Nos. 81-746 and 81-1172

IN THE

Supreme Court of the United States

OCTOBER TERM, 1982

CITY OF AKRON,

Petitioner,

v.

AKRON CENTER FOR REPRODUCTIVE HEALTH, INC., *ET AL.*,

Respondents.

AND

AKRON CENTER FOR REPRODUCTIVE HEALTH, INC., *ET AL.*,

Cross-Petitioners

v.

CITY OF AKRON, *ET AL.*,

Respondents.

ON WRIT OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE SIXTH CIRCUIT

REPLY BRIEF FOR PETITIONER CITY OF AKRON

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STATEMENT OF THE CASE

On February 28, 1978, the Akron City Council enacted Ordinance No. 160-1978, comprehensively regulating the performance of abortions to protect the health and safety of women seeking such services. Included in this legislation was a requirement that all abortions performed during the second trimester of pregnancy be done in a hospital. Section 1870.03 reads: "No person shall perform or induce an abortion upon a pregnant woman subsequent to the end of the first trimester of her pregnancy unless such abortion is performed in a hospital." This requirement is rationally based upon the City's desire to protect the maternal health and well-being of women, and prior to this litigation such a requirement was believed to be unquestionably constitutional. Roe v. Wade, 410 U.S. 113 (1973).

Testimony given at trial by physician-witnesses, including one who performs abortions at Plaintiff clinic, amply shows that abortions after the first twelve weeks of pregnancy should be performed in a hospital. Dr. B., a physician performing abortions at Plaintiff Womencare, Inc., testified that an abortion on a woman who is more than twelve weeks along should be done in a hospital because it is safer. Tr. VII, 131. According to Dr. C., a physician with Plaintiff Akron Women's Clinic, the clinics are only

equipped to deal with minor complications. Tr. VII, 20.

Dr. Schmidt, a past president of the American College of Obstetrics and Gynecology, testified that a second trimester abortion should be performed in a hospital and that this was a standard recommendation contained in official statements of the College. Tr. X, 29.

It is argued on behalf of the abortion clinics that Section 1870.03 has the effect of inhibiting second trimester abortions, as Akron hospitals are not available to meet the need for second trimester abortions, thus making abortions less geographically accessible. They base this argument on testimony by Dr. Tietze that approximately five hundred to seven hundred second trimester abortions would be requested in a community the size of Akron based on the national experience (Tr. IV, 152) and that only nine second trimester abortions were performed in Akron during the year from May of 1977 to April of 1978.

This argument fails for several reasons. First, Dr. Tietze's testimony was based upon the national percentage of second trimester abortions. Whether such data is applicable to Akron or reflects the actual number of second trimester abortions requested by Akron residents is doubtful. Secondly,

the national average, according to Dr. Tietze, has declined over the past five years by fifty percent, indicating that the need for second trimester abortions will continue to decline. Tr. IV, 150. Thirdly, as found by the Sixth Circuit Court of Appeals, there are two Akron hospitals which perform second trimester abortions. Pet. App. 19a. There was no evidence presented at trial that abortions were denied to any woman by these two Akron hospitals or their doctors, nor was there any evidence that these hospitals would not permit the D & E procedures, neither was there any evidence to show that second trimester abortions could not be obtained in hospitals in the nearby cities. To the contrary, the Sixth Circuit Court of Appeals found that women were referred to clinics in nearby Cleveland. Pet. App. 19a.

Clearly, second trimester abortions are available in and close to the Akron area.[1] The clinics in this case advertise over a wide area of Northeastern Ohio (Tr. VI, p. 101) including Canton, Youngstown and Warren newspapers. Patients are

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[1]This Court may take judicial notice that the City of Akron is physically located in the populous Northeast Ohio area. The cities of Cleveland, Canton, and Youngstown/Warren are but a short drive to Akron from the north, south, and east respectively.

referred to Akron Center's Clinic from as far away as Mansfield and Columbus. Tr. VI, 103-104. Further, there is no evidence on the record that second trimester abortions are not available and being performed at area hospitals or other facilities in the Akron area, but outside the city limits of Akron itself.

Although the clinics make much of the purported safety and the community's "need" for mid-trimester D & E abortions, neither their safety nor anyone's "need" to have these clinics perform them is clearly established on this record. At the time of trial, defense expert Dr. Schmidt, past president of the American College of Obstetricians and Gynecologists (A.C.O.G.) and former chairman of its Professional Standards Committee, testified that second (mid-) trimester abortions should be performed in hospitals. Tr. X, 29.

