

FLOOR PROCEDURE IN THE 104TH CONGRESS; COMPILED BY THE RULES COMMITTEE DEMOCRATS—Continued

Bill No.	Title	Resolution No.	Process used for floor consideration	Amendments in order
H.R. 1976	Agriculture Appropriations	H. Res. 188	Open; waives clauses 2 and 6 of rule XXI against provisions in the bill; provides that the bill be read by title; Makes Skeen amendment first order of business, if adopted the amendment will be considered as base text (10 min.); Pre-printing gets priority.	N/A
H.R. 1977 (3rd rule)	Interior Appropriations	H. Res. 189	Restrictive; provides for the further consideration of the bill; allows only amendments pre-printed before July 14th to be considered; limits motions to rise.	N/A
H.R. 2020	Treasury Postal Appropriations	H. Res. 190	Open; waives cl. 2 and cl. 6 of rule XXI against provisions in the bill; provides the bill be read by title; Pre-printing gets priority.	N/A
H.J. Res. 96	Disapproving MFN for China	H. Res. 193	Restrictive; provides for consideration in the House of H.R. 2058 (90 min.) And H.J. Res. 96 (1 hr). Waives certain provisions of the Trade Act.	N/A
H.R. 2002	Transportation Appropriations	H. Res. 194	Open; waives cl. 3 Of rule XIII and section 401 (a) of the CBA against consideration of the bill; waives cl. 6 and cl. 2 of rule XXI against provisions in the bill; Makes in order the Clinger/Solomon amendment waives all points of order against the amendment (Line Item Veto); provides the bill be read by title; Pre-printing gets priority.	N/A
H.R. 2127	Labor/HHS Appropriations Act	H. Res. 208	*RULE AMENDED* Open; Provides that the first order of business will be the managers amendments (10 min), if adopted they will be considered as base text; waives cl. 2 and cl. 6 of rule XXI against provisions in the bill; waives all points of order against certain amendments printed in the report; Pre-printing gets priority; Provides the bill be read by title.	N/A
H.R. 1594	Economically Targeted Investments	H. Res. 215	Open; 2 hr of gen. debate, makes in order the committee substitute as original text	N/A
H.R. 1655	Intelligence Authorization	H. Res. 216	Restrictive; waives sections 302(f), 308(a) and 401(b) of the Budget Act. Makes in order the committee substitute as modified by Govt. Reform amend (striking sec. 505) and an amendment striking title VII. Cl 7 of rule XVI and cl 5(a) of rule XXI are waived against the substitute. Sections 302(f) and 401(b) of the CBA are also waived against the substitute. Amendments must also be pre-printed in the Congressional record.	N/A
H.R. 1162	Deficit Reduction Lock Box	H. Res. 218	Open; waives cl 7 of rule XVI against the committee substitute made in order as original text; Pre-printing gets priority.	N/A
H.R. 1670	Federal Acquisition Reform Act of 1995	H. Res. 219	Open; waives sections 302(f) and 308(a) of the Budget Act against consideration of the bill; bill will be read by title; waives cl 5(a) of rule XXI and section 302(f) of the Budget Act against the committee substitute. Pre-printing gets priority.	N/A
H.R. 1617	To Consolidate and Reform Workforce Development and Literacy Programs Act (CAREERS).	H. Res. 222	Open; waives section 302(f) and 401(b) of the Budget Act against the substitute made in order as original text (H.R. 2332), cl. 5(a) of rule XXI is also waived against the substitute, provides for consideration of the managers amendment (10 min.) If adopted, it is considered as base text.	N/A
H.R. 2274	National Highway System Designation Act of 1995	H. Res. 224	Open; waives section 302(f) of the Budget Act against consideration of the bill; Makes H.R. 2349 in order as original text; waives section 302(f) of the Budget Act against the substitute; provides for the consideration of a managers amendment (10 min) If adopted, it is considered as base text; Pre-printing gets priority.	N/A
H.R. 927	Cuban Liberty and Democratic Solidarity Act of 1995	H. Res. 225	Restrictive; waives cl 2(L)(2)(B) of rule XI against consideration of the bill; makes in order H.R. 2347 as base text; waives cl 7 of rule XVI against the substitute; Makes Hamilton amendment the first amendment to be considered (1 hr). Makes in order only amendments printed in the report.	2R/2D
H.R. 743	The Teamwork for Employees and managers Act of 1995	H. Res. 226	Open; waives cl 2(1)(2)(b) of rule XI against consideration of the bill; makes in order the committee amendment as original text; Pre-printing gets priority.	N/A
H.R. 1170	3-Judge Court for Certain Injunctions	H. Res. 227	Open; makes in order a committee amendment as original text; Pre-printing gets priority	N/A
H.R. 1601	International Space Station Authorization Act of 1995	H. Res. 228	Open; makes in order a committee amendment as original text; pre-printing gets priority	N/A
H.R. 2405	Omnibus Civilian Science Authorization Act of 1995	H. Res. 234	Open; self-executes a provision striking section 304(b)(3) of the bill (Commerce Committee request); Pre-printing gets priority.	N/A
H.R. 2259	To Disapprove Certain Sentencing Guideline Amendments	H. Res. 237	Restrictive; waives cl 2(1)(2)(B) of rule XI against the bill's consideration; makes in order the text of the Senate bill S. 1254 as original text; Makes in order only a Conyers substitute; provides a senate hook-up after adoption.	1D
H.R. 2425	Medicare Preservation Act	H. Res. 238	Restrictive; waives all points of order against the bill's consideration; makes in order the text of H.R. 2485 as original text; waives all points of order against H.R. 2485; makes in order only an amendment offered by the Minority Leader or a designee; waives all points of order against the amendment; waives cl 5Ⓞ of rule XXI (½ requirement on votes raising taxes).	1D
H.R. 2492	Legislative Branch Appropriations Bill	H. Res. 239	Restrictive; provides for consideration of the bill in the House	N/A
H.R. 2491	7 Year Balanced Budget Reconciliation Social Security Earnings Test Reform.	H. Res. 245	Restrictive; makes in order H.R. 2517 as original text; waives all pints of order against the bill; Makes in order only H.R. 2530 as an amendment only if offered by the Minority Leader or a designee; waives all points of order against the amendment; waives cl 5Ⓞ of rule XXI (½ requirement on votes raising taxes).	1D
H.R. 1833	Partial Birth Abortion Ban Act of 1995	H. Res. 251	Closed	N/A
H.R. 2546	D.C. Appropriations FY 1996	H. Res. 252	Restrictive; waives all points of order against the bill's consideration; Makes in order the Walsh amendment as the first order of business (10 min); if adopted it is considered as base text; waives cl 2 and 6 of rule XXI against the bill; makes in order the Bonilla, Gunderson and Hostettler amendments (30 min); waives all points of order against the amendments; debate on any further amendments is limited to 30 min. each.	N/A

\* Contract Bills, 67% restrictive; 33% open. \*\* All legislation, 54% restrictive; 46% open. \*\*\* Restrictive rules are those which limit the number of amendments which can be offered, and include so called modified open and modified closed rules as well as completely closed rules and rules providing for consideration in the House as opposed to the Committee of the Whole. This definition of restrictive rule is taken from the Republican chart of resolutions reported from the Rules Committee in the 103rd Congress. \*\*\*\* Not included in this chart are three bills which should have been placed on the Suspension Calendar. H.R. 101, H.R. 400, H.R. 440.

PARTIAL-BIRTH ABORTION BAN ACT OF 1995

The SPEAKER pro tempore. Pursuant to House Resolution 251 and rule XXIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 1833.

□ 1201

IN THE COMMITTEE OF THE WHOLE

Accordingly the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 1833) to amend title 18, United States Code, to ban partial-birth abortions, with Mr. EMERSON in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered as having been read the first time.

The text of the Committee amendment in the nature of a substitute is as follows:

H.R. 1833

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the "Partial-Birth Abortion Ban Act of 1995".

**SEC. 2. PROHIBITION ON PARTIAL-BIRTH ABORTIONS.**

(a) IN GENERAL.—Title 18, United States Code, is amended by inserting after chapter 73 the following:

**"CHAPTER 74—PARTIAL-BIRTH ABORTIONS**

**"Sec.**

**"1531. Partial-birth abortions prohibited.**

**"§ 1531. Partial-birth abortions prohibited**

"(a) Whoever, in or affecting interstate or foreign commerce, knowingly performs a partial-birth abortion and thereby kills a human fetus shall be fined under this title or imprisoned not more than two years, or both.

"(b) As used in this section, the term 'partial-birth abortion' means an abortion in which the person performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery.

"(c)(1) The father, and if the mother has not attained the age of 18 years at the time of the abortion, the maternal grandparents of the fetus, may in a civil action obtain appropriate relief, unless the pregnancy resulted from the plaintiff's criminal conduct or the plaintiff consented to the abortion.

"(2) Such relief shall include—

"(A) money damages for all injuries, psychological and physical, occasioned by the violation of this section; and

"(B) statutory damages equal to three times the cost of the partial-birth abortion.

