio [illegible].

- A 16 year old female, 18 weeks pregnant, died from respiratory arrest secondary to the intravenous narcotic potentiated by intravenous phenothiazine. It was felt that the patient's reaction to the analgesic probably was the cause of death, rather than the abortifacient drug.

- A 19 year old female, 15 weeks pregnant, died from microscopic pulmonary emboli and water intoxication following prostaglandin type abortion with an extra ovular Foley catheter instillation. The patient suffered cardiac arrest and died two hours after passage of fetus.

In "Problems of Adolescent Abortion"[14] Carol A. Colwell, M.D. reviewed the findings in 109 girls aged 14 to 19 who underwent legal abortions. She noted a much higher incidence of complications in this group pointing out the typical adolescent's denial of her pregnancy and her consequent delay in confiding

in anyone about it. It is stated that abortion often involves dilating an immature cervix and dealing with a physically and anatomically immature girl.

Ten of fifty-one abortions (19.6%) done by suction curettage had immediate complications of hemorrhage and lacerations, and seven (13.7%) required readmission for delayed complications.

Twelve of thirty-two patients undergoing second trimester saline abortion had immediate complications and six required readmission.

The author states that there is a greater sense of loss in teen age girls and the older adolescent suffers a much greater reaction than does the very young 13 or 14 year old. If the girl loses her pregnancy and eventually her boy friend, the sense of loss post-abortively can be quite immense.

The problem of the teen ager and legal abortion has many facets. There are many conflicting views as to the true incidence of serious complications.

On the one hand, Dr. Willard Cates and his associates at the Center of Disease Control in Atlanta have released stories for the news media that women who went through childbirth ran a risk of death nine times greater than those who had abortions performed by licensed physicians in the first three months of pregnancy.

"When compared with mortality from pregnancy and childbirth, legal abortion in the first trimester was nearly nine times safer than carrying the pregnancy to term," the study said.[4]

However, in the same report, "The teen age group had the highest proportion of deaths from abortions performed later than twelve weeks, which increased its risk relative to other ages."

This suggests that the teen ager undergoing legal abortion may well have a higher incidence of mortality and morbidity.

Many obstetricians and gynecologists in personal communications have expressed concern that the serious complication rate in teen agers following the abortion procedure is being under reported.

The Exhibit, "Deaths and Near Deaths with Legal Abortions"[15] presented at the American College of Obstetricians and Gynecologists' convention at Las Vegas in April, 1974 delineated many of these types of abortion complications to which teen agers are prone.

A questionnaire answered by 485 practicing obstetricians and gynecologists yielded the information that 87% of them had hospitalized patients for significant complications following legal abortions - many of whom were teen agers.

Dr. Jasper Williams, past President of the National

Medical Association and an instructor in Obstetrics and Gynecology at the University of Illinois Medical School estimates that he sees 100 women a year with abortion complications - about 25% of whom require hospitalization for diagnosis and management.

One teen age girl died in his office from a fulminating peritonitis seven days after a mismanaged abortion attempt. Dr. Williams has personal knowledge of two other teen age [illegible] in his own geographic area in Chicago.

I have personally seen and treated 97 females who incurred significant complications following legal abortions - forty of them were teen agers (41%). There were no deaths, but there were several patients who were critically ill, any one of whom might have died. Among these were:

- Y.B., 19 years old, underwent suction curettage at a large abortion clinic. During the procedure, patient experienced excruciating pain and became uncontrollable on the operating table. She subsequently went into shock, was transferred to a nearby hospital where a laparotomy was performed. The uterus had been perforated and torn, the bowel had been avulsed; a resection of eleven inches of damaged bowel was done - a colostomy performed. Patient had a stormy post operative course and spent six weeks in the hospital. She has been receiving psychiatric treatments for the mental traumas and anguish.

T.B., 19 years old, underwent a "lunch hour" type abortion at a South Florida clinic. At 6 P.M. that evening she was doubled up in pain and was taken to the emergency room of a local hospital where diagnosis of a perforated uterus and peritonitis was made. She was transferred to the intensive care unit of a large teaching hospital with 106° fever. She was aggressively managed with high dosage ampicillin and clindamycin intravenously. The patient had been prepared for exploratory laparotomy and possible hysterectomy but when she began responding to medical management the surgery was canceled. Patient was in the hospital eleven days, the first five of which she was critically ill. She currently has a right pelvic mass which still causes episodes of disabling pain. She will probably need surgical exploration if there is no resolution of the suspected abscess. This patient also has been receiving psychiatric care as a result of the mental and physical traumas of her "lunch hour" abortion. Culture taken on her first day of hospitalization was positive for gonorrhea. She evidently had the abortion operation done during an active untreated g.c. infection.

R.C., 17 years old, was seen three weeks following her abortion at a local clinic. She had intense pelvic pain, bleeding and disability since the operation. She related that during the abortion operation the doctor found that she was actually 16 weeks pregnant instead of two months

and prolonged traumatic instrumentation was done during which time she suffered extreme pain because of poor anesthesia. According to the patient, the clinic attempted to double her charge because of the extra surgery necessitated. She is currently filing suit against the physician and the clinic for mental and physical damages.

- M.K., a 17 year old high school student, had a saline abortion at a South Florida hospital. The patient did not obtain her parents' permission for the operation as she did not want them to find out about it. She told the physician she was 18 years old. As complications occurred from the protracted saline abortion procedure the parents had to be notified. Outraged by what had happened to their daughter without their knowledge, the parents are currently suing the hospital and the doctor for failure to properly counsel their daughter and inform her of the possible dangers of the saline abortion procedure.

- A.K., 18 years old, married female, was seen in the emergency room of a local hospital with severe hemorrhaging and pelvic cramps. She revealed that she had a first trimester abortion at a hospital in Miami three days previously and insisted that her husband not be told about the true cause of her problems. He had been married before and had a vasectomy two years

previously. Fortunately the patient expelled the remainder of the placental tissue following IV oxytocics and ergotrate. She did not require surgical intervention.

T.Q., a greatly distraught 17 year old female, was seen as an emergency at my office. She had fainted at home one hour previously after experiencing excruciating pelvic pain and bleeding. She related that she had an abortion four days previously at a local clinic. She stated that she became hysterical and fainted after having seen parts of "her baby" being expelled into the toilet bowl. She was most distressed that "her baby" was identifiable and not just bits of tissue that the abortion clinic had led her to believe.

Other types of mental trauma can be documented in association with abortion or attempted abortion in the young teen age girl.

The following case summary from a recent issue of Obstetrics and Gynecology speaks for itself:[16]

A mildly retarded 15 year old white primagravida was scheduled for abortion on April 16, 1975 at 16 weeks gestation. 40 mg Prostaglandin $F_{2\alpha}$ was injected intra-amniotically through a catheter at 11 A.M. On the following morning when no contractions had ensued, an IV pitocin infusion was started. During the second 24 hours four liters of IV fluids with 168 units pitocin

were given - still no contractions. A second attempt with prostaglandins 20 mg through the catheter - this was unsuccessful. It was learned that the catheter had been dislodged - patient refused further treatment and was discharged with plans to be readmitted at a later date.

Second admission: (approximately two weeks later) 40 mg prostaglandin injected intra-amniotically - no contractions. The next day IV pit drip started with 6u units pit/liter. No contractions ensued. The following day patient signed herself out of the hospital against all advice (evidently greatly distraught at all the traumas and relentless efforts of those trying to abort her). The patient refused further abortion efforts and was followed every two weeks in the high risk clinic. On September 9 (36 weeks) after six hour premature labor a healthy male infant weighing 5 lbs. 6 oz. with 9 apgar was delivered.

The infant was discharged three days later for private adoption.

Should not the 15 year old have been apprised beforehand of the possibility of such failure in second trimester abortions?

A teen age mother in northern Florida[17] underwent a saline abortion and her female infant was discarded in a bucket in the

operating room to be disposed of. Eight hours later the infant was found to be alive and breathing - still in the bucket.

Two nurses whisked the baby immediately to a hospital with a perinatal intensive care unit where 24 hour round-the-clock intensive care nursing was given.

The little girl is now two years old. She has been adopted and is to all appearances normal physiologically and neurologically.

Will the teen age mother ever be apprised of this? Does she have a legal right to know? Will the child have a right to know the circumstances surrounding her birth?

The diversity of complications that can occur in teen age girls following legal abortion is alarming. The characterization of these complications as minimal and insignificant is seriously misleading.

The exact number of significant complications occurring in teen age girls following legal abortion will never be known. Serious complications and even deaths may go unreported for the following reasons:

1. There is no mandatory reporting of legal abortions in most states.
2. Oftentimes the physician who does the abortion never sees his complication as the patient will often go to the emergency room of the nearest hospital with her problem.

3. Vital facts may be omitted from death certificates.

4. The teen ager, frightened and mentally and physically traumatized by the experience, will often not seek help until she is almost moribund. Her parents will be the last to know. She will not seek their help. If the family does become aware of her complications, they may not want any publicity or further embarrassment to occur.

5. The attending physician may not report it - "Too much hassle and paperwork."

6. As long as the abortion is a legal one, the news media are seemingly not interested in any untoward events. An illegal abortion death in 1975, however, had front page coverage in Broward County, Florida newspapers.

CONCLUSIONS:

1. The complexity and frequency of problems associated with teen age abortions are not being publicized adequately.

2. The morbidity and mortality rates are being underestimated, especially in releases to the news media.

3. Greater efforts and greater concern must be shown by physicians in the accurate reporting of mortality and morbidity associated with teen age abortion.

4. Abortion must not be publicized as a back stop or substitute for birth control measures in the teen age population.

5. Intensive educational efforts must be made at the high school level especially to show students the dangers and far reaching effects of abortion.

6. The legal ramifications of abortion maloccurrences must be likewise publicized to physicians and medical personnel.

GRAPH #1

Causes of Deaths in Teen Agers from Legal Abortion:

1. Hemorrhage
2. Cardiac Arrest
3. Air Embolism
4. Uterine Rupture and Perforation
5. Anesthetic Accident
6. Septicemia
7. Peritonitis
8. Renal Shutdown
9. Disseminated Intra Vascular Coagulation
10. Convulsion and Coma

GRAPH #2

Types of Complications in Teen Agers following Legal Abortions:

1. Blood Transfusion reaction
2. Serum Hepatitis
3. Laceration of bowel leading to colostomy and resection
4. Pelvic Cellulitis and abscess
5. Endometritis and Salpingitis
6. Pelvic Thrombophlebitis
7. Continuous Bleeding
8. Intractable Pelvic Pain
9. Cervical damage and incompetency leading to subsequent pregnancy loss
10. Premature births
11. Ectopic Pregnancy
12. Psychiatric Illness
13. Paralytic Ileus and Bowel Obstruction
14. Permanent Sterility

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Doctor defends description of baby before abortion

Critics of legislation requiring that prospective abortion patients be given a description of the unborn baby say it's an attempt by pro-lifers to prevent women from exercising their "freedom of choice" and thus is not to be allowed.

In a recent letter to the editor of **The New England Journal of Medicine**, Dr. Virginia Riggs of Townshend, VT., argues that knowledge about the development of the baby before birth is not irrelevant to a woman's decision to have an abortion. While not supporting legislation like the Akron Ordinance or the Louisiana law discussed above, Dr. Riggs says denying that such information pertains to the abortion procedure "is to deny any possibility that a second being is involved."

"If this fact has been established," she writes, "a description of the fetal characteristics should not bias a woman in favor of continuing pregnancy, nor should it evoke guilt over pregnancy termination, any more than the description of an appendix to be removed should evoke guilt over an appendectomy. If, on the other hand, the fetal characteristics raise the question of the presence of another being, then the information is crucial to the woman's decision."

Dr. Riggs argues that to refer to the unborn child as "fetal tissue" or the "products of conception", or to convey an image of a blood clot or a fragment of placenta is "a lie of understatement." She says women do deserve to know exactly what would be removed in an abortion before they make a decision. "The doctor who protects them from the facts to preserve them from anxiety and guilt has made a moral decision on their behalf," she says.

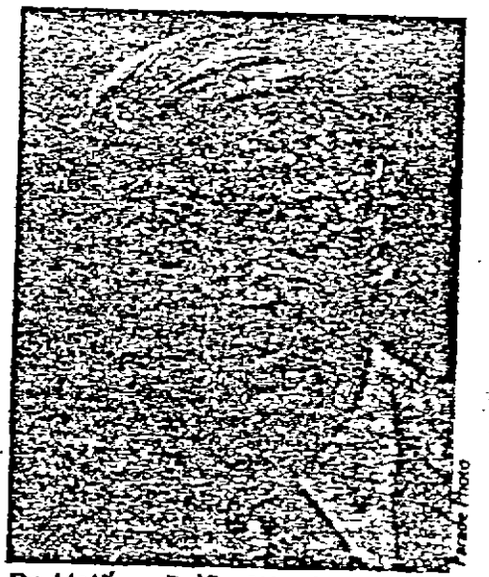
"I am convinced that to deprive a woman contemplating abortion of a description of the fetus, whether or not she requests it, is to deprive her of a truly informed consent."

Mee

Teenage Abortions

Dr. Matthew J. Bulfin, a Florida physician writing in the Southern Medical Journal, strongly suggests that teenage girls be educated in the dangers of abortion as well as in the dangers and side-effects of the Pill.

He has found from his own experiences that when complications arise in teenage abortions, the girls involved say that they had not been fully informed about the potential dangers of the operation. Some of the teenagers had stopped using birth-control pills after reading that they were "too dangerous." But they believed that because abortions were legal, they were also safe.



Dr. Matthew Bulfin: Warning to girls

"MY GOD, MY GOD, I HAVE KILLED MY CHILD!"

After all the rhetoric is said and done, after all the illusions and seductions of the hip, now, Pepsi generation, and after the general phoniness of the present state of society is realized, in spite of the indoctrination by the media hype, the funny thing is that it doesn't work. When a woman is alone in the night with the beating of her own heart, then the little ghost comes back. She realizes it wasn't a quickie fifteen minute "procedure" that occurred, nor the commitance of an act in vogue among women of the now generation, nor was it having a tumor or pathology removed from her body. What has happened is something that she knew all along, although the media hype and repression had helped her hide it from herself, and that is: my God, my God, I have killed my child! I have rejected the only true creative act that I as a woman, as a person, as a being of the universe, could ever hope to accomplish. This is such a deep, primitive, ancient, and universal awareness-never mind the religious aspects-it is like a primitive biological consciousness of the whole species taht cries out to her saying, you have turned down and rejected the opportunity, the invitation, the reality of being a participant in the vital force of creation. This transcends humanity. Even the animals know this instinctively. It reminds me of a Leonard Cohen song that says: "and your loneliness tells you, you have sinned." That is so true.

Reflections, Vol. 3, No. 1 Winter 1980

REMEMBER BARBARALEE

Barbaralee Davis was 18, pretty and pregnant. She went to the Hope Clinic for Women in Granite City, Illinois for a suction abortion June 14, 1977. Hope Clinic operates as a result of the Supreme Court decision of January 22, 1973 legalizing abortion throughout pregnancy. It is approved by the local board of health. Although she complained of weakness and pain after the abortion, Barbaralee was discharged and sent home. She required help getting into the car and lay on the back seat all the way home. She died less than 12 hours later. An autopsy revealed a rip in her uterus, an artery had been cut, two quarts of blood lay in her pelvis and imbedded in the wall of her uterus were a face and part of a spine.