He did not believe, as these clinics seem to argue, that the safety of such procedures is clearly established for all clinics because a recognized source of medical data may have reported a good safety record. Tr. X, 47. When pressed, he stated flatly that, as of the time of trial:

> I can assure you that there is no change in the attitude of the College [A.C.O.G.] toward that recommendation, that mid-trimester abortions should be done in a hospital. Tr. X, 47.

In an attempt to get around this evidence, the clinics attempt to show that the D & E procedure is so "safe" that this Court should abandon the Roe v. Wade "trimester" approach and adopt the theory rejected by both this Court and the District Court in Gary-Northwest Indiana Women's Services v. Bowen, 496 F. Supp. 894 (N.D. Ind. 1980), aff'd sub. nom. Gary Northwest Indiana Women's Services, Inc. v. Orr, 451 U.S. 934 (1981). Examination of these purported safety "facts" demonstrates, however, that none of them are sufficiently convincing to form the basis of a new constitutional rule which should supplant that of Roe. Equally telling is that all of the evidence supporting the alleged "safety" of nonhospital D & E abortions adduced in this case rests on assumptions concerning the availability of ancillary medical support services and the quality of in-hospital abortions. Those assumptions, however, find no support on this record.

As the record and appendices in this case make clear, it is not the particular abortion technique which makes a given abortion "safe," but the entire range of services and safety procedures in place and offered at a given clinic. The clinics' own supplemental brief in support of their cross-petition for certiorari contains the 1982 A.C.O.G. guidelines for "ambulatory care facilities providing abortion

services." (App. B to Supplemental Brief of Cross-Petitioners at 3a). Those standards do not even mention D & E abortions. Neither do they purport to opine on their alleged "safety." Instead, they approach the entire question of abortion safety (including that of those performed in the first trimester) from a perspective which focuses on the preservation of maternal health. The 1982 A.C.O.G. guidelines provide:

> That clinics should have written transfer agreements with nearby hospitals for the transfer of patients needing emergency treatment. (Cross-petition, Supplemental Brief at 3a.) (emphasis added).

In the case at bar, the only evidence in the record concerning the treatment of an emergency case is one involving a minor who was sent to the hospital emergency room — in her sister's car — because the physician felt someone should see her. Tr. VI, 134. Although this ordinance does not require that a clinic have a written transfer agreement, such statutes have been held to be unconstitutional. Hallmark Clinic v. North Carolina Department of Human Resources, 519 F. 2d 1315 (4th Cir. 1975) aff'g 380 F. Supp. 1153, 1158 (E.D.N.C. 1974) (requirement termed as a "thinly disguised effort to evade Roe and Doe"); Friendship Medical Center, Ltd. v. Chicago Board of Health, 505 F. 2d 1141 (7th

Cir. 1974); Word v. Poelker, 495 F. 2d 1349 (8th Cir. 1974); Birth Control Centers, Inc. v. Reizen, 508 F. Supp. 1366 (E.D. Mich. 1981); Women's Medical Center of Providence v. Cannon, 463 F. Supp. 531 (D.R.I. 1978). But c.f., Westchester Women's Health Org., Inc. v. Whalen, 475 F. Supp. 734 (S.D.N.Y. 1979). The A.C.O.G. further provides that:

> A clinic should provide 'specialized' counselling which 'explores the options for the management of an unwanted pregnancy, examines the risks, and allows sufficient time for reflection prior to making an informed decision. (Cross-petition, supplemental brief at 4a) (emphasis added)

In the case at bar, Section 1870.06(B), provides for "specialized" counselling regarding physiology, risks, and options. Section 1870.07 provides for a 24-hour waiting period between counselling/consent and the actual abortion. Both were struck down. For these clinics to cite an A.C.O.G. standard which supports the ordinance at bar highlights the narrow view of "safety" they appear to have.

As the record shows, these clinics assume that all women who come to their facilities have decided to have an abortion. Tr. VII, 51-54. They consider the information contained in Section 1870.06(B) regarding risks, options, and anatomical facts to be "irrelevant". Tr. VI, 121-122. The requirement that

the physician personally determine that the consent is informed is "burdensome," and the "specialized" counselling recommended by A.C.O.G. is provided — not by the physician — but by non-college graduates with no specialized training who are supervised by the clinic director, a non-physician. Tr. VII, 9.