"(d) A woman upon whom a partial-birth abortion is performed may not be prosecuted under this section, for a conspiracy to violate this section, or for an offense under section 2, 3, or 4 of this title based on a violation of this section.

"(e) It is an affirmative defense to a prosecution or a civil action under this section, which must be proved by a preponderance of the evidence, that the partial-birth abortion was performed by a physician who reasonably believed—

"(1) the partial-birth abortion was necessary to save the life of the mother; and

"(2) no other procedure would suffice for that purpose."

(b) CLERICAL AMENDMENT.—The table of chapters for part 1 of title 18, United States Code, is amended by inserting after the item relating to chapter 73 the following new item:

**"74. Partial-birth abortions ..... 1531".**

The CHAIRMAN. Under the rule, the gentleman from Florida [Mr. CANADY] will be recognized for 30 minutes and the gentlewoman from Colorado [Mrs. SCHROEDER] will be recognized for 30 minutes.

The Chair recognizes the gentleman from Florida [Mr. CANADY].

Mr. CANADY of Florida. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, someone has observed that hard truths travel slowly. Ugly realities are often hidden from view. Uncomfortable facts are concealed or ignored. This is true in many areas of politics and of life. But nowhere is it more true than with respect to abortion.

Today we consider a bill that deals with a hard truth. H.R. 1833 addresses the ugly reality of partial-birth abortion. In this debate today, we confront the uncomfortable facts about this heinous procedure, facts that have been concealed for too long.

While every abortion sadly takes a human life, the partial-birth abortion method takes that life as the baby emerges from the mother's womb, while the baby is only partially in the birth canal. The difference between the partial-birth abortion procedure and homicide is a mere 3 inches.

Partial-birth abortion goes a step beyond abortion on demand. The baby involved is not unborn. His or her life is taken during a breech delivery. A procedure which obstetricians use in some circumstances to bring a healthy child into the world is perverted to result in a dead child. The physician, traditionally trained to do everything in his power to assist and protect both mother and child during the birth process, deliberately kills the child in the birth canal.

Ms. JACKSON-LEE. Mr. Chairman, the House is not in order.

The CHAIRMAN. The Chair observes that the House is in order, but the Chair will try to obtain better order. Will Members please cease and desist their conversation.

Mrs. SCHROEDER. Mr. Chairman, I rise because I had hoped the Speaker would exercise his authority under rule I, clause 2 to preserve the order and decorum in this Chamber.

It seems obvious to me that we are going to have exhibits that I think are a breach of decorum. I would object to the use of these exhibits that have not been certified medically, and I would hope that the other side would withdraw them at this time.

The CHAIRMAN. The Chair will put the question to the Committee under rule XXX if any Member objects to the use of an exhibit in debate. The gentlewoman from Colorado has objected.

The question is: Shall the gentleman be permitted to use the exhibit that he has at his left?

The question was taken; and the chairman announced that the noes appeared to have it.

RECORDED VOTE

Mr. GOODLATTE. Mr. Chairman, I demand a recorded vote.

A recorded vote was ordered.

The CHAIRMAN (during the vote). The Chair will make a statement. A rollcall is in process, but the Chair understands that there is confusion. A "yes" vote on the question before the Committee permits the use of the material in question. A "no" vote would deny the use of the material in question. The vote will proceed.

The vote was taken by electronic device, and there were—ayes 332, noes 86, not voting 14, as follows:

[Roll No. 755]

AYES—332

Abercrombie	Cunningham	Hayworth
Ackerman	Danner	Hefley
Andrews	Davis	Hefner
Archer	Deal	Heineman
Armey	DeLauro	Herger
Bachus	DeLay	Hilleary
Baker (CA)	Dellums	Hinchee
Baker (LA)	Diaz-Balart	Hobson
Ballenger	Dickey	Hoekstra
Barcia	Dingell	Hoke
Barr	Dixon	Holden
Barrett (NE)	Doggett	Hostettler
Barrett (WI)	Doolittle	Hoyer
Bartlett	Doyle	Hunter
Barton	Dreier	Hutchinson
Bass	Duncan	Hyde
Bateman	Dunn	Inglis
Becerra	Durbin	Istook
Bentsen	Edwards	Jacobs
Bereuter	Ehlers	Johnson (SD)
Berman	Ehrlich	Johnson, Sam
Bevill	Emerson	Jones
Bilbray	Engel	Kaptur
Bilirakis	English	Kasich
Bliley	Ensign	Kelly
Blute	Eshoo	Kennedy (MA)
Boehner	Evans	Kennedy (RI)
Bonilla	Everett	Kildee
Bonior	Ewing	Kim
Bono	Fattah	King
Borski	Fawell	Kingston
Brewster	Fazio	Kleczka
Browder	Fields (TX)	Klink
Brownback	Flanagan	Klug
Bryant (TN)	Foglietta	Knollenberg
Bryant (TX)	Foley	Kolbe
Bunn	Forbes	LaFalce
Bunning	Fowler	LaHood
Burr	Fox	Lantos
Burton	Franks (CT)	Largent
Buyer	Franks (NJ)	Latham
Callahan	Frelinghuysen	LaTourette
Calvert	Frisa	Laughlin
Camp	Funderburk	Lazio
Canady	Furse	Leach
Castle	Galleghy	Levin
Chabot	Ganske	Lewis (CA)
Chambliss	Gejdenson	Lewis (GA)
Chenoweth	Gibbons	Lewis (KY)
Christensen	Gillmor	Lightfoot
Chrysler	Gonzalez	Linder
Clayton	Goodlatte	Lipinski
Clement	Gordon	Livingston
Clinger	Goss	LoBiondo
Coble	Graham	Longley
Coburn	Green	Lucas
Coleman	Gunderson	Luther
Collins (GA)	Gutknecht	Manton
Combest	Hall (OH)	Manzullo
Condit	Hall (TX)	Markey
Cooley	Hamilton	Mascara
Costello	Hancock	Matsui
Cramer	Hansen	McCarthy
Crane	Harman	McCollum
Crapo	Hastert	McCrery
Creameans	Hastings (WA)	McDade
Cubin	Hays	McDermott

McHale	Portman	Smith (TX)
McHugh	Poshard	Smith (WA)
McInnis	Pryce	Solomon
McKeon	Quillen	Souder
McNulty	Quinn	Spence
Meehan	Radanovich	Spratt
Metcalfe	Rahall	Stearns
Mfume	Ramstad	Stenholm
Mica	Reed	Stockman
Miller (CA)	Regula	Stump
Miller (FL)	Richardson	Stupak
Minge	Riggs	Talent
Mink	Roberts	Tate
Moakley	Roemer	Tauzin
Molinaro	Rogers	Taylor (MS)
Mollohan	Rohrabacher	Taylor (NC)
Montgomery	Ros-Lehtinen	Tejeda
Moorhead	Rose	Thomas
Moran	Roth	Thornberry
Myers	Roybal-Allard	Tiahrt
Myrick	Royce	Torkildsen
Nadler	Sabo	Torres
Neal	Salmon	Trafficant
Nethercutt	Sanders	Upton
Neumann	Sanford	Velazquez
Ney	Sawyer	Volkmer
Norwood	Saxton	Vucanovich
Oberstar	Scarborough	Walsh
Obey	Schaefer	Wamp
Ortiz	Schiff	Ward
Orton	Schumer	Watt (NC)
Oxley	Seastrand	Watts (OK)
Packard	Sensenbrenner	Waxman
Pallone	Serrano	Weldon (FL)
Parker	Shadegg	Weller
Pastor	Shaw	White
Paxon	Shays	Whitfield
Peterson (FL)	Shuster	Wicker
Peterson (MN)	Sisisky	Williams
Petri	Skaggs	Wolf
Pickett	Skeen	Young (FL)
Pombo	Skelton	Zeliff
Pomeroy	Smith (MI)	Zimmer
Porter	Smith (NJ)	

NOES—86

Allard	Geran	Nussle
Baessler	Gilchrest	Payne (NJ)
Baldacci	Gilman	Payne (VA)
Beilenson	Gooding	Pelosi
Bishop	Greenwood	Rangel
Boehler	Gutierrez	Rivers
Boucher	Hastings (FL)	Roukema
Brown (CA)	Hilliard	Rush
Brown (FL)	Horn	Schroeder
Brown (OH)	Houghton	Scott
Cardin	Jackson-Lee	Slaughter
Chapman	Jefferson	Stark
Clyburn	Johnson (CT)	Stokes
Collins (IL)	Johnson, E. B.	Studds
Collins (MI)	Johnston	Tanner
Conyers	Kanjorski	Thompson
Cox	Kennelly	Thornton
Coyne	Lincoln	Thurman
de la Garza	Lofgren	Torricelli
DeFazio	Lowe	Towns
Deutsch	Maloney	Vento
Dooley	Martinez	Visclosky
Farr	Martini	Walker
Filner	McKinney	Waters
Flake	Meek	Woolsey
Ford	Menendez	Wyden
Frank (MA)	Meyers	Wynn
Frost	Morella	Yates
Gekas	Murtha	

NOT VOTING—14

Clay	McIntosh	Weldon (PA)
Dicks	Olver	Wilson
Dornan	Owens	Wise
Fields (LA)	Tucker	Young (AK)
Gephardt	Waldholtz	

□ 1227

Mr. PETE GEREN of Texas changed his vote from "aye" to "no."