This is the threat of legal abortion: when legal means lethal. About one of every thousand women dies from legal abortions. "It's unfortunate but it's happening every day in Chicago and you're just not hearing about it," said Michael Grobsmith, chief of the Illinois Department of Public Health's department of hospitals and clinics.

Barbaralee is dead and her three year old son is motherless because of her blind faith in the slang phrase "safe legal abortion." An abortionist can gross $300,000. a year working from 9 to 5 weekdays. Rarely if ever do they tell their clients, or victims, about the 100 fatal and non-fatal, early and late complications of legal abortion which can affect her physically or mentally, adversely affecting her body, life and health. There are no laws protecting women from such cover-ups.

HOW MANY OTHERS OF OUR SISTERS WILL HAVE TO DIE AT THE HANDS OF STOREFRONT BUTCHERS BEFORE WE STEP IN AND DO SOMETHING TO STOP THE SLAUGHTER? HOW MANY DEATHS ARE TOO MANY? WHY HAVE THE PROFITEERING LEGAL ABORTIONISTS AND THE SO-CALLED WOMENS RIGHTS GROUPS WORKED HAND-IN-HAND TO OPPOSE LAWS PROTECTING A WOMAN'S RIGHT TO GIVE INFORMED CONSENT BEFORE SUCH POTENTIALLY LETHAL SURGERY?

1999

Citizens For Informed Consent

286 Hollywood Avenue • Akron, Ohio 44313 • (216) 864-1865, (216) 434-3555

Marvin I. Weinberger, Chairman

March 3, 1978

Release on receipt:

(Recent developments in Waddill case demonstrate need for informed consent provision of the Akron abortion ordinance.)

Contact: Marvin Weinberger
CIC Chairman
286 Hollywood Ave.
Akron, OH 44313
216-864-1865

Background: As discussed in the attached article, Dr. William Waddill is currently standing trial for murder in Orange County California Superior Court for allegedly having strangled to death on March 2, 1977, a 7½ month old infant (the child of 18 year old Mary Weaver) after the infant was delivered alive following a legal saline abortion performed by Dr. Waddill. Section 1870.04 of the Akron abortion ordinance, "Abortion after Viability", was written after ordinance drafters became aware of the need for protective legislation as a result of this case.

A recent development, associated with the infamous Waddill case, has now propitiously emerged to illustrate the need for a pregnant woman to be given full information, prior to her consent to an abortion, as is required under the Akron abortion ordinance section entitled: "Informed Consent".

Earlier this week it was for the first time revealed that Mary Weaver has brought suit against Dr. Waddill (and the hospital where her abortion was performed) seeking damages in the amount of $17 million. Charging, among other things, assault and battery against her child and the wrongful death of her child, Weaver contends in her formal complaint that she "would not have consented to an abortion had she been properly advised of the state of her pregnancy, nor was she ever advised of the possibility that she would give birth to a living person", and that "had she been so advised and made knowledgeable of all ~~facts~~, her decision as to how to proceed with her pregnancy would have been different", and that as a consequence she "was injured in body and mind, her illness was exacerbated and *has* suffered, and will continue to suffer for an undetermined time in the future, great mental and physical pain and suffering and some permanent disability as a result of having to deal with the death of this child."

(MORE)

"I've never regretted it"

Young woman decides against abortion

Albany, NY

When Sally, a 17-year-old high school [illegible] notified her mother that she was pregnant, her mother was shocked. Sally then decided that abortion would be the best alternative for everyone concerned.

Said Sally: "As soon as the doctor confirmed that I was pregnant, I said that I wanted to have an abortion." The nurse was helpful in this regard. "The nurse handed me a sheet of paper telling me where I could have an abortion and the cost of each. It was $250 for a clinic or at Planned Parenthood, and $700 in the hospital," observed Sally. Sally's mother, however, expressed some concern about her daughter's intention to procure an abortion. Explains Sally: "My mother just sat there and finally pointed out that I was a minor. The nurse told her even if she were only 12 she'd have nothing to say about this. I don't think she's ever gotten over that."

Sally and her mother quickly left the doctor's office after receiving the abortion literature. She now says that the week that followed was the worst week of her life.

"At first I didn't tell anyone," she remarked. "Then I told my boyfriend and suggested that he tell his parents. When he said he wasn't sure he wanted to, I told him that if he didn't, I would. I didn't see any reason why my parents should have to face this alone. But what he wanted was for me to take my money out of the bank and have an abortion."

Sally explained how her pregnancy was a great inconvenience for her; it got in the way of all her future plans - attendance at an exclusive art school, graduation and then marriage. An abortion, she thought, would resolve her problem. She then decided to inform her parents of her intention to abort. When she told her parents that abortion was the best solution, her father responded: "I can't prevent you from having it, but I want you to know that this is something which I do not condone."

Her father's words pricked her conscience. She then began having second thoughts about an abortion. She said she knew her father would not punish her or stop loving her if she finally decided to go through with the abortion, but at the same time, she realized that her father "was articulating what I felt deep down." Said Sally: "I was seeing abortion as a final act which would settle the problem. Killing the child would be a lot more final than giving the child up for adoption."

Sally eventually decided that her father was indeed right: Abortion would be a drastic and horrendous solution for her problem; it would mean the killing of her unborn baby.

Today, Sally said, she has no regrets. Observed Sally: "I've never regretted the decision not to have the abortion. I don't consider this a stain on my calendar of life. I can't think of anything more beautiful than bringing a baby into the world. It wasn't the holiest kind of conception but life is still beautiful."

Moreover, Sally is happy with her decision to give her child up for adoption. She explained: "I take a lot of comfort in the fact that two people are going to be very happy. I know that as a parent all you want is what's best for your child. I decided that adoption was best. I could love the baby, but a child needs more."

She recalled something that had happened at her senior ball. On that festive occasion, her best friend had informed her that she, too, had become pregnant and that she was opting to resolve the problem by abortion. Sally attempted to talk her friend out of it, but her friend said "she couldn't be bothered with a pregnancy."

Sally's sad experience with the unwed pregnancy and then the decision to give her baby up for adoption have caused her to mature very quickly. Although she does not feel self-righteous towards those faced with the identical problem she once had to cope with, she admitted feeling "impatient with people who don't look at all the options when they face a problem." Observed Sally: "I've come to realize that we have to be open to all our choices. I'm glad that I was."

2001

Physician reports

Complication rate high after teenage abortions

As more abortions are being done on teenagers, an unusually large number of complications are being seen by some private practitioners, according to an article by Dr. Matthew Bulfin appearing in the August, 1979, issue of the Southern Medical Journal. In addition, Dr. Bulfin says, accurate data on the incidence of abortion complications is difficult to obtain because many adolescents do not return to the doctors who performed their abortions.

Entitled "A New Problem in Adolescent Gynecology," the article says that in 1976 the United States reported the highest number of legal abortions in the world—nearly one million—and that of those countries which report by the woman's age, the U.S. had the highest percentage of teens (32%) obtaining abortions. In contrast, only two percent of Japanese women undergoing abortions were teenagers.

"In 1972 I began seeing a marked increase in the number of patients who had had legal abortion," Dr. Bulfin writes. "At that time I also began seeing patients with significant complications [illegible] legal abortion."

Eventually it seemed that an inordinately high number of these patients were teenagers, Dr. Bulfin began keeping a log with the patient's age and complication. Between 1972 and 1978 he saw 54 patients aged 15-19 who incurred significant complications. There were no deaths, but several patients suffered problems "significant enough to warrant serious concern," Dr. Bulfin says.

"The diversity of complications that can occur in teenage girls after legal abortion is startling," he says, and the article contains a table listing some of them and their incidence in the 54 patients: damage to the reproductive organs, intractable hemorrhage, pelvic pain, infertility and repeated miscarriage, severe emotional and psychiatric sequelae, incomplete procedures with subsequent passage of fetal parts and tissue, and bowel resection with colostomy.

"Although the exact number of significant complications will never be known," the article says, "it would be most helpful if private physicians had available means of reporting such complications."

Dr. Bulfin says serious complications and even deaths may go unreported for four reasons:

- There is no mandatory reporting of legal abortions and their sequelae in most states.
- Often the abortionist never knows of the complication because the patient goes to the emergency room of the nearest hospital with her problem.
- Vital facts may be omitted from death certificates.
- The average physician does not report the complication because of the paper work involved.

"The teenager, frightened and mentally and physically traumatized by her abortion, will often not seek help until she is almost moribund," Dr. Bulfin writes. "Her parents may be the last to know. If the family does become aware of her complications they may not want any publicity or further embarrassment to occur."

"The teenage girl, pregnant and about to undergo an abortion, certainly should have the right to know the risks to her health and well-being and future reproductive capabilities as a result of this elective procedure," he says.

A short comment on the short life of a baby boy

In December a newborn baby boy died on the lawn of a south Minneapolis home. Police estimated that he had spent some time struggling for life after being abandoned there in a flowerbed. Later a 16-year-old girl believed to be the child's mother was arrested and charged with manslaughter.

Understandably, the incident caused revulsion and outrage in the community. Several generous people were so moved that they arranged a funeral service and provided burial for the infant.

If the young woman arrested is guilty as charged, her action most certainly must be deplored. But we might wonder how to explain to her that society considers causing the death of this baby a crime, while it would condone the same action if the baby had been living inside the womb.

If the girl had destroyed the baby a few months or even weeks earlier she would not be in jail. On the contrary, her conduct would be protected, even applauded, by society as a rightful exercise of her "freedom of choice." Organizations in the community might even have helped this troubled teenager obtain an abortion, no parental involvement necessary.

The child clinging to life in the womb would have been the same baby as the one struggling in the flowerbed, and in the end he would have been just as dead.

-N.K.

~~After Abortion~~ Complications

Abortion: 'I saw the fetus'

I am writing to shed some light on the current controversy over federal funding of abortion. You have reported on why it should be such funding. I have some my experience as a [illegible]

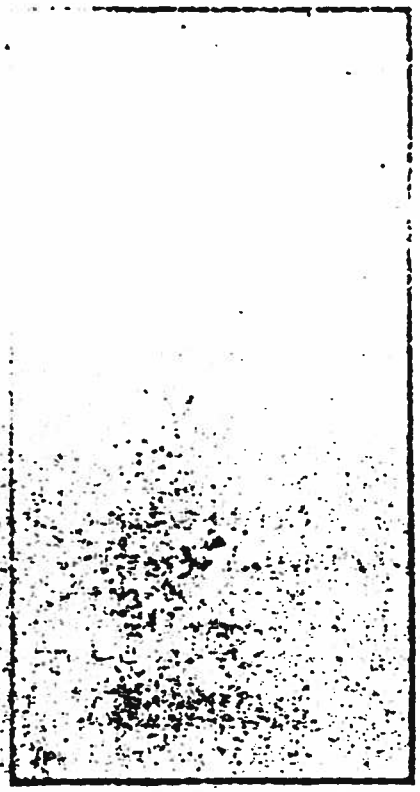
[illegible] was pro- [illegible] any circumstances were considered incompatible with the development of a child, and I was not prepared to change my way of life, I decided to have an abortion.

There were no complications and the whole thing was obviously a success. As I did not see the fetus, it was just a matter of getting rid of a minor hindrance and had no more emotional impact than any minor operation.

However, about three months later I was asked to arrange for a girl I knew to have an abortion performed by the same person; I agreed, and the girl arranged to stay at my place for the weekend.

This time I saw the fetus — about three months after conception — and I cannot convey to you on paper the shock and horror when I realized what we had done, killing this innocent child.

In a flash of reality I saw that this being had been destroyed for all time; no remorse, genuine sorrow or any attitude or action could ever give this baby back the life that was taken from it at the instant that the umbilical cord was broken. A defenseless infant which relied on the protection of its mother's womb had been mercilessly slaughtered, never to return to life.



'...none will ever be that one'

I knew then that there is no way we can undo what we have done and that that *particular* being can never be recreated. Of all the thousands of babies to be conceived, and hundreds born, none will ever be that one, something unique, irreplaceable — and what of all, human — died without the choice of living.

Please do not think this is emotional ranting — what I experienced [illegible] of reality, the [illegible] emotional grounds. I was not detached from the truth of the matter because I was ignorant of the facts of fetal development and I did not see a fetus. But when I actually saw what performing abortions did to an entirely different body than the mother's, it was a shattering experience. So often the fact of what has actually occurred is not recognized.

Abortion is the taking of a human life and as such can in no way be condoned. I cannot urge you strongly enough to vote against any motion that will cause the deaths of more of these babies. It is not the way to solve the problem — any problem.

We have no right to kill another being to try to cover our own mistakes and we are not helping women by aiding them to do so. We all know that the kindest thing to do with a child who does wrong is make him face up to the consequences of his actions. Why then do we not face up to our own mistakes? The answer is not to kill someone else to improve our situation — it is to change ourselves so that we can successfully handle the situation.

Yvonne Broermann
Glassboro, N.J.

Philadelphia Bulletin - Nov. 10th, 1977

2003

ABORTION CLINIC REGULATIONS

The Supreme Court has said that it is legal to kill unborn babies. We cannot protect their lives at this time. The least we can do is to protect the lives and health of the unfortunate women who do decide to kill their babies. What is needed in each city or state is a set of medically sound regulations that would at least partly keep the new abortion clinics from being the medical scandals they are in some cities. Do they really exploit the women they claim to help? Why is regulation needed? Let's compare!

Legitimate Surgical Practice	Profit Making Abortion Clinics
Kickbacks	
If a legitimate surgeon gave kickbacks, he would lose his surgical privileges and perhaps his license too.	Kickbacks from surgeons or clinics are common. e.g., Planned Parenthood-Clergy Counseling Service of Los Angeles in 1972 received $250,000.00 from the clinics and private "hospitals" to whom they referred women for abortions. (L.A. Free Press, 9-15-72)
Pathological Exam	
Pathological specimens are routinely examined by a licensed pathologist, and a permanent record made.	Pathological specimens (the pieces of the baby and his placenta) are seldom so examined.
Cash-at-the-Door	
If a surgeon routinely required cash at the door this unethical action would probably cause him to lose his surgical privileges.	Cash at the door on admission is routine. A few are "done" free for window dressing, but for the average woman it's cash or no abortion.
Advertising	
If a surgeon were to advertise in a paper, on radio, or by mail, etc. he would lose his license.	Advertising is routine.

Counseling

Considering the possible permanent psychic and physical consequences, no conscientious physician would do an abortion without fully explaining to the mother the degree of development of her baby and the chance of her being sterilized, of future tubal pregnancies, premature babies, etc.

Most abortion "counseling" can best be described as a farce. To our knowledge there is not a single abortion clinic, Clergy Counseling, or Planned Parenthood "counseling" service that will tell, and show in pictures the stage of development that her baby is at the time she is interviewed.

Local laws should require that a Planned Parenthood type and a Birthright type counselor both see the mother and sign on the operative permit that she has been fully informed of both sides of the issue.

Blood Transfusions

A legitimate surgical service will have blood transfusion services readily available.

In spite of the fact that from 2% to 12% women having these "safe" suction abortions bleed so badly that they need transfusions, it is rare to have such service quickly available.