The Sixth Circuit held below that a requirement that the physician make sure that the consent is truly informed is a violation of the woman's right to privacy and the "undesired and uncomfortable straightjacket" to which this Court referred in Planned Parenthood of Central Missouri v. Danforth, 428 U.S. 52 (1976) but the A.C.O.G. recommends that the "physician performing the abortion should verify that the [suggested] counselling has taken place" (Supplemental Brief of Cross-Petitioners at 4a). Even more importantly, the record demonstrates that: 1) the physicians at these clinics do not spend enough time with each patient to verify the extent and quality of the counselling; 2) they are paid on a per/patient basis (i.e. they do not get paid for the time spent unless the abortion is performed) (Tr. VI, 97); and 3) they do not supervise the counsellors or control the content of counselling practice. Tr. VII, 9. The patients do not even know the physician's name when they come to the clinic.

In short, these clinics do not even meet the standards that they themselves cite as support for

their claim that mid-trimester D & E abortions may "safely" be performed at their facilities.

It is further important to note that while the clinics cite the 1982 A.C.O.G. manual of standards as supporting the performance of early second trimester abortions in such clinics, A.C.O.G.'s endorsement is not as sweeping as the evidence at trial which is relied upon by the clinics as favoring discarding the second trimester standard enunciated in Roe. The A.C.O.G. manual states:

> Generally, abortions in the physician's office or out-patient clinic should be limited to 14 weeks from the first day of the last menstrual period. In a hospital-based or in a free-standing ambulatory surgical facility, or in an out-patient clinic meeting the criteria required for a free-standing surgical facility, abortions should be limited to 18 weeks from the last menstrual period. (Cross-Petitioner's Brief, App. B, p. 16). (emphasis added.)

Thus, out-patient clinics which do not meet the criteria for a free-standing surgical facility are still limited to first trimester abortions under the A.C.O.G. regulations. (The first trimester of pregnancy is measured either as the first 12 weeks from conception or the first fourteen weeks from the first day of the last menstrual period.)

ARGUMENT

I. THE DECISION OF THIS COURT IN GARY-

NORTHWEST INDIANA WOMEN'S SERVICES V. BOWEN, 496 F. Supp. 894 (N.D. Ind. 1980); aff'd sub. nom., GARY-NORTHWEST INDIANA WOMEN'S SERVICES, INC. V. ORR, 451 U.S. 931 (1981), SHOULD BE REAFFIRMED.

Simultaneously with the enunciation in Roe that a woman's right of privacy encompasses the freedom to choose in consultation with her physician to terminate her pregnancy, this Court held that the state "may, if it chooses, regulate the abortion procedure in ways that are reasonably related to maternal health" at approximately the end of the first trimester. (Emphasis added.) Roe, supra, 410 U.S. at 163-164. In so holding, this Court rejected the idea that a woman has an absolute right to an abortion without any state interference. It was specifically recognized that, from and after the first trimester of pregnancy, the states had regulatory power to protect the health of women seeking abortions.

In addressing the state's interest in the health of the mother, this Court stated:

> With respect to the State's important and legitimate interest in the health of the mother, the 'compelling' point, in the light of present medical knowledge, is at approximately the end of the first trimester. This is so because of the now-established medical fact, . . . that until the end of the first trimester mortality in abortion may be less than

> mortality in normal childbirth. It follows that, from and after this point, a State may regulate the abortion procedure to the extent that the regulation reasonably relates to the preservation and protection of maternal health. Examples of permissible state regulation in this area are requirements as to the qualifications of the person who is to perform the abortion; as to the licensure of that person; as to the facility in which the procedure is to be performed, that is, whether it must be a hospital or may be a clinic or some other place of less-than-hospital status; as to the licensing of the facility; and the like. (Emphasis added.) Roe, supra, 410 U.S. at 163-164.

In challenging Section 1870.03 of the Akron ordinance, the clinics are seeking a reversal of this Court's decision in Roe. While this Court has redefined the standard applicable to first trimester abortions, no such modifications have been made regarding permissible state regulation of second trimester abortions. In holding Section 1870.03 constitutional, the Sixth Circuit Court of Appeals recognized that in Gary-Northwest "the Supreme Court has now had an opportunity to retreat from the 'bright line' drawn in Roe v. Wade and has declined to do so." This Court should continue to maintain that 'bright line.'