Mrs. KELLY and Ms. VELÁZQUEZ, Messrs. GORDON, GEJDENSON, RICHARDSON, PALLONE, EVANS, LEWIS of Georgia, and BECERRA changed their vote from "no" to "aye."

So, the gentleman was permitted to use the exhibit in question.

The result of the vote was announced as above recorded.

The CHAIRMAN. The gentleman from Florida [Mr. CANADY] is permitted to utilize the exhibit in question.

The Chair recognizes the gentleman from Florida [Mr. CANADY].

Mr. CANADY of Florida. Mr. Chairman, the attempt to further conceal the truth about this horrible procedure has failed, and I am very grateful to my colleagues on both sides of the aisle who supported my right to display these charts and explain the reality of this procedure.

This is partial-birth abortion: First, guided by ultrasound, the abortionist grabs the live baby's leg with forceps. Second, the baby's leg is pulled out into the birth canal. Third, the abortionist delivers the baby's entire body, except for the head. Fourth, then, the abortionist jams scissors into the baby's skull. The scissors are then opened to enlarge the hole. Fifth, the scissors are then removed and a suction catheter is inserted. The child's brains are sucked out causing the skull to collapse so the delivery of the child can be completed.

□ 1230

This is a procedure which should not be allowed. This is a procedure which shocks the conscience.

Many claims are being made in opposition to this bill. We have heard them today. The abortion advocates claim that H.R. 1833 would jail doctors who perform lifesaving abortions. This statement makes me wonder whether the opponents of the bill have even bothered to read the bill.

H.R. 133 makes specific allowances for a practitioner who reasonably believes a partial birth abortion is necessary to save the life of a mother. No one can be prosecuted and convicted under this bill for performing a partial birth abortion which is necessary to save the life of the mother. Anyone who has any doubt about that should look at the text of the bill itself. No doctor who reasonably believes, he must simply reasonably believe, that he acted to save the life of the mother, will be arrested and go to prison under this bill.

Of course, there is not a shred of evidence to suggest that a partial birth abortion is ever necessary to save the life of the mother. In fact, few doctors even know the procedure exists. The American Medical Association's Council on Legislation, which includes 12 doctors, voted unanimously to recommend that the AMA Board of Trustees endorse H.R. 1833. The council felt partial birth abortion was not a recognized medical procedure.

Mrs. SCHROEDER. Mr. Chairman, will the gentleman yield?

Mr. CANADY of Florida. I will not yield. We have limited time, as the gentlewoman knows.

The Council on Legislation agreed that the procedure is basically repulsive. In the end, the AMA board decided to remain neutral on H.R. 1833, but it is significant that the council of 12 doctors did not recognize partial

birth abortion as a proper medical technique.

The truth is that the partial birth abortion procedure is never necessary to protect either the life or the health of the mother. Indeed, the procedure poses significant risks to maternal health—risks such as uterine rupture, and the development of cervical incompetence. Dr. Pamela Smith, Director of Medical Education, Department of Obstetrics and Gynecology at Mount Sinai Hospital in Chicago has written:

There are absolutely no obstetrical situations encountered in this country which require a partially delivered human fetus to be destroyed to preserve the health of the mother. Partial-birth abortion is a technique devised by abortionists for their own convenience . . . ignoring the known health risks to the mother. The health status of women in this country will . . . only be enhanced by the banning of this procedure.

Proponents of the partial-birth abortion method have also claimed that the procedure is only used to kill babies with serious disabilities. Focusing the debate on babies with disabilities is a blatant attempt to avoid addressing the reality of this inhuman procedure. Remember the brutal reality of what is done in a partial-birth abortion: The baby is partially delivered alive, then stabbed through the skull. No baby's life should be taken in this manner. It does not matter whether that baby is perfectly healthy or suffers from the most tragic of disabilities.

Further, neither Dr. Haskell nor Dr. McMahon—the two abortionists who have publicly discussed their use of the procedure—claims that this technique is used only in limited circumstances. In fact, they advocate this method as the preferred method for late-term abortions. Dr. Haskell advocates the method from 20 to 26 weeks into the pregnancy and told the "American Medical News" that most of the partial-birth abortions he performs are elective. In fact, he told the reporter, "I'll be quite frank: most of my abortions are elective in that 20-24 week range . . . probably 20 percent are for genetic reasons. And the other 80 percent are purely elective."

Dr. McMahon uses the partial-birth abortion method through the entire 40 weeks of pregnancy. He claims that most of the abortions he performs are nonelective, but his definition of nonelective is extremely broad. Dr. McMahon sent a letter to the Constitution Subcommittee in which he described abortions performed because of a mother's youth or depression as nonelective. I do not believe the American people support aborting babies in the second and third trimesters because the mother is young or suffers from depression.

Dr. McMahon also sent the subcommittee a graph which shows the percentage of, quote, "flawed fetuses," that he aborted using the partial-birth abortion method. The graph shows that even at 26 weeks of gestation half the babies Dr. McMahon aborted were perfectly healthy and many of the babies

he described as "flawed" had conditions that were compatible with long life, either with or without a disability. For example, Dr. McMahon listed 9 partial-birth abortions performed because the baby had a cleft lip.

The National Abortion Federation, a group representing abortionists, has also recognized that partial-birth abortions are performed for many reasons other than fetal abnormalities. In 1993, NAF counseled its members, "Don't apologize: this is a legal abortion procedure," and stated:

There are many reasons why women have late abortions: life endangerment, fetal indications, lack of money or health insurance, social-psychological crisis, lack of knowledge about human reproduction, etc.

Now the National Abortion Federation is emphasizing only one of those reasons. In fact, NAF sent a letter to Members of Congress with pictures of babies with severe disabilities urging them to support the use of partial-birth abortion.

I find it offensive to suggest that taking a baby's life in this manner is justified because that baby has abnormalities. Abnormalities do not make babies any less human or any less deserving of humane treatment. No baby's life should be taken in this manner.

Abortion advocates are claiming that by banning partial-birth abortion we are mounting "a direct attack on Roe versus Wade." Yet, in Roe, the Court explicitly rejected the argument that the right to an abortion is absolute and that a woman "is entitled to terminate her pregnancy at whatever time, in whatever way, and for whatever reason she alone chooses."

This is the question I would raise to my colleagues who support abortion on demand: Is there ever an instance when abortion, or a particular type of abortion, is inappropriate? The vehement opposition of abortion rights supporters to H.R. 1833 makes their answer to my question clear. For them there is never an instance when abortion is inappropriate. For them the right to abortion is absolute, and the termination of an unborn child's life is acceptable at whatever time, for whatever reason, and in whatever way a woman or an abortionist chooses.

Despite their relentless effort to misrepresent and confuse the issue, the opponents of this bill can no longer conceal the uncomfortable facts about this horrible practice.

The supporters of partial-birth abortion seek to defend the indefensible. But today the hard truth cries out against them. The ugly reality of partial-birth abortion is revealed here in these drawings for all to see.

To all my colleagues I say: Look at this drawing. Open your eyes wide and see what is being done to innocent, defenseless babies. What you see is an offense to the conscience of humankind. Put an end to this detestable practice; vote in favor of H.R. 1833.

Mr. Speaker, I reserve the balance of my time.

Mrs. SCHROEDER. Mr. Chairman, I yield myself such time as I may consume.

(Mrs. SCHROEDER asked and was given permission to revise and extend her remarks.)

Mrs. SCHROEDER. Mr. Chairman, first of all, I regret the gentleman from Florida would not yield so I could correct the numerous distortions and inaccuracies in his statement. I will include the following materials for the RECORD.

H.R. 1833 contains an extremely narrow affirmative defense, available only when the doctor reasonably believed that the banned procedure was the only method that would save the woman's life. This is not a life exception for several reasons:

First, it is only an affirmative defense, not an exception to the ban. This means that it is available to the doctor after the handcuffs have snapped around his or her wrists, bond has been posted, and the criminal trial is underway.

An affirmative defense shifts the burden of proof to the doctor, placing on him or her the medically difficult burden of proving that no part of the fetus passed through the cervix before fetal demise; or proving that no other procedure would have sufficed to save the woman's life. Representative CHET EDWARDS consulted his wife's obstetrician, who told him that although this procedure is safer for the woman, a doctor would not be able to meet the burden of proof required under this bill. Thus, doctors would refuse to perform the safer procedure even when the woman's life is threatened.

Perhaps most important to the woman and her family, the affirmative defense is not available when, in the context of an abortion necessary to save her life, the woman and her doctor decide upon the banned procedure because it is the best method to preserve her health and her future fertility. These considerations are disallowed under the narrow affirmative defense found in the bill. Thus, doctors are in effect ordered by the Congress to set aside the paramount interests of the woman's health, and to trade off her health and future fertility to avoid the possibility of criminal prosecution.