Rh Sensitization

It is well known that Rh sensitization can occur from a suction abortion. A hospital will always test for it and if indicated give the expensive Rhogam which will prevent sensitization.

It is estimated that less than half of the profit making clinics test for the Rh factor and use Rhogam. The result of this abuse is that some of these women can't have babies later because of this sensitization.

Surgeon's Income

The average surgeon in the USA has an annual income of about $40,000.00

It is not unusual for an averag surgeon, working full time doing abortions to make $250,000.00 a year cash at the door.

Record Keeping

In a hospital, permanent detailed records are kept of what is done and of complications.

Abortion Clinics record keeping vary from brief to almost non-existant. It is the scandal of our nation that abortion complications

	(and deaths) are commonly not-reported. e.g., in Oct.-Nov. 1972 three women in Los Angeles died after being aborted, none of them had abortion listed as the cause of death. (L.A. Times, 9-15-72)

Follow up Care

Legitimate surgical care mandates a follow up exam a few weeks post-operative.	Profit-making clinics almost never do any follow up. The woman leaves and is on her own.

Correct Diagnosis

No legitimate surgeon would operate until a definite diagnosis were made. If in doubt, an ethical surgeon would ask for consultation from colleagues.	In some clinics as many as 10% of the women "aborted" are not pregnant. One New York woman committed suicide from remorse after being aborted. (exam revealed she had not been pregnant when "aborted")

Husband, Parents Consent

If a wife needs surgery, (except in dire emergency) no ethical surgeon would operate without consulting with the husband. No minor girl would be touched either without the consent and/or knowledge of her parents.	Profit making clinics do not inform the husband. In some areas they do not inform or ask consent of parents.

Tissue Disposal

In a hospital, human tissue is disposed of in a dignified manner.	In profit making clinics human tissue is usually treated like garbage.

Burial

In a hospital the body of a dead person is carefully handled, respected and given to the care of a funeral director.	The bodies of babies killed by abortion end up in the garbage can or down the garbage disposal unit.

Surgical Training

No surgeon is allowed to operate in a hospital unless he has had lengthy surgical training and been judged competent.	In an abortion clinic any "licensed physician" can do abortions whether he is a qualified surgeon or not.

Length of Hospital Stay	
A woman who has a D&C in a hospital is usually hospitalized at least two days.	In profit making clinics she is usually sent home only a few hours after the procedure.

Non-Medical Reasons	
With the exception of certain cosmetic plastic surgery, all surgery is done for medical reasons.	Over 99% of abortions are done for social, not medical reasons.

Insurance-Elective Surgery	
Medicaid and other insurances do not cover elective surgery such as cosmetic plastic surgery.	Strangely, in some states, insurance does cover induced abortion, 99% of which are elective.

Discipline Surgeons	
If a surgeon continued to get serious complications from his mishandling of his cases of appendicitis, he would be examined by his colleagues and his right to operate possibly withdrawn.	If a physician has too many complications resulting from the abortions he has done, there is no way to stop him.

To allow the killing of babies prior to birth at the mother's request by a death dealing technician, the doctor, is a tragic thing. The U.S. Supreme Court has legalized this killing, however, and we recognize that fact.

Our total intention in relating the above is to call attention to the ruthless exploitation of women that is now occurring. The woman who comes for abortion is often alone and away from the support of her loved ones. She is making a decision that she will carry on her conscience the rest of her life. The abortion itself can result in permanent physical and psychic after effects. Because of this at least she must have full factual information upon which to base her decision. The decision, of course, is her's to make. Because of this she deserves at least reasonable medical and surgical care. This she commonly does not get. Why?

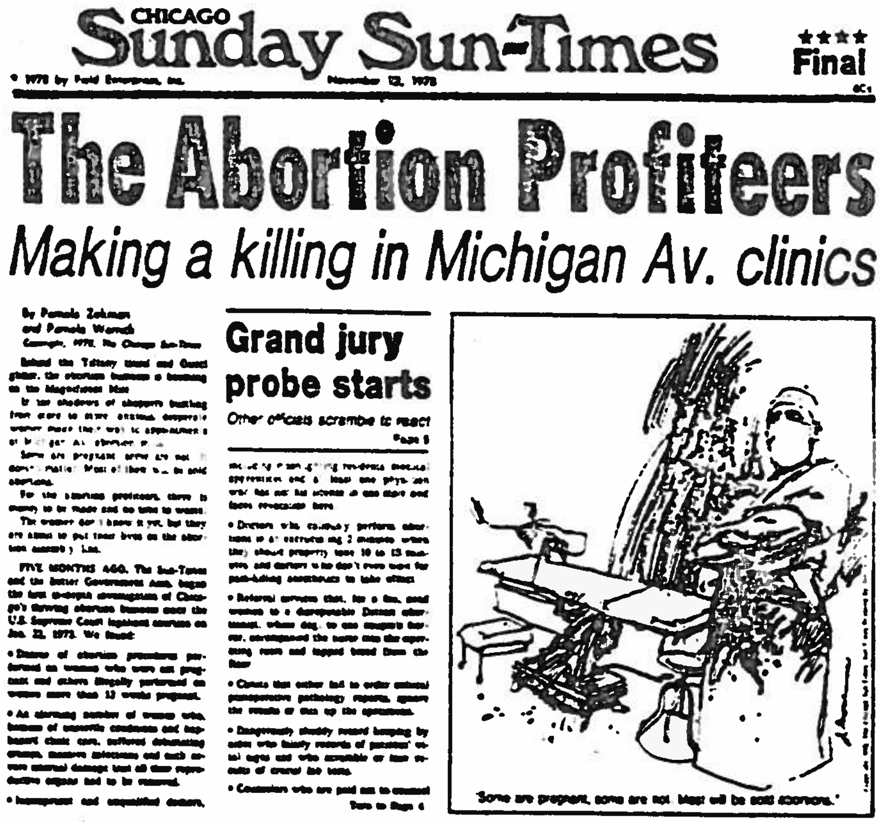
Why? Dr. Mildred Jefferson, the first black woman graduate of Harvard Medical College and a teaching surgeon at Boston University recently gave her answer: "After all, they're only women!"

Right to Life of Greater Cincinnati

LIFELETTER '78 #17

December 8, 1978

IT EXPLODED IN CHICAGO ON SUNDAY MORNING, NOVEMBER 12, 1978 -- a journalistic Neutron Bomb that leaves the abortion mills standing but has vaporized all notion of "safe legal abortion." And the radiation will surely spread across the nation.



"Some are pregnant, some are not. Most will be sold abortions."

The bomb-launcher was a surprise. The Sun-Times has been consistently and loudly pro-abortion (a bias it shares with virtually every other big-city newspaper) and regularly attacks Henry Hyde (who represents suburban Oak Park) for his anti-abortion views -- e.g., the S-T endorsed his opponent this year, and, last year, charged Hyde with "Legislating pain" in an editorial (June 6, '77) that said about abortion: "A woman who wants one will get it -- in a clean, equipped medical facility or with coat hangers in a dirty room. But she will get it." The front-page series that began Nov. 12 (and dominated the S-T's pages for almost three weeks) confirms that women are indeed getting it, some (at least a dozen) fatally, in dirty rooms "behind the Tiffany tinsel and Gucci glitter" of Chicago's swish Michigan Ave. "Miracle Mile," where the "abortion business is booming."

•The two women reporters who wrote the series (Pamela Zekman and Pamela Warrick) summarize the main points up front: the S-T and Chicago's Better Government Association spent five months on "the first in-depth investigation of Chicago's thriving abortion business since the U.S. Supreme Court legalized abortion on Jan. 22, 1973." Given what they found, it is reasonable to assume that tens of thousands of local women (and presumably millions more nationwide) wish they hadn't waited so long. Just the listed "highlights" are gut-wrenching enough: for "the abortion profiteers, there is money to be made and no time to waste"; they perform "abortions" on un-pregnant women (investigators submitted male urine specimens and usually got "positive" results -- nothing new, the New York Daily News ran that kind of expose years ago!) and illegal abortions on women more than 12 weeks along; an "alarming number" of victims suffer "massive infections and such severe internal damage that all their reproductive organs had to be removed" because of "unsterile conditions and haphazard clinic care"; "Incompetent and unqualified doctors, including moonlighting residents" and "medical apprentices" perform abortions, often "in an excruciating 2 minutes" because they "don't even wait for pain-killing anesthetics to take effect."

•But even such ghastly "highlights" pale when illuminated by the massive accumulation of bloody detail: truly, this series is impossible to describe -- it must be seen to be believed. It is a throwback to the heyday of William Randolph Hearst; not since Watergate consumed the Washington Post has an investigation so dominated a newspaper (perhaps prophetically: this one could easily be the "Abortiongate" revelation that irrevocably tips

(over, please)

Chicago Tribune
Midwest Edition
Friday, November 17, 1978
44 Pages 2 Sections 20¢

Michigan Avenue clinic blamed in abortion death

the scales against legalized abortion) -- it even held its own through the fantastic Jim Jones "Cult" horror that dominated the rest of the nation's media (e.g., see the near-equal coverage in the Nov. 20 S-T). Even the august Chicago Tribune (which used to style itself "The World's Greatest Newspaper" and still feels that way vis a vis the tabloid S-T) succumbed to the explosive effect, running blaring front-page headlines that followed the S-T lead (see illustration). But the original defies imitation: day after day the S-T kept up the barrage, with screaming headlines, front-page pictures -- especially mug-shots of the most notorious profiteers -- and even special "cartoons" depicting blood-soaked doctors and operating tables, some stark with gore, others adding the open-mouthed-in-agony "mother" (the S-T remains, through it all, pro-abortion -- you won't find anything here about the primary victims, those tiny causes of these sensational effects).

•Column after column, the stories read like a catalogue of all the "hysterical" charges the "right-to-lifers" have been making for years: money (not "safe" or "legal" much less "humane") is the operative word; a "counselor" is one who sells abortions -- hustles them on commission, $5 per at the "better" so-called "referral agencies," which do nothing more than take $50-60 dollars a head (womb?) in return for directing victims to "friendly" (i.e., agreeing to the kickbacks) mills. One fast-working guy who offers cut-rate jobs at only $125 has a "Bargain Wednesday" for just $110! Cash only, of course (well, maybe sometimes Master Charge or Visa ...). Records are routinely falsified; vital medical indicators are ignored (one headline reads: "Nurse to Aide: 'Fake that pulse!'"); the "products of conception" are dumped in garbage cans (by law, they are supposed to be sent to labs, so that technicians can determine if there was a complete -- or any -- abortion, and/or whether the woman is in danger, etc. -- but of course any such follow-up would cost more, expose phony operations, and otherwise complicate the only "clean" part of the process, i.e., fee paid, job done, that's it); "recovery rooms" can mean five minutes on a straight-backed wooden chair, after which a "You've been here long enough" ushers the still-groggy "patient" to the door (one almost bled to death on the bus home). The horror stories are done in detailed "true confession" style (here, however, many of the actors are plainly identified) -- and the packed columns graphically hyped up with big boxed quotes (e.g., re referrals: "Look, no matter how you put it, we're in the business of selling abortions."; from victims: "He didn't wait five minutes. He started right in. I was screaming, and squirming all over the table. I asked him to stop until the anesthetic took effect ..."; re the profitmakers: "The doctors race each other. Especially on Saturdays, they compete to see who can get the most patients done."). In one sense the stories are much the same -- these human butcher shops seem to have a brutality "norm" -- yet as a whole they portray a distinct phenomenon, different from more familiar prototypes like Buchenwald or My Lai. There is no race hatred or blood-lust here; the passion is purely economic, e.g., they don't use one-time plastic utensils again and again to maim or kill, just to cut costs. Ditto speed: another fee can be earned in the time it would take to wipe up the blood. And so on, and on.

EXHIBIT G

WHITE HOUSE CONFERENCE ON FAMILIES

State Issues Priority Form

STATE OF NEVADA

RANKING OF TOPICS: 5

TOPIC: STRENGTHENING THE FAMILY UNIT

ISSUE: In what ways can religious freedom be insured?

POLICY RECOMMENDATION: It should be the policy of federal, state and local governments to insure freedom of religion.

PROGRAM RECOMMENDATIONS:

1. Federal agencies should not regulate religious activities in church schools, religious homes and other ministries.
2. Recognize the right of parents to rear their children according to their religious beliefs.
3. Encourage parental involvement with children in attending church together.
4. The religious teaching of parents to their children must not be undermined or counteracted by any government action.

STRATEGY RECOMMENDATIONS:

1. Conference follow-up staff will contact federal, state and local representatives to advise them of this report and explain the recommendations.
2. National White House Conference advisory staff will contact executive branch representatives and Congressional leaders to seek their support.
3. Conference follow-up staff will contact local school boards and administrators, advising them of the report and explain the recommendations.

WHITE HOUSE CONFERENCE ON FAMILIES

State Issues Priority Form

STATE OF NEVADA

RANKING OF TOPIC: 7

TOPIC: FAMILY RIGHTS

ISSUE: In what ways can the rights and responsibilities of families be enhanced?

POLICY RECOMMENDATION: It should be the policy of the government and the private sector to recognize the family as the most important unit of society and to recognize that solutions to family problems will not be found in a proliferation of government programs and interferences. It is not the responsibility of the government to insure success, but to safeguard the freedom to succeed or to fail.

PROGRAM RECOMMENDATIONS:

1. Parents should have the legal right to deny or consent to their unmarried minor child receiving contraceptives or sex education or having an abortion.
2. Parents should be informed when an unmarried minor receives contraceptives or abortion services from a federally supported organization.
3. Private associations to care for victims of domestic violence are encouraged.
4. Support concept of extended family by granting a tax-free retirement program for support of parents.
5. Government should not limit the number of children in a family.
6. Families of different cultures are encouraged to preserve their traditions and cultural heritage.
7. Parents should be responsible, within reason, for the destructive acts of their minor children.
8. Federal funds should not be provided for abortions.
9. Local churches and local programs are encouraged to help pregnant teens and abused women.
10. Establish and support local programs, including parenting classes, to educate unprepared mothers and fathers.
11. There should be vigorous enforcement of laws requiring support of a child by its father.
12. Encourage and support volunteer programs that provide counseling and assistance to the victims of forcible rape and incest.

13. No federal funds should be provided to private agencies which encourage and provide contraceptives and abortion for unmarried minors without parental consent.

14. The Nevada Legislature has called for a constitutional convention to prohibit abortion except in the case of rape, incest or when the mother's life is in danger.

STRATEGY RECOMMENDATIONS:

1. Conference follow-up staff will contact federal, state and local representatives to advise them of this report and explain the recommendations.

2. National White House Conference advisory staff will contact executive branch representatives and Congressional leaders to seek their support.

3. Conference follow-up staff will contact local school boards and administrators, advising them of the report and explain the recommendations.