As recognized by the Court of Appeals, the arguments made by the plaintiffs in Gary-Northwest

were nearly identical to those made in the present case. Pet. App., 22a. Although the Indiana statute involved in Gary-Northwest provided for the performance of abortions in free-standing ambulatory surgical facilities as well as in hospitals, it was the second trimester dividing line — not the authorized locations — which was at issue in that case. To that extent, Gary-Northwest controls this case. Cross-Petitioners' description of the Gary-Northwest case, therefore, attempts to create a difference where none exists. The issue involved in both Gary-Northwest and the Akron ordinance was the regulation of the place where second trimester abortions may be performed. In Gary-Northwest, the District Court summarized them as follows:

> The plaintiffs' arguments are as follows: (1) Only one Indiana hospital . . . will allow the use of its facilities for the performance of non-therapeutic second trimester abortions; (2) Some indigent women cannot afford the expense of traveling to [this hospital] . . . ; (3) Indiana's requirement that all second trimester abortions be performed in a hospital therefore requires some indigent women to bear a child rather than acquire a non-therapeutic second trimester abortion; (4) Childbirth is more dangerous to a mother's health than a second trimester abortion, if the abortion is performed during approximately the first half of the second trimester pregnancy, and if the dilation and evacuation [D &

> E] method is used; (5) Therefore, Indiana's hospitalization requirement forces some indigent women to pursue a course of action which is more dangerous to their health than the course of action which they would pursue in the absence of Indiana's hospitalization requirements; (6) Therefore, Indiana's hospitalization requirement does not 'reasonably relate to maternal health' and is accordingly unconstitutional. (citation omitted)" Gary-Northwest Indiana Women's Services, Inc. v. Bowen, supra, 496 F. Supp. at 899-900.

In the case at bar, the arguments made by Cross-Petitioner differ only in that there is no focus on indigency:

> [C] urrent medical data prove that the performance of second trimester D & E abortions in out-patient facilities is widely accepted in the medical community, and that this practice is as safe as, or safer than, in-hospital procedures. Second trimester D & E abortions are not only twice as safe as the earlier methods, they are much safer than childbirth. (citation omitted) Furthermore, as the Sixth Circuit found, the blanket prohibition imposed by Section 1870.03 causes severe limitations on access, exposing women to far greater health risks than if physicans were allowed to perform the less-costly D & E abortions in clinics. (citation omitted) Cross-Petition of Akron Center for Reproductive Health, et al. for certiorari, No. 81-1172 at 25-26.

Given this identity of issues, the reasons why

this Court should affirm the judgment below on this case are the same as those mentioned by Judge Sharp in Gary-Northwest and later affirmed by this Court:

> To adopt [this] theory and hold [the] hospitalization requirement unconstitutional because of its impact on non-therapeutic early second trimester D & E abortions would ultimately require that the second trimester be split for purposes of determining the constitutionality of regulations. Such a holding would require states to adopt, for their maternal health regulations, some cutoff other than the end of the first trimester.
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> * * *
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> Interpreting Roe to require that second trimester regulations except specific types of abortions which may be safer than childbirth would require re-litigation of the regulation's constitutionality with each change in the availability of abortions, with each improvement in abortion technique, and with each publication of statistics showing that abortion skills have improved. Such an interpretation would result in repeated re-litigation of the constitutionality of the same statute. It is the policy of the Supreme Court to avoid, if possible, the creation of rules of law which increase litigation. Roe should not be given an interpretation which results in repeated re-litigation of a statute's constitutionality. Roe does not render the constitutionality of second trimester regulation subject to either the availability of abortions or the improvements in medical

techniques and skills.

> The test for determining the constitutionality of statutes regulating second trimester abortions is not whether the statute has the statistically demonstrable result of decreasing maternal morbidity or mortality for specific groups of abortions . . . The ultimate test is a broader test: whether the legislature acted reasonably in determining that the regulation would promote maternal health . . . A statutory regulation of second trimester abortions is constitutional if it was reasonable for the state to conclude that the regulation would promote maternal health. Gary-Northwest Indiana Women's Services v. Bowen, supra, 496 F. Supp. at 896-97, 899, 901-902. (emphasis added).

The Akron City Council acted reasonably in determining that the regulation would promote maternal health as is shown by an examination of the record in this case.

II. SECTION 1870.03 OF THE AKRON ORDINANCE, WHICH REQUIRES THAT ABORTIONS SUBSEQUENT TO THE FIRST TRIMESTER OF PREGNANCY BE PERFORMED IN HOSPITALS IS REASONABLY RELATED TO THE STATE'S COMPELLING INTEREST IN PRESERVING AND PROTECTING MATERNAL HEALTH.