The California Medical Association of 38,000 doctors would answer the gentleman from Florida by saying:

An abortion performed in the late second trimester or in the third trimester of pregnancy is extremely difficult for everyone involved, and CMA wishes to clarify that it is not advocating the performance of elective abortions in the last state of pregnancy. However, when serious fetal anomalies are discovered late in a pregnancy, or the pregnant woman develops a life-threatening medical condition that is inconsistent with continuation of the pregnancy, abortion—however heart-wrenching—may be medically necessary. In such cases, the intact dilation and extraction procedure (IDE)—which would be outlawed by this bill—may provide substantial medical benefits. It is safer in

several respects than the alternatives, maintaining uterine integrity, and reducing blood loss and other potential complications. It also permits the parents to hold and mourn the fetus as a lost child, which may assist them in reaching closure on a tragic situation. In addition, the procedure permits the performance of a careful autopsy and therefore a more accurate diagnosis of the fetal anomaly. As a result, these families, who are extremely desirous of having more children, can receive appropriate genetic counseling and more focused prenatal care and testing in future pregnancies. Thus, there are numerous reasons why the IDE procedure may be medically appropriate in a particular case, and there is virtually no scientific evidence supporting a ban on its use.

Mr. Chairman, I yield 2¼ minutes to the distinguished gentleman from Texas [Mr. DOGGETT].

Mr. DOGGETT. Mr. Chairman, the hard truth is, sir, some can never conceive of a circumstance when an abortion is proper, even when it requires that the mother sacrifice her life. They call themselves pro-life? What about the life of mother which is at stake here? Because that is what is involved.

I have read this bill. It provides absolutely no protection to the physician who would go out and perform this procedure in order to preserve the life of the mother.

You see, this is all part of a broader agenda. These antichoice militants have an agenda: Prohibit abortion. No matter what the reason for that abortion, prohibit it. Prohibit all family planning monies. Even go in and dictate what type of birth control a woman can use.

Today's initiative reflects on the successes that some have had in this Congress: Successes like saying to an American service woman in a foreign land who is a victim of rape that she must bear that child; successes such as telling the minor daughter of a Federal employee who is the victim of incest, you must bear that child; successes such as telling a female prisoner who is beaten and raped, you must be a mother. That is the kind of successes that have come out of this Congress to date.

We will compel you to carry that child to pregnancy; you have no right to privacy, these zealots say.

Well, late term abortions are extremely rare. This procedure is even more rare. Indeed, I have yet to find a physician anywhere who ever heard the term "partial birth abortion," until this bill came out. You see, it is not a medical term that they use in a medical school. It is a political term. It is a public relations term that they have come up with to describe a procedure that is used in the rarest of circumstances, when a woman's life is at stake. It is properly known as the intact dilation and evacuation procedure. In those circumstances, when it is used, it is necessary to use it to protect the life of the mother.

Some of the zealots as recently as this past month for this position have said they will never cease until they are able to declare in Federal law that having an abortion or providing one is

murder. That is where this bill is leading us.

Mr. CANADY of Florida. Mr. Chairman, I yield such time as he may consume to the gentleman from Alabama [Mr. BACHUS].

(Mr. BACHUS asked and was given permission to revise and extend his remarks.)

Mr. BACHUS. Mr. Chairman, the hard truth apparently is not what it used to be. I rise in strong support for banning partial birth abortions, and in defense of the innocent little victims of these procedures.

Today we take another important step in protecting the lives of the unborn. The Partial Birth Abortion Ban Act will end this most cruel practice—a practice that even the American Medical Association's legislative council has publicly stated is, "not a recognized medical technique." They also called this procedure, "repulsive."

Abortion advocates argue that partial birth abortions are only used after 26 weeks of pregnancy in cases where the procedure is nonelective. But the abortionists' interpretation of nonelective has an enormous scope and includes: severe fetal abnormality, Down's Syndrome, cleft palate, pediatric pelvis—that's if the mother is under age 18, depression of the mother, and even ignorance of human reproduction.

Today, those who would support this horrible procedure tell us that it is not a common practice. Can anyone really take comfort in debating the number of babies subject to this death? Whether it is a few hundred or tens of thousands or even one, wrong is wrong and no argument on how many will ever change that. A single life being taken in this way is reprehensible.

In conclusion, I would like to introduce into the RECORD a copy of a recent editorial in the Washington Post by Douglas Johnson. It spells out some of the most important reasons to support this legislation. Support H.R. 1833, the ban on partial birth abortions.

[From the Washington Post, July 16, 1995]

BAN PARTIAL-BIRTH ABORTIONS

(By Douglas Johnson)

Congress is considering a bill to ban the "partial-birth abortion" method, defined as "an abortion in which the person performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery."

The bill is aimed at an abortion method usually used after 4½ months into pregnancy and often much later, even into the ninth month. At 4½ months, a human being is about eight inches long, and—in the words of columnist Richard Cohen [op-ed, June 20]—"looks like a baby."

The method in question, as described in a June 16 Los Angeles Times story, "requires a physician to extract a fetus . . . through the birth canal until all but its head is exposed. Then the tips of surgical scissors are thrust into the base of the fetus's skull and a suction catheter is inserted through the opening and the brain is removed."

Some pro-abortion lobbying groups now claim that this method is utilized mainly to save the life of the mother or on fetuses that suffer from grave disorders incompatible with life. A number of syndicated columnists, major newspaper editorial boards and members of Congress have uncritically embraced these claims, even though there is

ample documentation that they are erroneous.

How many partial-birth abortions are performed? In the mind of Richard Cohen, "they almost don't exist" because "just four one-hundredths of one percent of abortions are performed after 24 weeks." Why does citing such percentages give so much comfort to defenders of late-term abortions? Consider that Cohen's statistic, if accurate, would translate into the death of 600 humans each year—more than twice as many as resulted from the recent Ebola virus epidemic in Africa.

Actually, there are 13,000 abortions annually after 4½ months, according to the Alan Guttmacher Institute, whose estimate should be regarded as conservative. There is really no way to know how many doctors are using the partial-birth abortion method, or how many partial-birth abortions are performed.

However, two specialists in the method, Dr. Martin Haskell of Dayton, Ohio, and Dr. James McMahon of Los Angeles, have between them performed more than 3,000 such abortions, and have also circulated detailed papers and given interviews on the subject. The polemical claims now being made by critics of the pending legislation cannot survive a careful reading of this material.

Is the baby already dead when the abortionist partly removes her from the uterus? The American Medical News—official newspaper of the "pro-choice" AMA—put that question to Haskell in a tape-recorded interview in 1993. Haskell replied, "No, it's not. No, it's really not. . . . I would think probably about a third of those definitely are dead before I actually start to remove the fetus. And probably the other two-thirds are not."

Brenda Shafer, a registered nurse, accepted assignment to Haskell's clinic because she was strongly "pro-choice." She quit after witnessing, close-up, three partial-birth abortions. In a July 9 letter to Rep. Tony Hall, Shafer described the end of life for one six-month-old "fetus": "His little fingers were clasping together. He was kicking his feet. All the while his little head was still stuck inside [the uterus]. Haskell took a pair of scissors and inserted them into the back of the baby's head. Then he opened the scissors up."

McMahon now claims that analgesia he administers to the mother causes "a medical coma" and "neurological fetal demise." But Prof. Watson Bowes, co-editor of the *Obstetrical and Gynecological Survey* and an internationally recognized authority on fetal and maternal medicine at the University of North Carolina, responds: "This statement suggests a lack of understanding of maternal/fetal pharmacology. . . . Having cared for pregnant women who for one reason or another required surgical procedures in the second trimester, I know that they were often heavily sedated or anesthetized for the procedures, and the fetuses did not die. . . . Although it is true that analgesic medications given to the mother will reach the fetus and presumably provide some degree of pain relief, the extent to which this renders this procedure pain free would be very difficult to document."

A 1993 internal memo written by the then-executive director of the National Abortion Federation explained that these late abortions are done for "many reasons," including "social-psychological crises [and] lack of knowledge about human reproduction."

An even more revealing statement appears in the American Medical News interview transcript, in which Haskell said, "In my particular case, probably 20 percent are for genetic reasons. And the other 80 percent are purely elective."

McMahon told American Medical News that he uses the method for "elective" abortions up until 26 weeks (six months). After that point, he said, he does only "non-elective" abortions. But in materials provided to a House Judiciary subcommittee, McMahon revealed that his definition of "non-elective" is extremely expensive. For example, he listed "depression" as the largest single "maternal indication" for such so-called "non-elective" abortions. A 1990 article about McMahon by reporter Karen Tumulty, published in the *Los Angeles Times Magazine*, found that many such abortions involve not medical factors but young teenagers, who "put telling anyone as long as they can."

McMahon's materials also show that he uses the method to destroy many "flawed fetuses," as he calls them. These include unborn humans with a wide variety of disorders—including conditions compatible with a long life with or without disability (e.g., cleft palate, spina bifida, Down's syndrome).

True, some babies have more profound disorders that will result in death soon after birth. These unfortunate members of the human family should not be killed. In some such situations there are good medical reasons to deliver such a child early, after which natural death will follow quickly. The bill itself permits use of the partial-birth abortion method in any case in which it is really necessary because of danger to the life of the mother.