4. Nevadans are urged to write in support of the intent of the Family Protection Act.

5. Encourage families to be responsible for themselves.

The Family Protection Act

A SUMMARY

of

S. 1808, as amended

H.R. 6028, as amended

Title I -- Education

1. Voluntary Prayer. The FPA would withhold all federal funding normally due a state under education legislation unless and until state laws are enacted or regulations promulgated that allow voluntary prayer in public buildings. This would allow invocations at school graduation ceremonies and lunch-hour shared prayers by employees in government buildings. The U.S. Supreme Court in *Engel v. Vitale* (1962) and *Abington v. Schempp* (1963) ruled that both nondenominational prayer and Bible-reading are unconstitutional under the First Amendment. At the time of those decisions, 26 states permitted Bible reading in public schools and 13 permitted the recitation of the Lord's Prayer. All those who wrote the U.S. Constitution and the First Amendment were educated in schools in which prayers were recited and the Bible was read daily, and for hundreds of years those practices had not been seriously challenged. The Supreme Court decisions were widely criticized as out of keeping with our national traditions. The overwhelming majority of the American people are opposed to those decisions. Unfortunately, subsequent court cases have extended, rather than limited, the effect of the Court's 1962 and 1963 decisions, and moral training of pupils has largely disappeared along with prayers.

2. Parental Consent for Religion Courses. The FPA

would withhold federal education funds from states which do not have procedures for guaranteeing parental consent for student enrollment in public-school courses about religion. As a result of the Supreme Court anti-prayer, anti-Bible decisions, courses "about religion" became popular. A 1971 survey found that 48% of schools have a course which teaches religion "objectively." Other schools teach "ethics" without favoring any particular ethical standard, while inviting students to explore and exchange opinions on honesty, sex, etc. Many parents believe that the result of such teaching is to instill attitudes or values not in harmony with Judeo-Christian principles. The FPA would require full disclosure to the parents of what is being taught, and would protect their right to withhold their children from courses deemed offensive for religious reasons.

3. Parental Visitation Rights. The FPA would withhold federal education funds if schools attempt to exclude parents from visiting public school classrooms or school functions. A parent who is unreasonably denied admission to his child's public school classroom or function would be able to seek an injunction in the courts. This FPA provision encourages the equivalent of state-level "sunshine acts" for classroom instruction.

4. Teachers' Employment Rights. Federal funds would be denied to school districts which require public school teachers to belong to a union. During the 1976 elections, the National Education Association spent nearly $600,000 backing candidates, and it also has a $45 million lobbying budget. (The NEA is the organization which successfully lobbied for the new Department of Education bill.) In 17 states, public employees (including teachers) are not protected from forced unionism.

5. Parental Review of Textbooks. The FPA would deny federal funds to states which fail to establish a procedure whereby parents and the community may review textbooks prior to their use in public schools. Parents have a right to know in advance to what materials their children are exposed and a right to participate in the selection of those materials. The position of the National Education Association, on the other hand, is that only teachers should have the right and freedom to choose textbooks and other materials. The obvious decline in literacy and basic skills in the last decade calls into question the textbooks and methods which have produced such inferior graduates. Parents have the primary responsibility for the development of their own children and should not be excluded from or censored out of the process by teachers or teachers' organizations. Since tax money is used to buy the books and finance the schools, taxpayers have the right to know in advance what they are paying for.

6. Values Clarification and Behavior Modification. The FPA would prevent the funding of contracts, grants, research studies, curriculum programs, or courses of instruction, if such programs or courses inculcate values or modes of behavior at odds with the demonstrated beliefs and values of the community. This provision is aimed at the elimination of controversial tax-funded courses designed to force pupils to re-think the values their parents have taught them, to study contrary values (even though unacceptable in the Judeo-Christian civilization), and then to decide for themselves whether they want to stick with the old values or try new ones, or have none at all. Among such programs paid for by tax funds were "Man: A Course of Study" (MACOS) and "The New Model Me." Such tax-funded programs to change the values and behavior of students are a violation of freedom of religion and parental rights.

7. Textbook Censorship. The FPA would deny federal funds for the purchase of textbooks or other educational materials which belittle traditional women's roles in the family and society. Funds would also be prohibited for grants to prepare "sex-neutral" or "sex-affirmative" textbooks or other educational materials. The major textbook publishers have issued their own "guidelines" for the elimination of what the women's liberation movement calls "sex-role stereotyping." These guidelines amount to a blacklist of words, concepts, and illustrations which are forbidden to appear in any textbook. The heavy hand of the censor is now preventing pupils from learning such words as chairman, salesman, brotherhood, the Founding Fathers, manpower, or lady, or from seeing pictures which show a woman in the traditional role of wife and mother. The women's liberation movement is making the most militant and ruthless attempt at censorship ever tried in America. The censorship orders recently issued by the Department of Health, Education and Welfare also proscribe such words as he, she, his, hers, mother, father, housewife, and policeman. This semantic attack on the family and on traditional male and female roles should not be allowed to proceed with tax funds.

8. Teacher Certification. The FPA would ensure the rights of states to determine teacher qualifications, free from influence of federal law, and that federal funds shall not be used as blackmail to force state uniformity to any certain standard of teacher certification. It can be anticipated that national standards for teacher certification will become one of the aims of the new Department of Education. Our experience with federal interference shows that merit is usually abandoned as the criterion for teacher selection. The FPA will protect the right to states and localities to return to merit-based hiring.

9. School Attendance Requirements. The FPA would reaffirm the traditional principle that states (not the federal government) have the authority to regulate public education, especially in the matter of attendance regulations. The problems of public education, especially in urban areas, require more flexibility in school attendance laws. Competency and achievement, rather than age, could be the standard for mandatory attendance in some areas rather than a uniform federally-imposed rule.

10. Sex Integration in Sports. The FPA would remove the issue of sex-integration in school sports from control by federal bureaucrats, and place it in the local school boards which are more responsive to the mores of the local communities. A combination of Title IX extremism and court decisions under equal rights amendments in several state constitutions has caused confusion and consternation at the local level through coed gym classes in elementary schools and sex-integrated athletic teams in sports unsuited for that rule.

11. Private School Exemption from NLRB. The FPA would amend the National Labor Relations Act to legislate the decision reached by the U.S. Supreme Court on March 21, 1979 in *NLRB v. Catholic Bishop of Chicago*, namely, that the National Labor Relations Act does not give the NLRB jurisdiction over teachers in church-operated schools. The FPA would extend that immunity to any not-for-profit school. This provision will assure the right of churches to control their own schools.

12. Family Savings for Education. The FPA would allow parents to deduct up to $2,500 of monies deposited in a special account for their child's education. As long as the funds were applied to qualified educational purposes, the funds would be tax deductible for the parents and tax-exempt for the child. The money could be used for any school, public or private, elementary, secondary, college or university.

13. Education Bloc Grants. The FPA would repeal most titles of the Elementary and Secondary Education Act, and replace them with bloc grants of money to states. Educators within each state could spend these bloc grants for elementary and secondary education as they see fit, consistent with federal and state laws. They could concentrate on important education without worrying about federal administrative red tape. The FPA would take decision-making out of the hands of federal bureaucrats whose performance since 1955 has been such an abysmal failure, and restore it to state and local officials who can be held accountable for results.

14. Released Time for Parenthood Education. The FPA

would ensure that, if schools require a course in parenthood education, parents would be free to arrange for their children to be taught that course by a minister or church under arrangements made by the parents. "Education for parenthood" is a course growing in popularity among social engineers. Such a course, however, encroaches on sensitive areas involving morals and values. The FPA would recognize the parents' right to supervise the moral formation of their children.

15. Parent-Run Schools. The FPA establishes a separate tax category for parent-run schools, granting them automatic tax-exemption if they fulfill certain requirements and automatic "accreditation" for all purposes of federal education law. This FPA provision protects religious freedom by allowing schools to "discriminate" in student selection or teacher hiring on the basis of religion. The purpose of this provision is to expedite determination of tax-exempt and tax-deductible status, and ensure that the Internal Revenue Service cannot be arbitrary or capricious in granting or withdrawing exemption. This provision establishes a fair and public process for adjudicating "discrimination," as opposed to the present system which is fraught with abuse and potential for abuse. For example, in 1979, the IRS tried to manufacture a new rule (never authorized by statute) under which it judged private schools guilty of discrimination unless they fulfilled arbitrary and unrealistic racial quotas. The schools had to prove themselves innocent or lose tax deductibility. The FPA would prevent the IRS from enforcing any such arbitrary or unauthorized regulation in the future. The FPA would also protect a school's fund-raising efforts while it is being "reviewed" by IRS.

16. Federal Court Jurisdiction Over Prayer and Teacher Certification. The FPA would remove from the jurisdiction of the federal courts at any level the matters of voluntary prayer in public schools or public buildings and of qualifications imposed by states on teacher selection and promotion. On April 5, 1979, the U.S. Senate voted 47-37 to remove the whole matter of public school prayers from the jurisdiction of the federal courts. This is the remedy provided by the U.S. Constitution for judicial abuse, and it should be used on this issue. This procedure would also take care of the problem of the federal government's inserting itself in the licensing or certification of teachers, something which is not within the competence of the federal courts.

Title II -- Welfare

17. Multigenerational Household Incentive. The FPA would allow a tax credit of $250 for a household which includes a person 65 years of age or older who may be considered a dependent under current tax law. This provision would ease the financial barriers encountered in the support of elderly relatives who remain in their family's home. A family which is willing to accept such responsibility deserves some consideration in its tax burden since, when families care for their own, the public is spared the cost.

18. Multigenerational Household Incentive. The FPA would allow the tax-paying head of a household a deduction of $1,000 if the household includes a dependent who is 65 years of age or older. This provision is offered as an alternative to the tax credit described in #17. The FPA would give the tax credit *or* the tax deduction, but not both.

19. Food Stamp Limitations. The FPA would make it clear that college (or other post-secondary) students may not avail themselves of food stamps when they are, in fact, voluntarily unemployed. A 1975 study showed that, in many areas, more than 75% of all food stamp recipients not on public welfare were students. This is contrary to the intent of the Food Stamp program, which was established to assist persons who cannot afford to feed themselves adequately, not the voluntarily unemployed.

20. Daycare Center Cooperatives. The FPA would allow a tax deduction for corporations which contribute funds to cooperative daycare facilities established by and for the use of employees. This provision addresses the problem created by the growing number of mothers in the labor force who have preschool children. This provision would encourage a solution of the problem through diverse facilities under local and separate control, with ample supervision by the mothers.

21. Family Support Allotment. The FPA would reinstate the pre-1973 requirement by the Defense Department under which the family allowance of servicemen separated from their families is automatically sent home to their families. Since the law was changed, a serviceman father may refuse to forward the allowance, thereby throwing his family onto welfare. Military personnel policy should discourage such irresponsibility on the part of servicemen.

Title III -- First Amendment Guarantees

22. Rights of Religious Institutions. The FPA would prohibit federal agencies from adopting and enforcing rules which violate the constitutional rights of religious institutions. The FPA would ban the imposition of federally-mandated requirements affecting religious activities, church schools, religious youth homes, and other ministries of religious institutions. This provision would stop the recent expansion of rule-making powers by federal regulatory agencies in areas which infringe on the free exercise of religious practices and beliefs.

23. Rights of Families. The FPA would declare a legal presumption in favor of an expansive interpretation of parents' supervision of the religious and moral education of their children. Thus, in a situation where a child's "right to self expression" came in conflict with the parents' right to educate or discipline the child, the courts would have to presume in favor of the parents' rights in the absence of compelling evidence of parental unfitness or other grave reason. This provision is made necessary by the growing agitation for "children's rights," by the demand for governmental "child advocates," and by the lawsuits filed by children against their parents for "malparenting" and other imaginative injuries.

Title IV -- Taxation

24. Retirement Savings For Spouses. The FPA would create within the Internal Revenue Code a new provision for a tax-exempt savings account for spouses. Called a Retirement Savings Plan for spouses, this would allow an employed taxpayer to set aside up to $1,500 a year of non-taxed income for his non-working spouse. This would parallel the Individual Retirement Accounts which employed individuals are now allowed to set up for themselves, regardless of their marital status. The FPA plan would work like the present IRA: the money saved and the interest earned will not be considered taxable income until the beneficiary draws it out, at which time it will be taxed in the tax bracket of the beneficiary.

25. Repeal of the Marriage Tax. The FPA would eliminate the tax schedule in the Internal Revenue Code entitled "married filing separately." Under the present law, a married couple in which both spouses are employed pay a higher tax than those individuals would pay if they were not married. This provides a disincentive to marriage which has become known as the "marriage tax." Since more than a million couples are now living together without marrying, our tax laws should not tend to discourage marriage.

26. Child Care Credit Expansion. The FPA would extend the current child-care income tax credit to cover expenses incurred in connection with charitable, civil, political, or religious volunteer work. Much of the most valuable work done in our country is done by volunteers. A 1974 estimate of its value came to $67.8 billion, and it is given by individuals in all economic, educational and social levels of our society.

27. Extra Childbirth and Adoption Exemption. The FPA would grant an additional $1,000 tax exemption for married couples filing jointly during the year in which a child is

either born or adopted. The exemption increases to $3,000 if the adopted child is handicapped, over the age of 3, or biracial. Currently, the birth rate in the United States is below replacement level. This provision is designed to cushion young couples from the financial penalties of having a baby. It would also provide a small financial incentive to encourage the adoption of hard-to-adopt children who spend their childhood going from one foster home to another at considerable cost to society.

28. Parental Support Account. The FPA would establish a trust account procedure, similar to an Individual Retirement Account, under which taxpayers could save money for their parents' old-age support, and also for the support of handicapped relatives. The maximum deduction allowed would be $1,500 per year per parent support account. The funds would be considered as income when they are distributed to the beneficiary.

Title V -- Domestic Relations

29. Child Abuse. The FPA forbids federal programs or agencies from attempting to change any state statute on child abuse. The provision limits the definition of abuse to physical abuse or psychological or emotional neglect only, so that reasonable spankings are not considered abuse. It prohibits the use of federal funds for operation of a child abuse program without specific authorization from the state legislature. In these sensitive areas, it is better that legislation and control be kept at the state and local levels.

30. Spouse Abuse. The FPA states that family relationships are beyond the scope of federal influence. This provision protects state statutes on the subject from federal interference, and facilitates the establishment of private community associations to provide care and treatment to domestic violence victims. This provision would guarantee that existing statutes of the individual states which deal with domestic violence are not nullified or superseded by any federal bureau, agency, or commission, either in policy directives or in recommendations. This section would facilitate the establishment of tax-exempt, private, voluntary associations to provide treatment and care to domestic violence victims.

31. States Rights in Juvenile Delinquency. The FPA protects the rights of states to enact their own statutes on juvenile delinquency, without pressure from programs, federal guidelines, agencies, directives, or grants. The FPA grants automatic tax-exempt status to private associations wishing to provide treatment for juvenile runaways, if no federal funds are received. This provision would encourage centers for runaway youths to be established by local agencies, churches, or concerned citizens in areas of need and responsive to community values and standards.

32. Parental Notification. The FPA requires that parents or guardians be informed when an unmarried minor receives pills or contraceptive appliances, or receives an abortion or abortion-related services. If the parents or guardians are not informed of the contraceptives or abortion services, then the group dispensing the services will suffer a loss of government funding. The FPA also requires that, whenever a minor seeks treatment for venereal disease, a reasonable effort must be made to notify the parents in writing within 24 hours after treatment has begun.