As specifically set foth in Roe v. Wade, a state

may constitutionally regulate the performance of a second trimester abortion "to the extent that the regulation reasonably relates to the preservation and protection of maternal health. Examples of permissible state regulation in this area are requirements . . . as to the facility in which the procedure is to be performed . . . " 410 U.S., at 163. In light of this Court's enunciation in Roe, and its affirmance of Gary-Northwest, it is clear that a state's interest in maternal health is reasonably related to a second trimester hospitalization requirement.

While there have been and will continue to be advancements in medical science relating to abortion procedures, this in no way lessens the state's legitimate interests in protecting and preserving the health of women seeking abortions. The medical debate pertaining to the relative safety of various procedures, as is evidenced by the conflicting testimony presented at trial, is just that, a medical debate: The constitutional issue before this Court is at what point in a woman's pregnancy does the state's interest in maternal health become compelling so as to permit the reasonable regulation of abortions. This involves a balance of the woman's right not to be unduly burdened in her choice to terminate her pregnancy, and the state's interest in protecting the

woman's health. The constitutionally permissible dividing line between these interests has been clear since the recognition of the woman's protected right of privacy in Roe. No such medical certainty has or will ever exist, as is shown by this Court's language in Roe, that "the 'compelling' point, in the light of present medical knowledge, is at approximately the end of the first trimester." (Emphasis added.) Roe, supra, 410 U.S. at 163. The dividing line for purposes of regulating the abortion procedure is drawn from and after the first trimester of pregnancy. This 'bright line' should not now be reversed as the state still has a compelling interest in maternal health.

It should seem obvious that after Doe v. Bolton, 410 U.S. 179 (1973), the term "safety," like the term "health," encompasses many factors. Among these are the qualifications of staff, the facilities available, standard operating procedures, and emergency plans. No court is qualified to rule, as a matter of law, that non-hospitalized D & E procedures are "safe." That decision should depend on the clinic and doctor involved, the "health" of the patient and many other factors unique to each case. Thus, if a non-hospitalized D & E is no more dangerous than a hospitalized one, it is arguable that reasonable minds can differ over the degree to which clinic abortions may be "as dangerous as" or "safer

than" hospitalized abortions. Since it is certainly reasonable for the legislature to conclude that "no more dangerous than" is equivalent to "just as dangerous."[2] The second trimester rule is "reasonably related to maternal health" as required by Roe.

When one considers the impact of the 1982 A.C.O.G. standards and the expert testimony in this record which supports the proposition that the relative "safety" of all abortions depends on the entire range and quality offered in the non-hospital setting, the dangers of judicial tampering with legislatively devised regulatory schemes on the basis of isolated statistics or less-than-unanimous medical opinion should be clear. They were well summarized in the dissenting opinion of Chief Justice Burger in Eisenstadt v. Baird, 405 U.S. 438, 470 (1972):

> The actual hazards of introducing a particular foreign substance into the human body are frequently controverted, and I cannot believe the unanimity of expert opinion is a prerequisite to a State's exercise of its police power, no matter what the subject matter of the

[2]The claim that a clinic D & E is "safer" than those performed in hospitals is extremely short-sighted. Serious complications, especially hemorrhage, occur with four to five times greater regularity after the fourteenth week of pregnancy. (Tr. X, 120) Such complications, especially hemorrhage, should be treated in a hospital. (Tr. X, 119) (Dr. Williams)

> regulation. Even assuming no present dispute among medical authorities, we cannot ignore it has become commonplace for a drug or food additive to be universally regarded as harmless on one day and to be condemned as perilous the next. It is inappropriate for this Court to overrule a legislative classification by relying on the present consensus among leading scientific authorities. The commands of the Constitution cannot fluctuate with the shifting tides of scientific opinion.

Section 1870.03 of the Akron ordinance is reasonably related to the City's compelling interest in maternal health. The fact that some mid-trimester abortions may be done successfully in a minimally equipped clinic does not invalidate the regulation. The state is not required to finetune its statutes to facilitate or encourage abortions. H.L. v. Matheson, 450 U.S. 398, at 413 (1981).

CONCLUSION

For the foregoing reasons, the appropriate disposition of this case is to affirm the Court of Appeals as to Section 1870.03 of the Akron ordinance.

Dated September 24, 1982.

Respectfully submitted,

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