Mr. CANADY of Florida. Mr. Chairman, I yield 1 minute to the gentleman from Virginia [Mr. GOODLATTE], a member of the Committee on the Judiciary.

Mr. GOODLATTE. Mr. Chairman, I rise in strong support of this legislation, and commend the gentleman from Florida for his leadership.

Mr. Chairman, I have seen and heard it all now with this effort to block the chairman's ability to bring to the floor these charts. It is no wonder that abortion proponents are opposed to having a mother having informed consent, to children and parents having the benefit of parental notification, if they would hide even this inhumane, abominable procedure from this Congress and the American people. Perhaps it is shame on the part of those most dedicated abortion proponents, who would cause a vote to block this information from being presented. Even they feel the shame, that we as a society would allow a partial birth abortion.

By the way, those charts fully conform to this legislation. And by the way, this legislation fully protects the life of the mother. It is only the difference of 3 inches between full delivery and doing the same procedure which would be murder in this act.

Mr. Chairman, I strongly support this legislation. Let us ban this procedure.

Mrs. SCHROEDER. Mr. Chairman, I yield 15 seconds to the gentleman from California [Mr. BECERRA].

(Mr. BECERRA asked and was given permission to revise and extend his remarks.)

Mr. BECERRA. Mr. Chairman, disgraceful. That is the only way I can describe the proponents' descriptions of what is going on. My wife, who happens to be an obstetrician-gynecologist in

high risk pregnancies, these types of pregnancies, has never had to do this, but she tells me this is not what is going on. We are not partially aborting a baby that would be born alive. This is to preserve the mother's life.

Mr. CANADY of Florida. Mr. Chairman, I yield 1½ minutes to the gentlewoman from California [Mrs. SEASTRAND].

Mrs. SEASTRAND. Mr. Chairman, I rise in full support of H.R. 1833, the Partial-Birth Abortion Ban Act. As a mother of two adopted children, I clearly understand the importance and significance of this legislation.

As a woman, I am amazed by claims of those who would suggest that I would support anything that would allow a woman's life to be placed at risk. Let me make this clear—the mother deserves and has the right to the best medical treatment possible. But partial birth abortions are not about saving the life of the mother.

Doctors performing partial birth abortions have reported that most are done as purely elective—one doctor stating that he had performed nine partial-births because the baby had a cleft lip. A member of the American Medical Association's Council on Legislation stated recently that "he felt this was not a recognized procedure." Other council members agreed that the "procedure is basically repulsive." However, with great consideration given to our commitment to protect the life of a mother. H.R. 1833 allows for the procedure when it is clear that "no other procedure would suffice for that purpose."

Incorrect information concerning H.R. 1833 has been spread by those who want to disguise the cruelty of this so-called normal medical procedure. The fact is nothing is normal or humane about extracting a baby, feet first, from the womb and through the birth canal until the head is exposed—thrusting scissors into the base of the baby's skull and inserting a suction catheter to remove the brain, I ask my colleagues to support H.R. 1833 and end this procedure that is the ultimate of child abuse.

□ 1245

Mrs. SCHROEDER. Mr. Chairman, I yield 4 minutes and 30 seconds to the distinguished gentlewoman from Connecticut [Mrs. JOHNSON].

(Mrs. JOHNSON of Connecticut asked and was given permission to revise and extend her remarks.)

Mrs. JOHNSON of Connecticut. Mr. Chairman, I rise in firm opposition to this bill and remind my colleagues that late-term abortions are, in fact, legal only in very exceptional circumstances. I ask my colleagues to ask themselves this question. If their daughter and son-in-law or their son and daughter-in-law were faced with the extraordinary tragedy of discovering extreme fetal deformity late in pregnancy, or a life-threatening development, with abortion being the only

alternative, could they, would they want her to have available the procedure that was least life-threatening, most protective of her future reproductive capability, and most respectful of the fetus and the need of the parents and their living children to mourn this early, this eagerly anticipated child?

Mr. Chairman, this debate is not about the grossness of reducing the circumference of a fatally deformed fetus' head to allow vaginal delivery. It is about women facing terrible tragedy and their right to have the safest appropriate medical treatment. I am truly appalled at the flipness with which the proponents of this bill suggest she can have a cesarean. It is almost criminal. Women die every year of the complications of cesarean sections. C-sections have four times the fatality rate of vaginal births.

Why? Why would my colleagues ask their daughter to shoulder this small but real risk of death for a fetus with no potential of life. We are talking about extreme deformity. I am not going to keep this up here because I do not want children watching, I do not want people to have to be burdened with the terrible anguish and tragedy we are talking about when we say extreme deformity that prevents life. That is what these families are facing.

Another alternative? Cesarean section is one. The only other alternative to this kind of vaginal delivery through which a needle is used to reduce the circumference of the head so that the delivery can take place, the only other alternative is the old traditional alternative that this alternative was developed in order to avoid the terrible dangers to a woman's reproductive health and to her life that the other method posed. The other method I did not bring pictures of. I would not impose that on the world like my other colleague imposed his diagrams, but the other method is uglier.

The other method also endangers the birth canal and, therefore, the future reproductive capability of the woman. Why would my colleagues endanger their daughter's reproductive future for a fetus that cannot eat, has no kidneys, no heart? Not one physician in this body has ever performed a late-term abortion. No obstetrician I know has ever done one. That is because they are very, very rare. They are five-tenths of 1 percent of all the abortions performed after 20 weeks. But of the 600 third-trimester abortions performed last year, 450 were done through this method.

Mr. Chairman, what does that tell us? Why? Because it is the safest. Less bleeding, lower complication rate for the mother, less painful, and the geneticists can better determine what went wrong and counsel the couple for future pregnancies.

Men and women of this Congress, if it were our daughters, would we want her life and reproductive hopes and dreams protected? Will we vote for a bill that for the first time in history

criminalizes a single procedure that could preserve life and health? No medical organization supports congressional censorship of treatment alternatives. None.

As a mother who lost a child, I can tell my colleagues that the tragedy of death is miraculously assuaged by the miracle of birth. Do not vote to let the tragedy of one death create the tragedy of another death and banish the renewing miracle of life. Vote no on this bill.

Mr. CANADY of Florida. Mr. Chairman, I yield 30 seconds to the gentleman from Oklahoma, Dr. COBURN.

Mr. COBURN. Mr. Chairman, I think it is important that we have just had a medical lesson from a Member of this body that is totally inaccurate. Late-term abortions can be performed in a number of ways. This, least of which, is mostly convenient for the abortionist, has nothing to do with safety of the mother. Other methods are far safer than this method, where the uterus itself is never instrumented, the risk of bleeding, the risk of incompetent cervix, and the risk of fertility is avoided by the other methods.

Mrs. SCHROEDER. Mr. Chairman, I yield such time as she may consume to the gentleman from California [Ms. PELOSI].

(Ms. PELOSI asked and was given permission to revise and extend her remarks.)

Ms. PELOSI. Mr. Chairman, I rise in strong opposition to this most unwise legislation.

Mr. CANADY of Florida. Mr. Chairman, I yield 1 minute to the gentleman from Tennessee [Mr. BRYANT], a member of the Committee on the Judiciary.

Mr. BRYANT of Tennessee. Mr. Chairman, as a freshman, I am very often disappointed with what goes on in Washington, but nothing disappoints me more than to hear the low level, on occasion, the debate on this floor reaches, especially when we hear people, like one of my distinguished colleagues on the other side, refer to the folks who disagree with him as zealots and antichoice militants.

I am very disappointed. That gentleman, as a former judge, I am sure if he were in the courtroom, and someone attempted to use this procedure as a means of execution in a capital murder case, his courtroom would have been full of civil libertarians hollering that this was cruel and inhumane punishment.

I want to tell my colleagues who some of these zealots and antichoice militants are. It is the Council on Legislation for the American Medical Association, who unanimously voted to endorse this particular bill 12 to nothing. Some of those said this was not a recognized medical technique. One even called it repulsive.

So, Mr. Chairman, if that is the kind of zealots, antichoice militants that we have, then I will stand with the Council on Legislation of the AMA every day.

Mrs. SCHROEDER. Mr. Chairman, I yield 3 minutes to the distinguished

gentlewoman from California [Ms. LOFGREN] who is also a member of the Committee on the Judiciary.

Ms. LOFGREN. Mr. Chairman, in many ways I feel very sad that we are here discussing this issue today. I have heard a lot of rhetoric. We saw charts, but one of the things that has been a real help to me in this discussion is the fact, through an odd quirk of fate, that I know real people who have had this procedure. I know a real family that has a mother today because this late-term abortion procedure is legal in America.

It was about a year ago last spring that Suzy Wilson, my long-time colleague on the board of supervisors, confided to me and her other friends that she was going to be a grandmother again and she was so happy that she would have a little Abigail.

Her son, Bill, and daughter-in-law, Vicky, were expecting. And it was late, very late in the pregnancy that Vicky and Bill discovered, much to their horror, that the birth defects of little Abigail were so severe that this child could not survive. They went to doctors seeking surgery in utero, could anything be done, and the sad truth was, no, nothing could be done.