33. Federal Funding of Abortion Litigation. The FPA would prohibit the use of Legal Services Corporation funds to compel an individual or institution to perform an abortion, to compel any abortion, or to compel any individual or institution to assist in or provide facilities for the performance of an abortion. The FPA would also prohibit the use of Legal Services Corporation funds to compel any federal or state funding for abortion. This provision is made necessary because Legal Services Corporation funds are currently being used to litigate changes in state laws, and this is a violation of constitutional separation of powers and states' rights.

34. Legal Services Funding for Desegregation. The FPA would prohibit funds of the Legal Services Corporation from being used to provide legal assistance in any way relating to the desegregation of any elementary or secondary school or school system.

35. Legal Services Funding for Divorce. The FPA would prohibit Legal Services Corporation funds from being used in any divorce proceedings. The effect of this provision would be to stop tax funds from promoting divorce. In some areas, divorces make up 40% of the caseload of the Legal Aid Society. Government policy should be to discourage divorce, not to encourage divorces by providing them free.

36. Legal Services Funding for Gay Rights. The FPA would prohibit Legal Services Corporation funds from being used to represent, defend, or litigate on the issue of homosexual rights, gay rights, sexual preference rights, or any other related matter. Homosexuality is a crime in many states, and is emotionally controversial in all states. The taxpayers should not be required to subsidize such litigation by providing free government lawyers.

37. Prohibition of Homosexual Advocacy. The FPA forbids allocation of federal funds from being awarded to any organization, group, commission, or association which advocates homosexuality, or presents homosexuality as an acceptable alternative lifestyle. Since 1974 the federal government has been allowing funds for the underprivileged to be used to support numerous "gay community centers." Using tax funds for such purposes is an unjust use of public money and an abuse of public trust.

38. Civil Rights Not to Include Sexual Preference. The FPA would write into law a statement that discrimination against declared homosexuals would not be considered an "unlawful employment practice." This would operate as a preventive measure to protect the right of citizens to be able to choose their associates.

Two provisions of the bill have been held unconstitutional by the majority of federal courts which have dealt with them:

Waiting period. Mandatory waiting period requirements have been struck down as unduly burdensome in several recent cases: Margaret S. v. Edwards, 488 F.Supp. 181, 212-213 (E.D.La. 1980); Women's Services, P.C. v. Thone, 483 F.Supp. 1022, 1050 (D.Neb. 1979), aff'd, 636 F.2d 206 (8th Cir.); Planned Parenthood Association of Kansas City, Missouri v. Ashcroft, 483 F.Supp. 679, 696 (W.D.Mo. 1980); Leigh v. Olson, 497 F.Supp. 1349 (D.N.D 1980); Wolfe v. Stumbo, C 80-0285-L(A) (W.D.Ky., Dec. 3, 1980); and Planned Parenthood of Memphis v. Alexander, C.A. No. 78-2310 (W.D.Tenn., March 23, 1981. In addition, they have been temporarily enjoined in Massachussetts, Maine, and Illinois. The only waiting period requirement which has been recently upheld was in our cahllenge to a city ordinance in Akron Ctr. for Reproductive Health v. City of Akron, 479 F.Supp. 1172 (N.D.Ohio 1979) (case is on appeal to the Sixth Circuit). It should be argued that any delay increases the risk of complications to a woman seeking an abortion. A study by the Center for Disease Control, Dep't of HHS, found that "[w]ithin the first twelve weeks , the main risk to a woman who wants an abortion results from delay." Cates, et al., "The Effect of Delay and Method Choice On the Risk of Abortion Morbidity," Family Planning Perspectives, 9:266, 1977. Each week of delay increases the risk of complications by 20% or more in the early stages of pregnancy and by slightly less than 20% in the later stages. The risk of mortality incrases by 40% with each week of delay. Forced delay also increases the stress and anxiety experienced by women with an unwanted pregnancy.

Fetal Description: In Margaret S. v. Edwards, supra at 208-209; Planned Parenthood of Kansas City, Missouri v. Ashcroft, supra at 699; Akron Ctr. for Reproductive Health v. City of Akron, supra at 1023, Leigh v. Olson, supra; and Wynn v. Scott , 499 F.Supp. 1302, 1316-1317 (N.D.Ill., 1978), requirements that the woman be orally informed of the characteristics of the fetus were struck down. A Rhode Island statute which contains a requirement that the woman be given materials containing this information has been temporarily enjoined, and the Seventh Circuit in Charles v. Carey, 627 F.2d 772, 784 (7th Cir. 1980) (interlocutory appeal), has enjoined such a provision.

With regard to the provision that the physician inform the woman that an "unborn child" is a human life from the moment of conception, the court in Margaret S. v. Edwards struck down such a requirement holding that "[t]his statement disregards Roe's finding that the state may not make a determination that life begins at the moment of conception." Id. at 209.

EXHIBIT I

TESTIMONY AGAINST AJR-17

Nevada State Legislature, Combined Senate-Assembly Judicial Hearings
Carson City, Nevada -- March 28, 1979

The Reverend Donovan O. Roberts, Ph.D.
United Methodist Clergyman

Abortion can be seen as a medical, legal, social, ethical and most assuredly political problem. It is also a problem involving the meaning and quality of human life.

I am just a little bit dismayed and taken back by the fact that those who are so aggressive in their demonstration on behalf of "respect for life" have neither rallied nor called for Constitutional Convention on behalf of the poor, the sick, the confused, the aged, the minorities, the outcasts, nor the victims of war. Their human condition is distressed. Are we willing to mobilize and convene on their behalf out of a comprehensive "respect for life?" Any selective and personally painless opposition to abortion as the personification of "evil" in our time which ignores the plight and impoverishment of all persons who suffer is for me not impressive.

Abortion is in fact a question of "life or death" caliber. Regrettably, but in fact, the American people are not strangers to such choices. Are advocates for this legislation in deference to "respect for life" similarly concerned for what happens to "life" in instances of "just war" or "justifiable homicide," neither of which are necessarily respectful of differences between born versus yet-to-be-born life?

In the past the American people have attempted to "legislate morality." We can recall Prohibition and Desegregation as cases in point. But experience has shown us that no external authority can impose respect for the law. Apart from such inner respect and voluntary compliance, the social costs of enforcement are exorbitant and of dubious effect. If legal restraints such as those advocated by supporters of this legislation are to function, they must be buttressed by

an inner conviction throughout the civil community that they do in fact represent the Good, the Right and the Just. It is blatantly clear that the American people are not in consensus that abortion is an offense against God, nature, the state, one's higher self, the common weal, and the "right to life."

I look for the day when there will be a renewal of inner restraint upon abortions. The arrival of that time will be hastened when all persons exhibit in their relations with one another the same sacrifice of self in love, which they would require of mothers menaced by their potential offspring. A fetus may deserve respect because it is no less precious than a born person. But neither should a woman confronted with an unwanted pregnancy be less the object of compassionate concern than a fetus. I do not hear from advocates for this legislation any sympathy or suggestions for the provision of programming that would stand and work to support her if her decision were to carry a problem pregnancy to full term. Instead of calling for "Constitutional Convention" to reinstate presumably criminal statutes against persons who seek or perform abortions, equal and more imaginative energies ought to be directed towards enhancing a pregnant woman's inclination to bear her child. I challenge you as legislators and you as "right to life" advocates to be positive in your approach. Devise programs and fund them that would (1) ease the burdens of pregnancy through the increased provision of better medical care and opportunities for consultation; (2) work to improve the legal and social status of illegitimate children, and (3) generate greater tolerance and compassion for the unwed mother and the woman who chooses not to be a mother.

There can be nothing more destructive to a child's spirit than being unwanted, and there are few things more disruptive to a woman's spirit than being forced into motherhood without love and support. So be bold and assertive in your provisions of programming that assures proper support for both mother and child; either <u>apart</u> from the mother through more adequate and humane programs of foster homes and adoption, or <u>with</u> the mother through the alleviation of her economic

stress by improved programs of social welfare, family subsidy, tax relief and the provision of day care service. The most popular approach to the reduction of demand for abortion is to reduce unwanted pregnancies through the provision of better sex education in public schools and the promotion of improved contraceptive practices. These programs would require increased creative design, imaginative and effective deployment and money. Unless you are willing to program and fund for the "respect for life" measures, any vote for the proposed legislation is highly suspect and reveals your credibility gap.

Until such time as effective and equal opportunity solutions to the problem of unwanted pregnancy are forthcoming, abortion is a regrettable and necessary option. Until such time as we are willing to program and pay for the support of a woman to carry and deliver an unwanted pregnancy, abortion must be available in these situations: (1) where there would be grave impairment of the physical or mental health of the woman; (2) where pregnancy is the result of rape or incest; (3) where the child will be born with serious physical or mental defect; or (4) where there exists some other compelling physical, psychological, mental, spiritual or economic reason.

When a fetus is aborted no one asks for whom the bell tolls. No bell is tolled. Neither do chimes ring at the birth of an unwanted child. You cannot feel indifferent or secure. Both the fetus and the mother symbolize a tremendous hold upon the future here held in the mercy of your judgment. I hope you will decide for each. To do that you must program and pay. The death of a fetus is a tragedy, sometimes regrettably necessary. It would also be a grave social tragedy to render abortions illegal and then in the spirit of Proposition 6 refuse to program and pay for the comprehensive support of the woman forced to carry to term an unwanted pregnancy. Unless you are willing to do this, the prevailing rights belong to the woman who deserves our moral and legal support.

EXHIBIT J

THE COALITION FOR HUMAN DIGNITY

TO THE MEMBERS OF THE STATE OF NEVADA, COMMITTEE ON JUDICIARY:
The following questions are respectfully submitted for your consideration, with reference to A.B. 596.

1. How will A.B. 596 be implemented by the State of Nevada?

2. Who will pay for the procedures required by A.B. 596?

3. What is the estimated cost to the State and or individual, under the provisions of A.B. 596?

4. Will the person or agency offering alternatives to abortion, as required by A.B. 596, be a State agency? Futher , regardless if it is a State agency or not, will it be subject to the same stipulations regarding coercion, as the physician, as well as subject to monitoring, to insure no undue stress is placed on the individual sent to it for councilling?

5. If the person or agency offering alternatives to abortion is not an affiliate of the State, but rather a private agency, will it be required by the state to provide proffessional councilors and as an agency be free of any religious affiliations?

6. Is A.B. 596 written in compliance with the Constitutional guarantee to an individuals right to privacy?

7. Why are the words health care being omitted from Sec. 7 NRS 442:250 with reference to A.B. 596 and why is this section of NRS pertainant to A.B. 596?

8. How will A.B. 596 be enforced?

Allyson Roloff

Assembly Judiciary Committee
Friday, 15 May 1981

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EXHIBIT K

bortion Methods: Morbidity, Costs and Emotional Impact

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
from FAMILY PLANNING PERSPECTIVES
Vol. 9, No. 6, November/December 1977

1. The Effect of Delay and Method Choice On the Risk of Abortion Morbidity

By Willard Cates, Jr., Kenneth F. Schulz, David A. Grimes and Carl W. Tyler, Jr.

Teams of investigators from the Family Planning Evaluation Division of DHEW's Center for Disease Control have documented in the three stories that follow (1) the relative risks of complications from abortion performed at different stages of gestation and by different methods; and (2) the association between abortion morbidity and the costs of treating such morbidity, as each is differentially related to the methods used to accomplish pregnancy termination. They examine (3) the differential emotional impact on patients and on medical personnel of the two leading methods of second-trimester abortion. Their reports, which follow, are a landmark contribution to the continuing effort to make pregnancy termination as safe, cost-efficient and psychologically nontraumatic to the patient as possible.

A variety of risk factors have been shown to affect abortion morbidity and mortality, including: gestational age;[1] method used for the termination;[2] pre-existing medical conditions;[3] operator skill;[4] patient age and race;[5] method of cervical dilatation;[6] use of prophylactic antibiotics;[7] and performance of concurrent sterilization.[8]

Two of the most important variables—gestational age and abortion method—are interdependent.

Delay in obtaining abortion* (often unrelated to physician practices) and choice of abortion method (primarily the responsibility of the physician) cumulatively affect the risks of complications and death. In this article, we present a schematic model, based on data from the Joint Program for the Study of Abortion/Center for Disease Control (JPSA/CDC), in which the relative risk of morbidity due *both* to delay in obtaining an abortion and to choice of method is estimated.

Study Design

JPSA/CDC is a multicenter, prospective study of the early medical complications of legally induced abortions in the United States. Its predecessor, the Joint Program for the Study of Abortion (JPSA), was conducted in 1970 and 1971 by The Population Council. JPSA/CDC, a continuation of the initial research program, constitutes the largest study of abortion reported to date and documents the morbidity risks of current abortion practices. From September 1971 through June 1975, 32 institutions under contract reported to CDC detailed individual morbidity data on 80,437 legally induced abortions. Excluding hysterectomies, hysterotomies, cases that were sterilized concurrently, and cases where the gestational age was not specified, we here report on 74,254 terminations, 56,600 (76 percent) of which were performed by suction curettage, 6,282 (eight percent) by dilatation and evacuation (D&E), 10,120 (14 percent) by saline instillation, and 1,252 (two percent) by prostaglandin $F_{2\alpha}$ ($PGF_{2\alpha}$) instillation.

We defined suction curettage procedures as those abortions performed by vacuum aspiration methods at 12 or fewer weeks of gestation. Depending on the institution, suction curettage was some-

Table 1. Percent distribution of selected characteristics of women receiving abortions, JPSA/CDC and United States, 1975

Characteristic	JPSA/CDC	U.S.*
Age		
≤19	32.5	32.7
20-24	34.5	31.6
≥25	32.6	34.5
Unknown	0.4	1.2
Race		
White	55.5	65.3
Black and other	28.5	31.0
Unknown	16.0	3.7
Marital status		
Married	23.1	25.6
Unmarried	74.7	72.7
Unknown	2.2	1.7
Prior pregnancies		
None	46.5	45.2†
One or more	53.3	50.8†
Unknown	0.2	4.0†
Weeks of gestation		
≤8	31.8	43.5
9-10	27.4	27.7
11-12	15.9	14.8
13-20	22.4	10.8
>20	2.3	1.0
Unknown	0.2	2.4
Type of procedure		
Curettage	80.2	90.1
Suction	79.6	81.8
Sharp	0.6	8.3
Intrauterine instillation	16.3	7.2
Hysterotomy/hysterectomy	1.0	0.4
Other	2.5	1.4
Unknown	0.0	0.9

*Source: CDC, *Abortion Surveillance: Annual Summary, 1975*, Atlanta, 1977.

†Number of living children.

*Delay in obtaining abortion has been shown to be related to a combination of factors including patient characteristics, accessibility of services and institutional protocol. (See: M. B. Bracken and S. V. Kasl, "Delay in Seeking Induced Abortion: A Review and Theoretical Analysis," *American Journal of Obstetrics and Gynecology*, 121:1008, 1975; and J. D. Shelton, E. A. Brann and K. F. Schulz, "Abortion Utilization: Does Travel Distance Matter?" *Family Planning Perspectives*, 8:260, 1976.)

Willard Cates, Jr., and Carl W. Tyler, Jr., are physicians and Kenneth F. Schulz is a mathematical statistician in the Family Planning Evaluation Division at DHEW's Bureau of Epidemiology, Center for Disease Control. Cates is Chief of the Abortion Surveillance Branch, Tyler is Director of the Family Planning Evaluation Division, and Schulz is Assistant Chief of the Statistical Services Branch. Grimes, who was an Abortion Surveillance Officer in the Abortion Surveillance Branch, is presently completing an obstetrics residency at the University of North Carolina Medical Center in Chapel Hill.

Assembly Judiciary Committee
Friday, 15 May 1981

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times combined with sharp curettage to ensure the completeness of uterine evacuation. Dilatation and evacuation refers to abortions performed at 13 or more weeks' gestation, utilizing suction curettage, frequently in conjunction with crushing forceps or sharp curettage. Induction of abortion by instillation of either saline or $PGF_{2\alpha}$ was accomplished by transabdominal amniocentesis; the most common saline dose was 40 g (200 cc of 20 percent saline); the most common initial dose of $PGF_{2\alpha}$ was 40 mg.

Gestational age was calculated for 94 percent of the women by subtracting the date of the last menstrual period (LMP) from the date of the abortion. For the six percent of cases in which one or both dates were unknown, the physician's estimate of gestational age was used. On the average, LMP calculations of gestational age were lower than those provided by the physician.

To ascertain the reliability of coded responses, we audited each of the facilities which provided two percent or more of the total number of reports; 12 centers accounted for 86 percent of all JPSA/CDC abortions. At each institution, we re-abstracted a systematic random sample of medical records, with a sampling fraction of one percent, and then compared the data abstracted with those initially provided on the JPSA/CDC form. We found a high level of agreement on the elements accounting for most of our major complications.

For simplicity and clarity of presentation, tests of statistical significance and relative-risk confidence intervals have not been shown. The reader should be cognizant of the sampling variation that exists about the point estimates. Nevertheless, most of the differences observed are statistically significant because of the large number of patients in the study.

Study Population

The demographic characteristics of the JPSA/CDC patients resembled those of U.S. women obtaining abortions in 1975, as Table 1 shows. A smaller proportion of JPSA/CDC patients had abortions at eight or fewer weeks' gestation* than the national percentage, while a larger proportion of JPSA/CDC patients had abortions at more than 12 weeks' gestation. Compared with women who underwent abortion in 1975, a smaller percentage of JPSA/CDC patients underwent abortions by sharp curettage, whereas a larger percentage underwent abortion by intrauterine instillation. Thirty-one percent of JPSA/CDC patients were private status, while 69 percent were nonprivate (not shown in table). Sixty-seven percent of JPSA/CDC patients underwent abortion in hospitals, and the rest obtained services from nonhospital facilities.

From a list of approximately 100 complications—ranging from vaginitis to death—we identified 15 as major.† The term "major morbidity rate" refers to the number of women sustaining one or more of the major complications per 100 procedures. The term "total morbidity rate" refers to the number of women sustaining one or more of the 100 possible complications per 100 procedures.

Table 2. Rate of complications per 100 legal abortions,* by abortion method and gestational age, JPSA/CDC, 1971-1975

Rates	Method and weeks of gestation								
	Suction			D&E		Saline instillation		PG instillation	
	≤8	9-10	11-12	13-16	≥17	13-16	≥17	13-16	≥17
Total morbidity rate	4.55	4.81	5.47	5.88	5.36	41.23	35.87	56.32	51.06
Major morbidity rate	0.23	0.36	0.44	0.89	0.89	1.76	1.83	3.00	2.80

*Where one or more complications per 100 abortions are reported, excluding cases with concurrent sterilization.

Relative Risks of Delay and Methods

Within the first 12 weeks, the main risk to a woman who wants an abortion results from delay. Both total and major morbidity rates are lowest when abortions are performed by suction curettage at eight or fewer menstrual weeks' gestation (see Table 2). The total complication rate for suction curettage performed at eight or fewer weeks is 4.55 per 100 abortions, compared with 4.81 and 5.47 if the same procedure is delayed until the next two intervals (9-10 and 11-12 weeks). Thus, the total morbidity rate increases by 20 percent when abortion is delayed from the eighth to the twelfth week of gestation.

The major complication rate is 0.23 per 100 abortions for suction curettage at eight or fewer weeks, compared with 0.36 in the 9-10-week interval and 0.44 if the patient waits until the 11-12-week interval. Thus, the major complication rate increases 91 percent when abortion is postponed from the eighth to the twelfth week.

After 12 weeks' gestation, for D&E (an extension of the suction curettage procedure), the total and major complication rates are higher than at any period in the first 12 weeks. At more than 16 weeks' gestation, however, the total complication rate for D&E declines to 5.36 per 100 procedures, compared with the rate of 5.88 for the 13-16-week interval, while the major complication rate remains about the same. This may be a reflection of the skill of the operators in JPSA/CDC, who routinely perform D&E at this later interval.

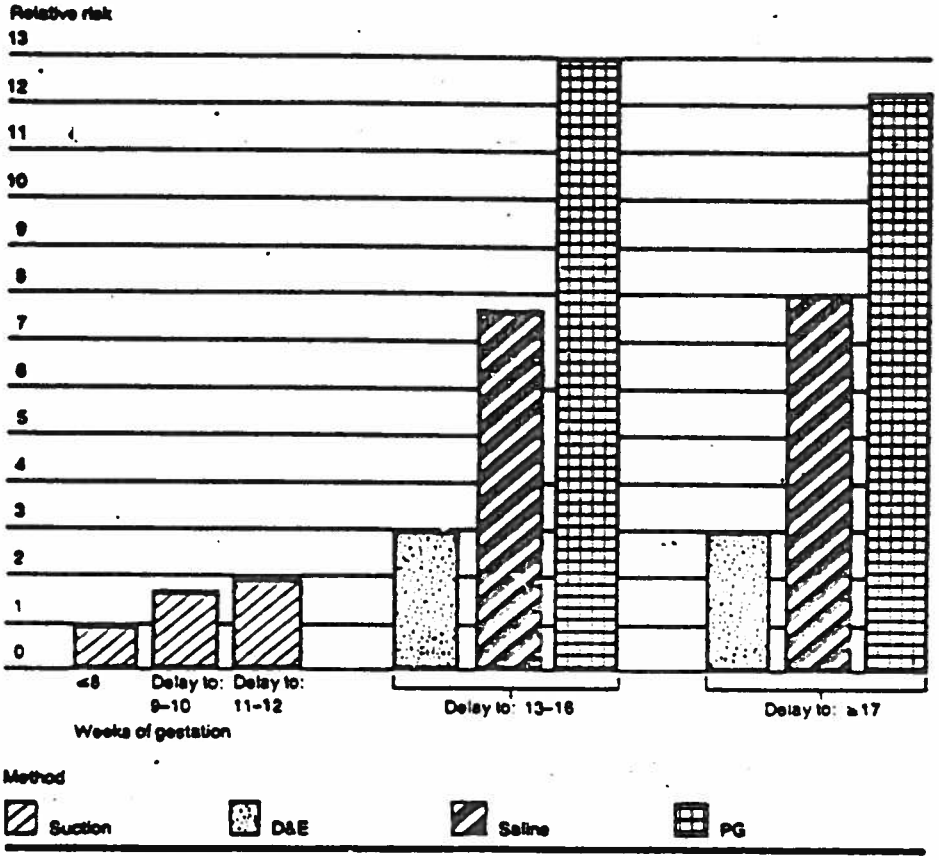
Instillation procedures, whether using saline or $PGF_{2\alpha}$ as the abortifacient, were associated with significantly higher total and major morbidity rates than abortions performed by uterine evacuation techniques. The total complication rate associated with abortions performed by saline instillation was higher during the first weeks of the second trimester than for terminations performed after the sixteenth week. The major morbidity rates for saline induction increased with length of gestation; however, this was an inconsequential increase. Instillation of $PGF_{2\alpha}$ was associated with total and major complication rates that were higher than those associated with saline instillation during both of the gestational intervals studied.

Figure 1 shows graphically the relative risks of major abortion morbidity attributable to delay and choice of method. The relative risk is the ratio of the complication rates, based on the index rate of 1.0 for the safest possible procedure at the safest time of gestation—namely, suction abortion at eight or few-

*Weeks of gestation are defined throughout as follows: ≤8 = 0-62 days LMP; 9-10 = 63-76 days LMP; 11-12 = 77-90 days LMP; 13-16 = 91-118 days LMP; and ≥17 = 119 or more days LMP.

†Cardiac arrest; convulsions; death; endotoxic shock; fever for three or more days; hemorrhage necessitating blood transfusions; hypernatremia; injury to bladder, ureter or intestines; pelvic infection with two or more days of fever and a peak of at least 40° C, or with hospitalization for 11 or more days; pneumonia; psychiatric hospitalization for 11 or more days; pulmonary embolism or infarction; thrombophlebitis; unintended major surgery; and wound disruption after hysterotomy or hysterectomy.

Figure 1. Relative risk of major abortion-related morbidity due to length of gestation and choice of method, compared with risk associated with suction at ≤8 weeks' gestation



er menstrual weeks, for which the major complication rate is 0.23 per 100 procedures. We have divided this rate into all of the other major morbidity rates, by gestational age and abortion method. Thus, if a woman delays beyond the eighth week up to 10 weeks, the major morbidity rate is 0.36, which is 57 percent higher than her risk at eight or fewer weeks. Similarly, if she delays her abortion procedure until the 11-12-week interval, she increases her relative risk of major morbidity by 91 percent.

If a patient delays until after 12 weeks, the model becomes complicated by the relative risks inherent in the choice of method. If D&E up to 16 weeks of gestation is chosen, the risk of major complications increases to three times that of suction curettage at eight weeks; with $PGF_{2\alpha}$ instillation up to 16 weeks, the risk is 13 times higher.

1. Delay

Our findings clearly demonstrate that any delay increases the risk of complications to a pregnant woman who wishes an abortion. Moreover, this risk appears to increase continuously and linearly as the length of gestation increases. Considering D&E an extension of the uterine evacuation procedures used at 12 weeks or less, the risk of complications in the 13-16-week interval increases at a rate similar to that in the earlier period. Through 16 weeks' gestation, we have shown conceptually how even one week's delay (at whatever stage of gestation the woman initially requests her abortion) will add increased risks.

Previous reports on the correlates of abortion delay have focused on differences between women seeking first- and second-trimester abortions. However, based on the above reasoning, we feel this differentiation by trimesters is arbitrary and can be misleading. Our data show that a two-week delay between the ≤8 and 9-10-week intervals is just as dangerous as a similar delay between the 11-12- and 13-16-week intervals. We believe that gestation as a risk factor should be viewed as a *continuum* and not in terms of arbitrary stratifications, and that public education should emphasize that the earlier a woman can obtain an abortion, the lower her risks.

There is cause for optimism in recent national data regarding trends in delay in obtaining an abortion. Because the percentage of early abortions has been increasing in the United States since 1973, when restrictive laws were declared unconstitutional and legal abortion became more available throughout the country, abortion morbidity rates should decrease. In 1975, nearly half of all abortions were performed at 8 weeks or less, and only 12 percent at more than 12 weeks.[9]

2. Choice of Method

JPSA/CDC reveals that in those institutions studied, the method chosen for later abortions affected both total and major morbidity.[10] D&E was more than 150 percent safer than saline instillation, which in turn was 50 percent safer than $PGF_{2\alpha}$ instillation. Both these differences were statistically significant ($p < 0.01$), and remained significant even after standardizing for age of patient, gestational age, preexisting conditions, level of operator training, prophylactic antibiotics and patient follow-up. Therefore, our study documents that D&E can be relatively safe, and perhaps it is time to train specialists in D&E procedures so that this method will be available in selected facilities everywhere.

Acceptance of the relative safety of midtrimester D&E will reduce complications from abortion in two ways: First, the method itself appears to be safer; and second, there will be no need for the traditional waiting period. Current clinical teachings often advise women seeking abortion who are 13-15 weeks pregnant to wait another 2-4 weeks until the uterus is large enough for abdominal amniocentesis.[11] This delay is not necessary, however, if D&E is used to terminate pregnancies at the time the women seek their abortions. Extrapolating from JPSA/CDC to national data, we estimate that less than one percent of all abortions would be performed at more than 16 weeks if no waiting period were imposed, and that 90 percent of all instillation procedures would be replaced by D&E procedures between the thirteenth and sixteenth weeks.

Finally, our model provides a summary for both health professionals and patients of the risks of complications in-

(Continued on page 273)

herent in delay and in choice of abortion method. We hope that an awareness of these cumulative risks will lead to a reduction of delay in seeking abortion, and an increase in the choice of the safest method.

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EXHIBIT L

I. SUMMARY

In 1977 the 50 states and the District of Columbia reported 1,079,430 abortions to the Center for Disease Control, a 9% increase over 1976. The national abortion ratio rose by 4%, from 312 per 1,000 live births in 1976 to 325 per 1,000 live births in 1977, or almost 1 abortion for every 3 live births. The trend toward redistribution of abortions into states which had restrictive abortion laws before 1973 appears to have leveled off; the same proportion of women obtained procedures out of state (10%) as in 1976.

As in previous years, women who obtained abortions in 1977 were most often young, white, unmarried, and of low parity. Sixty-five percent were less than 25 years of age; 66% were white, and 34% were of black and other races. Seventy-six percent of all women obtaining abortions were unmarried at the time of the procedure, and 53% had no living children. Curettage continued to be the most widely used procedure for reported legal abortions, accounting for 94% of abortions performed in 1977. Women continued to seek abortions at earlier gestational ages; over half (51%) of all abortions were performed at less than 8 menstrual weeks of pregnancy, and 92% of abortions were induced within the first 12 weeks. Compared with 1976 the percentage of dilatation and evacuation (D&E) and hypertonic saline instillation procedures after 12 weeks' gestation decreased, while prostaglandin and other instillation procedures increased.

In 1977, 33 women died from abortion, compared with 27 in 1976, 47 in 1975, 53 in 1974, 56 in 1973, and 90 in 1972. Compared with 1976 there was a rise in the annual number of legal abortion deaths; 15 women died after legally induced abortion in 1977, compared with 11 in 1976, 29 in 1975, 25 in 1974, 25 in 1973, and 24 in 1972. In 1977 there were 4 deaths after illegally induced abortion and 14 deaths after spontaneous abortion. The death-to-case rate for legal abortions rose from 1.1 in 1976 to 1.4 per 100,000 abortions in 1977.

Analysis of 29,760 suction curettage abortions performed in-hospital at 12 menstrual weeks' gestation or less reported through the Joint Program for the Study of Abortion/CDC (JPSA/CDC) revealed that rigid dilators and laminaria were almost equally safe methods to use in cervical dilatation. Rigid dilators were associated with significantly higher crude rates of febrile morbidity and uterine perforation, and laminaria were associated with slightly higher rates of cervical injury and retained products of conception. Although both cervical dilatation techniques appear to have a similar degree of overall safety, other factors besides short-term complications may be more relevant to the choice of the particular method used preceding a suction curettage abortion at 12 weeks' gestation or less.