Now Vicky had had very strong contractions and believed that that meant this was a very strong child in her excitement. The truth was that little Abigail was having seizures in utero because this child's brains had formed entirely outside of the cranial cavity. And those brains that did form were not normal brains. This child could not live.

Mr. Chairman, I voted to ban the use of charts, the cartoon charts, so I show this picture of Abigail with some trepidation but with the permission of the Wilson family. As Members can see, this child's brains are completely formed outside the cranial cavity. This child was a love child.

The Wilson family is raising money in Abigail's memory for a playground in their hometown. The fact that Abigail had these life-threatening deformities did not make her any less loved by her mother and father. What it did mean is that Abigail could not live.

Because of this procedure, which the California Medical Association has said is the safest, and the safest in several respects, Abigail's mother is still alive to be a mother to her other two children. If this bill passes, Vicky Wilson would be dead and her two living children without a mother.

I urge defeat of this bill.

Mr. CANADY of Florida. Mr. Chairman, I yield 1½ minutes to the distinguished gentlewoman from Florida [Ms. ROS-LEHTINEN].

Ms. ROS-LEHTINEN. Mr. Chairman, I rise to support Mr. Canady's bill, which is an important step to help eliminate this tragic procedure. There is widespread agreement that this unfortunate and sickening act is not necessary and should not be permitted.

The partial birth abortion is not a legitimate medical procedure and it is not needed for any particular reason.

While the American Medical Association has officially taken no position on this bill, the AMA's Council on Legislation has voted unanimously to recommend support of this bill. As one member of the council said, "The council believes that this is not a recognized medical technique and the procedure is basically repulsive."

Listen to the words of a registered nurse who has witnessed partial birth abortions. Quote, "The baby's feet were moving. His little fingers were collapsing together. He was kicking his feet. All the while his little head was still stuck inside. The doctor took a pair of scissors and inserted them in the back of the baby's head. Then he opened the scissors up. Then he stuck the high-powered suction tube into the hole and sucked the baby's brains out."

As the mother of two children, I do not comprehend how we can allow any baby to be subjected to such inhumane treatment. I wholeheartedly support Mr. Canady's bill and I urge my colleagues to do so as well.

□ 1300

Mrs. SCHROEDER. Mr. Chairman, I submit for the RECORD the following medical statements on this bill:

WHAT THE MEDICAL PROFESSION SAYS ABOUT H.R. 1833

1. California Medical Association (approx. 38,000 doctors: Strongly opposes H.R. 1833 as an unwarranted intrusion into the physician-patient relationship by preventing physicians from providing necessary medical care to their patients. Further, it would impose a horrendous burden on families who are already facing a crushing personal situation—the loss of a wanted pregnancy to which the woman and her spouse are deeply committed.

2. American College of Obstetricians and Gynecologists [ACOG]: Will not support or endorse H.R. 1833. Opposed to any law that mandates against a specific medical procedure and criminalizes such a procedure.

3. American Medical Women's Association (approx. 13,000 women doctors): Opposes H.R. 1833 as legislation which unduly interferes with the physician-patient relationship. H.R. 1833 represents a serious impingement on the rights of physicians to determine appropriate medical management for individual patients.

4. American Medical Association: Refused to take a position on H.R. 1833. Rejected a recommendation from its legislative council, a 12-member council that includes no ob-gyns, to endorse the bill.

#### INDIVIDUAL STATEMENTS

Dr. Mitchell Creinin, Assistant Professor, U. of Pittsburgh School of Medicine, and Director of Family Planning and Family Planning Research in the Department of Obstetrics, Gynecology and Reproductive Sciences: "This technique is a highly specialized operative procedure that is used for pregnancy termination under special circumstances by trained specialists. The usual patient has a desired pregnancy that is complicated most commonly by a genetic abnormality; this is not a procedure used arbitrarily by any practitioner under any circumstances. \* \* \* In performing the abortion, the physician keeps in mind the woman's health, life and future reproductive ability. As such, it should be up to the physician

to treat the patient with the procedure that is most appropriate . . . . [T]he decision about how the procedure is to be performed \* \* \* is one that needs to be made by the doctor and patient together given that patient's individual needs and the specifics of the underlying disease and other illnesses. . . . [I]t should be obvious . . . that restricting the medical practice of a safe and effective procedure would never act to serve a patient's best interest.

Dr. David A. Grimes, Chief, Department of Obstetrics, Gynecology and Reproductive sciences, San Francisco General Hospital/University of California, San Francisco; formerly, Chief of the Abortion Surveillance Branch at the Centers for Disease Control, the principal official responsible for determining the safety of abortion in the U.S.:

As I understand the term, opponents of abortion are using [the phrase "partial birth abortion"] to describe one variant of the dilation and evacuation procedure (D&E), which is the dominant method of second-trimester abortion in the U.S. If one does not use D&E, the alternative methods of abortion after 12 weeks' gestation are "total birth abortion," labor induction, which is more costly and painful, or hysterectomy, which is still more costly, painful, and hazardous. Given the enviable record of safety of all D&E methods, as documented by the Centers for Disease Control and Prevention, there is no public health justification for any regulation or intervention in a physician's decision-making with the patient.

. . . . [A]bortions after 24 weeks gestation are exceedingly uncommon and are done for compelling fetal or maternal indications only. . . . D&E dramatically reduces medical costs and patient suffering. . . . From a public health perspective, any intrusion of Congress into this medical issue is both unwarranted and unjustified. . . .

Dr. Lewis H. Koplik, Albuquerque, New Mexico:

This bill does not include any definitions. . . . These are no small concerns. We who provide abortions may be at risk for legal prosecution because of these omissions, even when an abortion is done in the first trimester or early second trimester.

With any dilation and evacuation (D&E) abortion procedure there is the possibility that the fetus may still have a pulsating heart when a somatic element is grasped with a forceps and brought through the dilated cervix. If this is true would those physicians who do second trimester D&E procedures, prior to viability, be at risk for being charged under the proposed bill? . . . During a suction curettage abortion is the fetus live if the heart muscle is contracting as the fetal tissue passes through the suction tubing? If this could be shown to be true would all suction abortions also be outlawed?

Though these considerations may seem far fetched, so was the likelihood, a few years ago, that a physician would be murdered because he or she was practicing medicine and providing a legally sanctioned operative procedure. Now such "far fetched" concerns and risks are what abortion providers live with daily.

[T]he D&X procedure is well recognized as a safe and effective technique by those who provided abortion care. It was originally developed to reduce the risk of complication to women who had to undergo a distressing late abortion procedure. With the D&X procedure the risk of severe cervical laceration and the possibility of damage to the uterine artery by a sharp fragment of calvarium is virtually eliminated. Without the release of thromboplastic material from the fetal central nervous system into the maternal circulation, the risk of coagulation problems, D.I.C. does not occur. In skilled hands

uterine perforation is almost unknown during D&X procedures . . . . The fact that there are few who are skilled in its use speaks more to the small (but important) need for this care . . . . Only the D&X procedure or a hysterotomy is able to provide a geneticist or a dysmorphologist with a specimen which is (almost) intact. The D&X may allow some women to grieve more effectively because they may hold their child, if they wish. . . .

Dr. Bruce Ferguson, New Mexico Medical Group, Albuquerque, NM:

This bill is an unprecedented and unwarranted attempt to legislate the type of surgical procedure that a physician may use in a particular case. . . . Those promoting the bill have used sensationalized drawings and graphic language to attempt to inflate opposition to this surgery. They have left out or distorted the realities that lead to difficult abortion decision late in pregnancy, the facts about how this procedure is performed, and how rarely this surgery takes place. But more importantly, the bill's language is vague and would probably apply to most second trimester abortions, even those done using the more conventional techniques.

[T]he language of the bill would make many doctors [who don't perform third trimester IDE procedures] into criminals, since there are many abortions in which a portion of the fetus may pass into the vaginal canal and there is no clarification of what is meant by "a living fetus." . . . Does the doctor have to do some kind of electrocardiogram and brain wave test to be able to prove their fetus was not living before he allows a foot or hand to pass through the cervix? The vagueness and the civil cause of action created in the bill will create all the opening that woman's parents need to file a suit against their daughter's physician. Even though the physician prevails in court, the costs of defending these suits by the patient's parents will cause considerable increased costs to all doctors providing abortion care, not just to those currently doing late third trimester IDE procedures.

Mrs. SCHROEDER. Mr. Chairman, I yield 1 minute and 20 seconds to the gentlewoman from Texas [Ms. JACKSON-LEE], another distinguished member of the Committee on the Judiciary.

(Ms. JACKSON-LEE asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE. Mr. Chairman, this is so very tough. It is grueling. It is overwhelming. It is in the name of Abigail. It is in the name of Tammy Watts, who came to our committee and said that she lost a child because of its severe abnormalities and inability to live. Her quote was that, "I would have done anything to save its life."

Mr. Chairman, I do not want to be here. I do not want to have this debate, but the truth must be told and today, unfortunately, we are not telling the truth.

This bill presumes a physician guilty. This bill allows our sheriff, our chief of police, our FBI, whatever law enforcement, to go into the office of a physician and say that although you have saved the life of the woman you have violated the law.