In August 1977 federal funds for financing abortions of Medicaid-eligible women were restricted. At that time an estimated 295,000 abortions had been financed by federal funds through the Medicaid program in fiscal year 1977; thus, approximately 300,000 women might have been affected by this change in funding policy. The Abortion Monitoring in Sentinel Hospitals (AMSH) project, initiated by CDC, was designed to monitor any substantial increase in the number of Medicaid-eligible women seeking self-induced or non-physician-induced abortions, thus placing themselves at higher risk of abortion-related complications. Preliminary results indicated that the states where most Medicaid abortions had been performed before the federal funding cutoff were then using state funds for performing abortions; therefore, the projected excess morbidity and mortality of Medicaid-eligible women did not occur. The restriction of public funds was found to be signicantly associated, however, with a later gestational age at the time of the abortion. In non-funded states Medicaid-eligible women with complications after legally induced abortions had a 1.9-week-later mean gestational age than their counterparts in funded states. Moreover, Medicaid-eligible women in non-funded states had a 2.4-week-later mean gestational age than non-Medicaid-eligible women in the same states. Thus, we conclude that the restriction of public funds for abortion did not cause large numbers of Medicaid-eligible women to choose non-physician-induced or self-induced abortions; however, they may have delayed their abortions to raise enough private funds for the procedure.

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C. Total Abortion Mortality

Thirty-three women died from abortion in 1977, compared with 27 in 1976, 47 in 1975, 53 in 1974, 56 in 1973, and 90 in 1972 (Figure 12). For the first year since 1972, there was an increase in the total annual number of abortion-related deaths; there were increases in all 3 categories--legally induced, illegally induced, and spontaneous (Figure 13). The changes in definitions regarding fetal deaths in utero (described on page 7) did not influence the total number of abortion-related deaths; however, 4 deaths categorized as legally induced in the 1976 Abortion Surveillance Report have been classified as spontaneous in the present report.

Between 1972 and 1977, 6 women died from ectopic pregnancy after undergoing a legally induced abortion procedure. Because deaths from ectopic pregnancies are not considered abortion-related (see page 7), they have not been tabulated in Tables 20-23.

D. Legal Abortion Mortality

Fifteen women died after legally induced abortion in 1977, compared with 11 in 1976, 29 in 1975, 25 in 1974, 25 in 1973, and 24 in 1972 (Figure 13). In 1977 a total of 1,079,430 legal abortions were reported to CDC. With this figure used as the denominator, the overall death-to-case rate for legal abortion was 1.4 per 100,000 abortions in 1977, compared with 1.1 in 1976, 3.4 in 1975, 3.3 in 1974, and 4.1 in both 1973 and 1972. Although the death-to-case rate for legal abortion in 1977 was slightly higher than that for 1976, this increase was relatively small and could be accounted for by 1) chance fluctuation of a rare event, and 2) year-to-year variations in reporting.

The death-to-case rates for legal abortion in both 1976 and 1977 were markedly lower than in any earlier years. Possible reasons for the decline after 1975 are 1) the increasing percentage of abortions being performed during the earlier, safer gestational ages, 2) increasing experience with abortion by practicing physicians, 3) the increasing percentage of safer curettage procedures, including dilatation and evacuation, and 4) underreporting of legal abortion deaths during the most recent years.

The aggregated data for the years 1972-1977 show that the risk of death from legal abortion was lowest for women whose abortions were performed at less than 9 menstrual weeks' gestation, with a death-to-case rate of 0.6 per 100,000 procedures (Table 20). The death-to-case rate increased by approximately 40%-60% for each week of delay after the 8th week. Abortions performed at 9-10 weeks were nearly 3 times more dangerous in terms of mortality than those performed earlier. Abortions performed at more than 21 weeks carried the greatest risk, with a death-to-case rate 34 times that of abortions performed at less than 9 weeks.

For the years 1972-1977, mortality rates were highest for hysterotomy and hysterectomy abortions and lowest for curettage (including dilatation and evacuation), with instillation procedures intermediate (Table 21). Curettage procedures had a death-to-case rate of 1.5 per 100,000 abortions, compared with 13.5 for instillation procedures and 43.6 for hysterotomy-hysterectomy.

For purposes of subcategorizing the deaths associated with particular abortion methods, all curettage procedures performed at less than 13 weeks' gestation are referred to as "curettage," and all curettage procedures performed at more than 12 weeks' gestation are referred to as "dilatation and evacuation" (D&E). Instillation procedures are subdivided into saline, prostaglandin, and other, depending on the primary abortifacient used. From 1972 through 1977, 51 women died after curettage procedures, 15 after D&E, 37 after saline instillation, 8 after prostaglandin instillation, 3 after use of other abortifacients (oxytocin, urea, or Leunbach's paste), 9 after hysterotomy or hysterectomy, and 6 after other methods (3 intrauterine insertions of rubber catheters, 1 "mechanical packing," and 2 unknown) (Table 22).

NAME _____ CONTRACEPTION _____

EXHIBIT M

How Coping:

☐ Comfortable ☐ Verbal ☐ Crying ☐ Nervous _____

☐ Angry ☐ Quiet ☐ Aloof ☐ Conflicted _____

Is partner supportive? Yes ☐ No ☐ Don't Know ☐ _____

Who is with patient? _____ Who was present during counseling? _____

Comments _____

_____

Signature

LABORATORY

Date	Test	Result
	Pregnancy	
	Rh	
	Hct	

LMP / / : _____ wks. Normal ☐ Yes ☐ No

If no - LNMP / / : _____ wks.

LMP — O.C. Withdrawal? ☐ Yes ☐ No

MEDICATIONS

☐ Tetracycline 250 mg # 2 P.O. _____ AM/PM ☐ Tranxene _____ mg P.O. _____ AM/PM

☐ Ampicillin 250 mg # 2 P.O. _____ AM/PM ☐ _____

LAMINARIA

P C B _____ C.C. Carbocaine _____ % No _____ / / : _____ AM/PM

☐ Tetracycline 250 # _____; ☐ Ampicillin 250 # _____; ☐ _____

☐ Darvon Plain 65 # _____; ☐ Phenaphen/Codeine 30 mg # _____ ☐ _____

PHYSICAL EXAMINATION

General Appearance _____ Ht _____ Wt _____ BP _____ T _____ P _____

Skin _____ Pelvic: Vulva _____

Thyroid _____ BUS _____

Breasts _____ Vagina Trich _____ Condyl _____

Heart _____ Cystocele: sl 1 2 3 Monilia _____ Herpes _____

Lungs _____ Rectocele: sl 1 2 3 Hemoph _____ G.C.? _____

Abdomen _____ Cervix

Back _____ Fundus Position: Ant. Mid. Post.; Flexion: Ant. Mid. Post.

Extremeties _____ Descensus: sl 1 2 3

Pap _____ GC _____ Wet Mount _____ Size _____ wks: Shape

Mobile _____ Tenderness _____

Adnexae: R

L

R—V

_____

Signature

PROCEDURE / / _____ AM: PM : P.C.B. _____ C.C.; Carbocaine _____ %

Dilation Pratt # _____; Catheter # _____; Forcep _____ E.B.L. _____ C.C.

IUD NO YES _____ Cm. Tiss. _____ gms.; Fetus No Yes _____ wks.; Vili No Yes; Report No Yes

MEDICATIONS

☐ MICRhoGAM ☐ Phenaphen/Codeine 30 mg; _____ AM/PM ☐ Darvon 65 Plain _____ AM/PM

☐ Methergine 0.2 _____ AM/PM ☐ Tylenol _____ AM/PM _____

COMMENTS _____

_____

_____ M.D.

NAME _____

RECOVERY

Time in _____ AM/PM Discharged _____ AM/PM

NOTES: _____

_____

Discharge: B.P. _____; Pulse _____; Bleeding _____; Cramps _____; Emotions _____; Sensorium _____;

Medications:

- ☐ Tetracycline 250 mg #16 Caps.
- ☐ Ampicillin 250 mg # 16 Caps.
- ☐ Darvon 65 Plain # 6 Caps.
- ☐ Methergine 0.2 mg # 4
- ☐ Iron
- ☐ Phenaphen/Codeine 30 mg # 6
- ☐ _____

Contraception _____ _____ mos supply: Rx _____ mos.

☐ Patient instructed to review Post Op instruction sheet and call W. E. W. M. G. if necessary

_____ M. D.

POST OP CHECK

/ / : _____ P.O. : Contraception _____

Menses ☐ None ☐ Yes Date / / : ☐ Normal : ☐ Heavy : ☐ Light

Complaints _____

_____

_____

PHYSICAL EXAMINATION

BP _____ General Appearance _____

Pelvic: Vulva _____

BUS _____

Vagina Trich _____ Condyl _____

Cystocele: sl 1 2 3 Monilia _____ Herpes _____

Rectocele: sl 1 2 3 Hemoph _____ G.C.? _____

Cervix

Fundus Position: Ant. Mid. Post.

Descensus: sl 1 2 3

Size _____ wks: Shape

Mobile _____ Tenderness _____

Adnexae: R

L

R—V

IMP.

TREATMENT

Signed _____

2029

Payment _____ **WEST END WOMEN'S MEDICAL GROUP OF RENO** Date _____

Name _____ Date of Birth _____ Age _____

Address _____ Single____Married____Separated____Div____Widow____

City, St., Zip _____ Occupation _____

Home Phone _____ Rita ☐ Education (Highest Grade Completed) _____

Business Phone _____ Rita ☐ Referred by _____

Okay to contact? ☐ Yes ☐ No

What was the first day of your last menstrual period? _____ Not Sure (approx) _____

Was your last period normal? ☐ Yes ☐ No - If No, describe _____

When was your last normal period? _____

Have you had any bleeding since your last period? ☐ No ☐ Yes - If Yes, when? _____

Were you on birth control pills when you had your last period? ☐ No ☐ Yes

How many days from one period to the next? (First day of one to first day of next) _____

How many days do you flow? _____ Do you have cramps? None _____ Mild _____ Moderate _____ Severe _____

Have you ever had a pelvic exam? ☐ No ☐ Yes - If Yes when? (approx) _____

Have you had a Pap Smear in the last 6 months? ☐ No ☐ Yes

Total number of pregnancies including this one _____

How many live births? _____ [Still living _____]

How many stillbirths? _____

How many miscarriages? _____

How many ectopic (tubal) pregnancies? _____

How many abortions? _____ [In first 3 months _____ In second 3 months _____]

Have you ever been seen in this clinic before? ☐ No ☐ Yes

Were you using a contraceptive method when you got pregnant this time? No ☐ Yes ☐

If yes, what method? _____

What contraceptive methods have you used in the past? Circle

Pill IUD Diaphragm Foam Condom Withdrawal Rhythm None Other _____

Any problems with any of the above? _____

Check any of the following that you have now or have had in the past:

____ Abnormalities of the uterus (including fibroids)

____ Pelvic infections (PID or pus in tubes)

____ Venereal Disease (V. D.) Gonnorrhea, Syphillis, etc.

____ Infection following abortion or childbirth

____ Blood clots in the legs, lungs, etc. (Phlebitis)

____ Coagulation or bleeding problems (e.g. hemophilia)

____ Cancer of the uterus, cervix or breasts

____ Abnormal Pap Smears

____ Vaginal infection:

____ Trichomonas ____ Monilia (yeast) ____ Hemophilus

____ Other _____

_____

_____

____ Rheumatic fever or scarlet fever

____ Heart, kidney or gall bladder disease (Circle)

____ Diabetes

____ High blood pressure

____ Diseases of the thyroid gland

____ Asthma

____ Jaundice or hepatitis

____ Sickle Cell disease

____ Epilepsy or convulsions

____ Severe mental depression

____ C-Section for delivery

____ Other diseases _____

_____

Init.

First Name

Last Name

2030

Have you ever been hospitalized or had surgery? No ____ Yes ____

Explain: _____

_____

_____

List all medications or drugs you are presently taking:

_____

Do you smoke? ☐ No ☐ Yes: Pkg. per day _____ . Alcohol? ☐ Never ☐ Occasionally ☐ Frequently

Have you ever had any reaction to the following drugs? Circle

Penicillin Ampicillin Tetracycline Carbocaine Valium Tranxene Darvon Codeine Methergine Betadine

Other Antibiotic _____ Any other medications _____

_____

CONSENT FOR THERAPEUTIC ABORTION BY VACUUM ASPIRATION

I hereby direct and request Eugene Glick, M.D. and/or his associates to perform an operation called an abortion in order to terminate my pregnancy.

I understand that this abortion procedure is to be done by vacuum aspiration of the uterus, sharp curettage (scraping the wall of the uterus) and removal of the larger contents with other instruments. I understand that a paracervical anesthetic (local) is injected around the cervix, and that sedative drugs may be used for my comfort. Other medications that the doctor feels may be necessary may also be given.

Although abortion is considered to be a safe medical procedure, I understand that there may be occasional serious complications which include: hemorrhage, serious infection and retained tissue. Perforation of the uterus, a very rare complication, may require abdominal surgery. Death may follow the above complications. On occasion, unexpected reactions to the drug or anesthetic may be serious or even fatal. Scar tissue (adhesions) may form in the uterus preventing the passage of menstrual flow. This may require dilation of the cervix and the breaking of the adhesions at some later date. Sterility (the inability to conceive) and prematurity (the delivery of a child before full term) may occur following an abortion. Other complications and unforseen things not listed above may also occur.

On occasion, the abortion itself may be incomplete requiring a second procedure. If the pregnancy is any place but in the uterus (e.g. in the fallopian tube) this surgery will not remove that pregnancy.

I realize that I have the option to continue this pregnancy and that no warranty or guarantee has been made as to the results of this procedure. I have read the above and discussed the procedure with a staff member. I understand fully the contents of each paragraph.

_____ ___/___/___ _____ a.m./p.m. Witness _____

Patient's Signature Date Time

FOR LAMINARIA

I have been instructed regarding the special procedure to be used for my abortion. I am aware that is done with the aid of laminaria (seaweed stems) inserted into the cervix (mouth of the womb) before the procedure. This is done in order to dilate (open up) the cervix gradually. Once the laminaria are inserted, I understand that I have committed myself to return as scheduled for the abortion or else face the probability of serious infection which may threaten my life.

_____ ___/___/___ _____ a.m./p.m. Witness _____

Patient's Signature Date Time

EXHIBIT N

Chairman Stewart, Members of the Judiciary Committee,

My name is Ruth Ann Wright. I am here today representing myself as a concerned citizen.

I would like to be present to give this testimony. Unfortunately, I have scheduled counseling appointments this afternoon and must work. In fact, it is from my background as a trained family and marriage counselor that I would like to address AB 596.

Many references have been made to counseling for women contemplating abortions. I strongly object to the use of the term "counseling" in reference to this bill. As a counselor, I see my job as facilitative, as providing an atmosphere in which my clients can understand themselves and make their own choices.

I would be more than remiss in my duties as a counselor, if I were to act in the manner outlined in this bill. It is not counseling:

- to induce guilt in a woman,
- to frighten a woman,
- to inform a woman of "facts" that are in reality moral judgments,
- to violate the confidential nature of a counseling session.

It is counseling:

- to help clarify a woman's own personal needs,
- to help clarify a woman's own personal moral views,
- to help a woman examine her own personal feelings,
- to respect the woman's strength and her ability to make her own decisions.

It is my opinion that this bill is designed to reduce the number of abortions by inducing guilt and applying coercive pressure. This bill is written from the point of view that when the woman has the "facts" she will make the "right" choice. It is also an assumption that the professionals, doctors, counselors, and psychologists, are not currently opperating in good faith.

I resent the implications of this bill. I resent what it implies about a woman's ability to make decisions. And, as a counselor, I could not in good faith comply with the provisions of AB 596.