This bill attacks Roe versus Wade. This bill presumes that saving the life of a mother is not a relevant part of what this physician or any physician has to do. This bill did not even allow

exception for the life or health of the mother.

This debate has injected an ugly picture of incorrect representation about this medical procedure simply to inflame your emotions. The fetus is already deceased based on an excessive amount of anesthesia. This is the only way to allow a situation for that mother to then be a mother again, because of this safe procedure.

Mr. Chairman, I only ask that my colleagues look realistically and not castigate those of us who painfully stand up here to ask that Americans' rights be protected and the rights of women and their right of good health to be able to become pregnant again. Vote against this bill. It does not help the American people. It breaks the hearts of mothers and criminalizes physicians.

Mr. Chairman, in 1973, and more recently in 1992, the Supreme Court held that a woman has a constitutional right to choose whether or not to have an abortion. H.R. 1833 is a direct attack on the principles established in both *Roe versus Wade* and *Planned Parenthood versus Casey*.

H.R. 1833 is a dangerous piece of legislation which would ban a range of late term abortion procedures that are used when a woman's health or life is threatened or when a fetus is diagnosed with severe abnormalities incompatible with life. Because H.R. 1833 does not use medical terminology, it fails to clearly identify which abortion procedures it seeks to prohibit, and as a result could prohibit physicians from using a range of abortion techniques, including those safest for the woman.

H.R. 1833 is a direct challenge to *Roe versus Wade*, 1973. This legislation would make it a crime to perform a particular abortion method utilized primarily after the 20th week of pregnancy. This legislation represents an unprecedented and unconstitutional attempt to ban abortion and interfere with physicians' ability to provide the best medical care for their patients.

If enacted, such a law would have a devastating effect on women who learn late in their pregnancies that their lives or health are at risk or that the fetuses they are carrying have severe, often fatal, anomalies.

In *Roe*, the Supreme Court established that after viability, abortion may be banned by States as long as an exception is provided in cases in which the woman's life or health is at risk. H.R. 1833 provides no exceptions for cases in which a banned procedure would be necessary to preserve a woman's life or health.

Instead the bill contains an "affirmative defense" that could be asserted by a doctor after he or she faces criminal prosecution or a civil claim. The affirmative defense covers only cases where a doctor could prove that he or she "reasonably believed" that no other procedure could have saved the woman's life. Few physicians would be willing to perform the procedure and risk the harsh penalties contained in the bill.

This bill would create an unwarranted intrusion into the physician-patient relationship by preventing physicians from providing necessary medical care to their patients. Furthermore, it would impose a horrendous burden on families who are already facing a crushing

personal situation—the loss of a wanted pregnancy.

The misconceptions surrounding this bill are as astonishing:

First of all, the term "Partial birth abortion" is not found in any medical dictionaries, textbooks or coding manuals. The definition 1531(b) of H.R. 1833 is so vague as to be uninterpretable, yet chilling. Many OB/GYNs fear that this language could be interpreted to ban all abortions where the fetus remains intact. Partial birth abortion is a term made up by the authors of H.R. 1833 to suggest that a living baby is partially delivered and then killed.

Second, the fetus is not alive when it leaves the womb. The fetus dies of an overdose of anesthesia given to the mother intravenously. This dose is calculated for the mother's weight which is 50 to 100 times the weight of the fetus. The mother gets the anesthesia for each insertion of the dilators, twice a day. This induces brain death in a fetus in a matter of minutes. Fetal demise, therefore, occurs at the beginning of the procedure while the fetus is still in the womb.

Third, there are no scissors involved. Using the intact D&E procedure, a doctor can put into the cervix small dry cylinders that expand as they absorb fluid from the mother, causing gradual expansion of the cervix overnight. The patient can return home except for twice daily clinic visits to ensure that she is dilating and to replace the osmotic dilators if more dilation is required. She receives intravenous anesthesia for the insertion of the dilators as well as for the procedure.

The procedure can be accomplished with less dilation—which means less trauma to the cervix and less chance of problems in the next pregnancy—if some of the fluid is removed from the fetal head—which is the largest part of the fetus—by using a spinal needle for aspiration. This technique reduces the chances of lacerating the cervix which contains large blood vessels.

Fourth, late term abortions are not common. Ninety-five and one-half percent of abortions take place before 15 weeks. Only a little more than one-half of one percent take place at or after 20 weeks. Fewer than 600 abortions per year are done in the third trimester and all are done for reasons of life or health of the mother—severe heart disease, kidney failure, or rapidly advancing cancer—and in the case of severe fetal abnormalities incompatible with life—no eyes, no kidneys, a heart with one chamber instead of four or large amounts of brain tissue missing or positioned outside of the skull, which itself may be missing.

Finally, there are no safer alternatives: First, a woman cannot simply wait and "let nature take its course" that is, let the woman go to term and go into labor. Fetuses with severe abnormalities have a high chance of dying, in utero, even before labor begins thus posing a severe health threat to the mother. When a fetus dies, its tissues begin to break down and are released into the mother's circulation. This can lead to major problems with the mother's clotting mechanism, making it more difficult for her to stop bleeding. This is a huge problem for a woman undergoing either labor or a surgical delivery and increases the chances of requiring blood products and/or an emergency hysterectomy.

Second, induction of labor with drugs is not a safer alternative. The cervix, which holds the uterus closed during pregnancy, is very resist-

ant to dilation until about 36 weeks. Inductions done before this time take between 2 to 4 days. Induction is also a physically painful process. Because of the danger of uterine rupture, inductions require constant nursing supervision and are therefore done on the labor and delivery ward. The physical pain is intensified by the emotional pain of losing a wanted pregnancy while spending days listening to other newborns cry and other families cheer in delight.

Third, a cesarean is a dangerous procedure. A cesarean delivery involves twice as much blood loss as a vaginal delivery. Before 34 weeks gestation the lower segment of the uterus is usually too thick to use a standard horizontal incision, so a vertical incision is necessary. Any uterine incision complicates future pregnancy, but a vertical incision is more dangerous and jeopardizes both the mother's health and any future pregnancies. When the uterus has a vertical scar, future pregnancies require a cesarean section and are more apt to be complicated by uterine rupture.

An abortion performed in the late second trimester or in the third trimester of pregnancy is extremely difficult for everyone involved. However, when serious fetal anomalies are discovered late in a pregnancy, or the mother develops a life-threatening medical condition that is inconsistent with the continuation of the pregnancy, abortion—however heart-wrenching—may be medically necessary.

In such cases, the intact dilation and extraction procedure [IDE]—which would be outlawed by this bill—may provide substantial medical benefits. It is safer in several respects than the alternatives, maintaining uterine integrity, and reducing blood loss and other potential complications. In addition, the procedure permits the performance of a careful autopsy and therefore a more accurate diagnosis of the fetal anomaly. Intact delivery allows geneticists, pathologists, and perinatologists to determine what exactly the fetus's problems were. As a result, these families, who are extremely desirous of having more children, can receive appropriate genetic counseling and more focused prenatal care and testing in future pregnancies. Often, in these cases, the knowledge that a woman can have another child in the future is the only thing that keeps families going in their time of tragedy.

Political concerns and religious beliefs should not be permitted to take precedence over the health and safety of patients. The determination of the medical need for, and effectiveness of, particular medical procedures must be left to the medical profession, to be reflected in the standard of care.

In passing H.R. 1833, this Congress would set an undesirable precedent which goes way beyond the scope of the abortion debate. Will we someday be standing here debating the validity of a triple bypass or hip replacement procedure? Aren't these dangerous and unpleasant procedures?

The legislative process is ill-suited to evaluate complex medical procedures whose importance may vary with a particular patient's case and with the state of scientific knowledge. The mothers and families who seek late-term abortions are already severely distressed. They do not want an abortion—they want a child. Tammy Watts told us that she would have done anything to save her child. She told



me, "If I could have given my life for my child's I would have done it in a second."

Unfortunately, however, there was nothing she could do. For Tammy, and women like her, a late term abortion is not a choice it is a necessity. We must not compound the physical and emotional trauma facing these women by denying them the safest medical procedure available.

This bill unravels the fundamental constitutional rights that American women have to receive medical treatment that they and their doctors have determined are safest and medically best for them. By seeking to ban a safe and accepted medical technique, Members of Congress are intruding directly into the practice of medicine and interfering with the ability of physicians and patients to determine the best course of treatment. The creation of felony penalties and Federal tort claims for the performance of a specific medical procedure would mark a dramatic and unprecedented expansion of congressional regulation of health care.

This bill is bad medicine, bad law, and bad policy. Women facing late term abortions due to risks to their lives, health or severe fetal abnormalities incompatible with life must be able to make this decision in consultation with their families, their physicians, and their god. Women do not need medical instruction from the Government. To criminalize a physician for using a procedure which he or she deems to be safest for the mother is tantamount to legislating malpractice.

Mr. CANADY of Florida. Mr. Chairman, I yield 15 seconds to the gentleman from Oklahoma [Mr. COBURN].