I urge you to vote against this bill.

Ruth Ann Wright

Ruth Ann Wright
Assembly Judiciary Committee
Friday, 15 May 1981

EXHIBIT O

My name is Elizabeth Bernheimer. I am a resident of Reno, Nevada and am a professionally trained health education specialist. My particular area of expertise is in patient education. I have extensive experience in this field on national, state, and local levels. I am speaking in opposition to Bill AB 596 and will limit my remarks to the "informed consent" aspects of the Bill.

Probably the events which have had the most radical effect upon the physician-patient relationship were the legal decisions handed down in 1972 on "Informed Consent". These landmark decisions were handed down on three separate court cases which took place in Rhode Island, Washington, D.C., and California. The courts ruled at that time, and in cases which have been heard in the following years, that a medical patient's true consent to what happens to himself is informed exercise of choice entailing an opportunity to evaluate knowledgeably the options available and the risks attendant upon each.

The particular topics which the physician must communicate are the inherent and potential hazards of the proposed treatment, alternatives to such treatment if any, and results likely if the patient remains untreated. Thus, "informed consent" is part of standard medical practice.

The proposed bill distorts the informed consent concept. Specifically, the description of the fetal characteristics, "Pictures

of the probable anatomical and physiological characteristic of the unborn child at the time the abortion is to be performed along with pictures of the medical procedure to be used must be shown to the woman and explained by the attending physician"; and the 48 hour waiting period have already been invalidated by court decisions. The courts have held these provisions to be vague and/or unconstitionally burdensome on the woman's right to decide whether or not to terminate her pregnancy, as well as imposing an unconstituitional straitjacket on the doctor's practice of medicine. The Federal district and appellate courts have prohibited the above information to be required in the following states: Ohio, Missouri, Rhode Island, and Massachusetts. I urge the defeat of this bill.

# # #

EXHIBIT P

PRESENTATION
On Behalf of V. K. Knutzen, M.D. and G. Sher, M.D.
To The Legislature
May 15th, 1981

Ladies and Gentlemen:

We consider it our duty as citizens of the State of Nevada, and as practicing obstetricians and gynecologists with a special interest and expertise in the field of high-risk reproductive problems, to register the strongest protest to Assembly Bill No. 596, which revises the requirements for consent and notices in cases of abortion.

Dr. Sher and Dr. Knutzen have both practiced in an environment where the prevailing law with regard to abortions is in many respects similar to the Bill currently under discussion. Both doctors have the experience of having had to deal with the consequences of such legislature. We have worked in a large teaching hospital, where between 10 and 14 septic abortions were admitted to the hospital on a daily basis. These septic abortions invariably resulted from women having to resort to back room abortions because of the prevailing law. Only about ten legal abortions were performed per month at this large hospital. The remainder all constituted emergency admissions because of septic abortion. The patients usually were admitted in a very poor state of health, and often moribund, as a consequence of inexpertly performed abortions, often conducted in a septic environment.

How many of you realize how serious, and indeed how life-threatening septic abortion can be? You merely have to turn to the preabortion era in the United States and in Great Britain to see that approximately one in a hundred and fifty women admitted with septic abortion can be expected to die from this condition. Death is often as a consequence of septic shock which occurs in about five percent of these cases, and is associated with a mortality rate of about twenty percent. Apart from the risk of death, there are the long-term effects of sepsis in those victims fortunate enough to survive. Statistics have shown that long-term morbidity can occur in up to forty percent of these individuals. For example, as many as twenty percent of these patients can be left permanently sterile. Other major complications include peritonitis, septicemia, the development of pelvic abscesses, pulmonary complications, chronic pelvic pain, pelvic adhesions, and abdominal surgical complications involving the bowel, and other internal organs.

This Legislature will have to take full responsibility for any decision as far-reaching as the Bill that is currently being considered. Deaths and serious sequelae will inevitably follow a decision to make this Bill law.

Assembly Judiciary Committee
Friday, 15 May 1981

Another major objection to this Bill is that it represents a major infringement on doctor-patient relationships. Just consider the potential effect on professional secrecy alone. Also consider the mental anguish that such a law will produce in families where, for example, an under-aged, pregnant teenager would require parental consent for an abortion under all circumstances, or where a wife would have to have her husband's consent in all such cases.

Consider also the patient who presents to the doctor's office, experiencing a great degree of mental anguish related to her decision to have an abortion. The doctor, who is then required to relate to the patient all the potential risks associated with abortion, and is also required to inform the patient that she will be removing a "human being" through this abortion, will obviously add greatly to her self-recrimination. Isn't it obvious that such an individual has already given a great deal of thought to the fact that there is a developing fetus within her womb? Isn't it obvious that such a patient has weighed this up against the potential effect that this could have on her future life? And why should the doctor not have the opportunity of explaining to the patient that there is no evidence that life as we know it has already entered the developing embryo in the very early stages of pregnancy? Should we not also explain to the patient the consequences of a decision not to have an abortion, given the circumstances that exist in each individual case? And should we not also explain to the patient that this procedure performed early on in pregnancy with expertise, and using aseptic technique is virtually free of serious physical consequences?

It is obvious to us that no serious consideration has been given to these matters in the formulation of this Bill.

Another issue is the question of the location of where an abortion should be performed. We strongly object to the fact that it would be required that abortions be conducted in a hospital, or specially-equipped clinic. Most doctors' offices are adequately equipped to deal with emergency consequences that might arise during an abortion. Why should the patient not be allowed the privacy and the psychological protection of having this procedure done quickly, and rapidly, within a doctor's office rather than having to have her be exposed to a hospital environment, where there are very likely to be people who would only add to her self-recrimination and mental anguish.

Another fact worth mentioning is that the earlier an abortion is performed, the safer it is. The requirements of this Bill would make it inevitable that the period of time

that would elapse from the patient having made her decision to have an abortion to the time of the procedure having been successfully completed, be delayed. Any delay increases the risk to the mother. An abortion performed prior to the twelfth week of pregnancy, in an aseptic environment, and performed with expertise, is, as we have mentioned earlier, virtually free of major sequelae. A law based upon the contents of this Bill can only have been designed with a purpose in mind of putting further pressure to bear on the patient, and those around her, so as to coerce her to change her mind, and decide against the abortion. The far-reaching, and serious psychoemotional effect that this could have on many of these young patients, has obviously not been considered at all.

We feel that this Bill presents a serious threat to both the emotional and physical well-being of our patients, and threatens doctor-patient inter-relationships. Moreover, it seriously harrasses the physician practicing medicine in the State of Nevada.

These are some of the serious reservations that we have regarding this Bill. We feel that it reflects a one-sided moralistic approach to what constitutes a very serious and complex physical and mental health problem, and places an increased and totally unnecessary financial drain on the patient, who often can ill-afford it, and upon the Nevadan taxpayer who definitely cannot afford it. We register the strongest protest, and recommend that this Bill be completely dropped, or otherwise be revised after some consideration has been given to the issues that we have just presented.

Thank you.

Geoffrey Sher, M.D.
Associate Professor of
Obstetrics and Gynecology
University of Nevada Reno

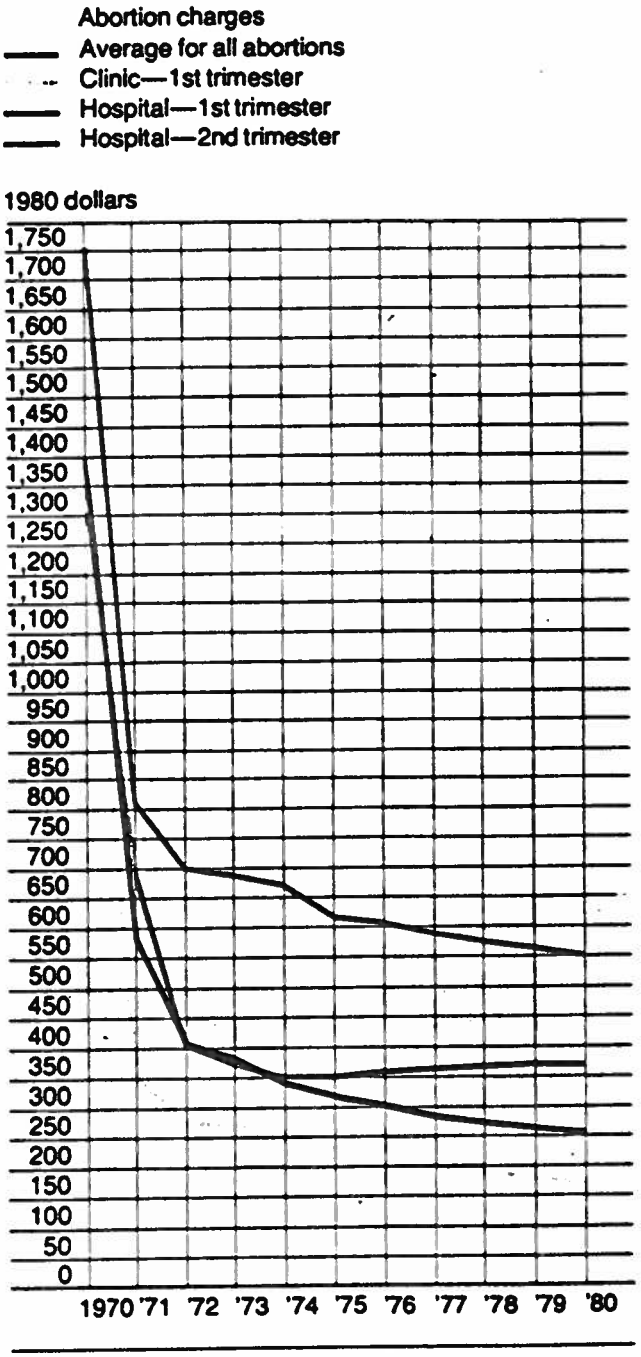
V. K. Knutzen, M.D.
Associate Professor of
Obstetrics and Gynecology
University of Nevada Reno

GS:mct/smr

The Cost of Abortions, Especially In Nonhospital Clinics, Defies Inflation

During a decade of sharply increasng prices, especially for medical care, the cost of abortions has declined dramatically. When New York's liberalized abortion law first took effect in 1970, the average cost of an abortion in New York City* was $640; in 1980, it is $260. Taking into account rising medical care costs, abortion fees declined by 81 percent over the decade. The decline was greatest for abortions performed in nonhospital clinics. In 1970, the charge for a first-trimester abortion (one performed during the first 12 weeks of pregnancy) performed in a clinic was about the same as for one in a hospital. In 1980, the clinic fee is about half that charged by a hospital ($190 vs. $350, on average). The decline is largely attributable to the competitive situation that developed as nonhospital facilities began to provide high-quality care to large numbers of women.

Figure 7.
Average charges for abortion, by type of abortion and procedure, New York City, 1970–1980 (in 1980 medical care dollars)



Assembly Judiciary Committee
Friday, 15 May 1981

*Comparable costs are not available for the state, but are believed to be similar.

EXHIBIT R

May 12, 1981

Dear House Judiciary Committee Member:

I am writing in oppostion to A.B. #596. I feel that my testimony should be given your consideration because I am (1.) a woman, and therefore potentially affected by the legislation; and (2.) because I am a professional employed in the field of womens' health care. For two years I have been working for Washoe Co. District Health Dept. as a women's health care nurse practitioner in the maternity care clinic.

I will address the issues of the bill in the order in which they appear.

Section 3.1.c This section defines the fertilized egg, embryo and fetus as a human being. This question of when human life begins has not been resolved by biologists, physicians or theologians. How can Nevadan politicians presume an expertise and answer what can be only answered for each individual within themselves. I do not understand why the small minority of people who define human life at the onset of fertiliztion insist on imposing their beliefs, through legislation, on all citizens of this state. Is this not a country where we are entitled to freedom of beliefs?

Section 3.1.d&e It is well documented in medical literature that the medical and psychological risks a woman may incur during pregnancy far exceed the risks involved in even the most complicated second trimester abortions. At this time an increase in premature births, tubal pregnancies and stillbirths following therapeutic abortions has not been substantiated.

Section 3.2 Legislation that women must be shown pictures of fetal characteristics at the time of the abortion is pure sensationalism. It is as absurd as insisting that women considering continuing a pregnancy sit through a film, (with sound track) of a laboring woman, or pictures of fetal and newborn anomalies. A woman makes a decision regarding child birth and child rearing with hopefully much more in mind than mental pictures of an embryo or fetus.

Section 3.3 In 1973 the Supreme Court ruled that the decision to have an abortion, for at least the first six months, was a constitutional right - a decision between a woman and her physician. Requiring the involvment of a third party, and individual or agency offering abortion alternative, is clearly an infringement on a constituitional right.

Section 4.1 Again, requiring notification of the pregnant woman's husband regarding an impending abortion is a violation of the constituional right guaranteed during Roe vs Wade.

Section 7.4 The decision to have an abortion can only be that of the pregnant woman. The attending physician is providing the service, at the decision of that woman, and need not document that it was performed because a substantial risk exists. The law does not preclude abortion where substantial risks are not involved. Likewise, physicians and other health care providers should be protected from being involved in abortion procedures if their beliefs are in conflict.

Please give these issues careful consideration. This is an intense subject on which a consensus will never be reached. Please, lets respect one another's right to such personal opinions.

Shellie Hall Morcom

Shellie Hall Morcom

Assembly Judiciary Committee
Friday, 15 May 1981

EXHIBIT S

UNIVERSITY OF NEVADA . RENO

DIVISION OF HEALTH SCIENCES
MACKAY SCIENCE BUILDING
Reno . 89557
(702) 784-4984

To: Janson F. Stewart, Chairman Judiciary Committee

From: Professor Barbara C. Thornton, Ph.D.

Re: A.B. 596

I specialize in the field of study known as bioethics. This field deals with ethical decision making in the medical, dental, nursing and other health related professions. As a professor on this subject at the University of Nevada, Reno it is my responsibility to teach material on such bioethical subjects as abortion. It is my opinion that A.B. 596 is bad law and wrongfully uses the term, "informed consent."

In order for a doctor or other counselor to give good advice and in order for a patient to receive good advice, both the counselor and the patient must be able to receive information from many sources. The information should not be limited, directed, or regulated by the state. The best unbiased information discusses both the risks and the benefits of any particular medical procedure. The patient should have the freedom of choice to get information and/or counseling from any source including the church, books, doctors, professors, psychologists etc. and to use that information as the patient so chooses.

I do not feel there should be any category or type of information given official status, that is, given the stamp of being the "official" or "required" line of information. If such is done, then it becomes the official state propaganda on the subject and as such, constitutes unnecessary governmental intrusion into the lives of the citizens of our state. Since there are wide differences of opinion on the subject of abortion, the state should not step into either the informational process or the decision making process on this very difficult and personal subject.

Sincerely,

Assembly Judiciary Committee
Friday, 15 May 1981

Barbara C. Thornton

Barbara C. Thornton, Ph.D.

BCT:sr

2040

EXHIBIT T

May 14, 1981

Dear Mr. Stewart

Please support AB 596, relating to abortion.

I am against the current law which denies me rights as a parent and yet in other respects holds me legally responsible.

Sincerely,

Adrian Coppola

Assembly Judiciary Committee
Friday, 15 May 1981