Mr. COBURN. Mr. Chairman, again to correct the medical facts, infants under this procedure who have received an anesthetic from their mother are not dead. They are not dead. They are as alive as my colleagues or I. The anesthetic required to terminate a fetus in utero would put the mother at great risk and it is never performed.

Mr. CANADY of Florida. Mr. Chairman, I yield 1 minute to the gentleman from Indiana [Mr. ROEMER].

Mr. ROEMER. Mr. Chairman, I rise in support of this bill as a prolife Democrat, not only concerned as we are talking about the process of birth today, but about the cycle of life for our Nation's children.

Mr. Chairman, what are we talking about today with partial-birth abortions? On page 5 in this bill we define this as meaning: An abortion in which the person performing the abortion partially delivers a living fetus before killing the fetus and completing the delivery.

Mr. Chairman, I would encourage my colleagues to pay careful attention to that. "Delivers a living fetus before killing the fetus." We have had disagreements on this floor before about States' rights and restricting abortion and health care plans. This debate today is about a gruesome and repulsive medical technique that we should act on in a bipartisan way to ban on this House floor.

Mr. Chairman, this is not a vote that should divide men and women or Democrats from Republicans. This is a vote

to ban a procedure that is not proper, that is not ethical, and that is inhumane to children.

Mrs. SCHROEDER. Mr. Chairman, I yield 2 minutes to the gentleman from Massachusetts [Mr. FRANK], a distinguished member of the Committee on the Judiciary.

Mr. FRANK of Massachusetts. Mr. Chairman, first, let us underline again the outrage of bringing up this bill under an absolutely closed rule. No Member was allowed to offer an amendment to explicitly allow for the protection of the life or serious health of the mother, except in the convoluted way in this bill because of only an hour of debate. I have rarely seen so important a subject so shabbily treated procedurally.

Second, this once again shows the great gap that exists between the Republicans' profession about States' rights and the reality. This bill makes criminal procedures which the States could make criminal, presumably, if they wanted to or not. What this bill says is that States are not smart enough; they do not care enough about these children. We, the Federal Government, will step in.

It does try to deal with that. It says this only involves abortions as crimes which are in or affect interstate or foreign commerce. How does the woman know that she is in foreign commerce or interstate commerce? Is her head in Canada and her feet in Detroit? What kind of nonsense are we talking about?

What they are is embarrassed that they are so blatantly preempting the States, because they know how much it differs with what they profess. It says we will make it a criminal procedure if it happens to be in interstate commerce.

Mr. Chairman, it also has a supposed defense if the doctor is worried about the life of the mother, but it becomes a defense that the doctor has to prove. To avoid a criminal proceeding here, a doctor will have to show that he was in interstate commerce. Nothing in here tells the doctor whether he is in interstate commerce or not.

Second, the doctor would have the burden of proof before the jury to show that he was trying to save the woman's life. Obviously, it will keep people from doing it.

This, obviously, once again shows that all that we hear about States' rights is just cover. When Republicans think the States are wrong, they will preempt the States. This is a disrespectful bill towards States' rights as well as the rights of women.

Mr. CANADY of Florida. Mr. Chairman, I would inquire of the Chair as to the remaining time on each side.

The CHAIRMAN (Mr. EMERSON). The gentleman from Florida [Mr. CANADY] has 11 minutes and 15 seconds remaining, and the gentlewoman from Colorado [Mr. SCHROEDER] has 17 minutes and 10 seconds remaining.

Mrs. SCHROEDER. Mr. Chairman, I yield 30 seconds to the gentleman from California [Mr. FARR].

Mr. FARR. Mr. Chairman, I want to follow up on asking my colleagues to look at the bill. We have been looking at a lot of pictures today, but look at the bill.

Mr. Chairman, we are lawmakers. That is what my colleagues were sent here to do. This law says whoever performs a partial-birth abortion. What is a partial-birth abortion? There is no medical description of that. We are making that up today.

Whoever performs it shall be fined or imprisoned for not more than 2 years, or both. This is a bad law. We need to vote it down, because we did not pass the rule to allow for a good debate and good amendments.

Mrs. SCHROEDER. Mr. Chairman, I yield such time as he may consume to the gentleman from Washington [Mr. McDERMOTT].

(Mr. McDERMOTT asked and was given permission to revise and extend his remarks.)

Mr. McDERMOTT. Mr. Chairman, I rise to enter my remarks in the RECORD in opposition to this terrible, terrible bill.

Mr. Chairman, I rise in strong opposition to H.R. 1833. As a medical doctor, I was trained to evaluate all viable options when accessing a patient's medical condition.

I oppose H.R. 1833 because it will ban a legitimate medical procedure, and jeopardize the lives of thousands of child-bearing women.

H.R. 1833 will ban a specific procedure used only in the most extreme and necessary cases of late-term abortions, usually when the health or life of the woman is at risk.

This legislation provides no exceptions in cases where the health or even the life of the woman are at risk. It is inhumane to unnecessarily risk a woman's life simply to pursue a political agenda.

This bill is not only bad public policy, but it is also bad medicine. Why should we interfere with the very personal, ethical, and medical decisions made between a patient and a doctor?

Why should we deny a woman's constitutional right to decide whether or not to have an abortion. The answer is that it is not our job to step between a woman and her doctor.

We know that the U.S. Supreme Court specifically recognized a woman's right to choose a safe abortion under the principles of Roe versus Wade, and those principles were again upheld in Planned Parenthood versus Casey.

The Supreme Court has already ruled that States may restrict late-term abortions, except when the woman's health or life are at risk. This bill is a blatant constitutional challenge to the rights outlined in Roe versus Wade.

Mr. Chairman, let me stress that this bill is opposed by several reputable medical organizations including the American College of Obstetricians and Gynecologists, and the American Medical Women's Association. It is not even endorsed by the American Medical Association.

Do not be fooled by H.R. 1833. If you vote yes, you are voting to deny a patient's right to receive medically necessary care. I urge you to take a long look at the potential ethical and medical dangers of this bill. Vote "no" on H.R. 1833.

Mrs. SCHROEDER. Mr. Chairman, I yield 2 minutes to the gentlewoman from New York [Mrs. LOWEY].

Mrs. LOWEY. Mr. Chairman, I just want to alert the proponents of this bill that as we speak, two clinics have received bomb threats. I think we have to be very careful for our rhetoric and take responsibility for our words.

Mr. Chairman, this legislation is another attempt to make sure that doctors who perform abortions, which are legal in this country, are harassed. Around the country, anti-choice extremists are targeting doctors and their patients for harassment and violence, and it looks like on Capitol Hill anti-choice politicians seek to criminalize abortions and put the doctors who perform them in jail.

Mr. Chairman, I rise in strong opposition to this bill. Proponents of this bill attempt to exploit one of the greatest tragedies any family can ever face by using graphic pictures and sensationalized language and distortions.

Families facing a late-term abortion are families that want to have a child. These couples have chosen to become parents and only face terminating the pregnancy due to unavoidable circumstances. Unfortunately, our technology is still not sophisticated enough to detect all possible medical problems early in a pregnancy.

Mr. Chairman, I say to my colleagues, this bill is not about choice; it is about necessity. As the mother of three grown children, I thank God every day that my children were born healthy and strong. However, not everyone is so lucky.

Yesterday, my office received a call from Claudia Ades. She lives in Santa Monica. She had heard about this bill and called to beg us, called to ask us if there was anything she could do to defeat it. Claudia said so passionately, "this procedure saved my life and saved my family."

Mr. Chairman, 3 years ago Claudia was pregnant and happier than she had ever been in her life. However, 6 months into her pregnancy she discovered that the child she was carrying suffered from severe fetal anomalies and made its survival impossible and placed Claudia's life at risk.

After speaking to a number of doctors, Claudia and her husband finally had to accept that there was no way to save this pregnancy. Again, this was a desperately wanted pregnancy and she had to make this very difficult decision; not the Congress.

Mr. CANADY of Florida. Mr. Chairman, I yield 1½ minutes to the gentlewoman from North Carolina [Mrs. MYRICK].

Mrs. MYRICK. Mr. Chairman, I honestly believe that many of the societal problems we have today stem from the fact that we have no regard for human life. Partial-birth abortions, drive-by shootings, cop killings, they have all become a way of life.

Mr. Chairman, call me old-fashioned, but I believe every individual born into this world is special, needed and important.

Our forefathers shared this philosophy when they wrote into our Declaration of Independence that, "We are endowed by our Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness."

Mr. Chairman, I ask that we consider the difference. A doctor performs a painful, cruel, partial-birth abortion one day and it is accepted. Then, if that same mother gave birth to the same age child the next day and then she killed her child, she would be charged with murder.

Mr. Chairman, only a few hours separate these two acts, but one is considered unjust and the other is accepted and even promoted. There is something wrong with our society today if we continue to justify such an unjust procedure.

Mr. Chairman, let us show our respect for human life and support H.R. 1833.

Mrs. SCHROEDER. Mr. Chairman, I yield 1 minute to the distinguished gentleman from Arizona [Mr. PASTOR]. (Mr. PASTOR asked and was given permission to revise and extend his remarks.)

Mr. PASTOR. Mr. Chairman, this is in response to the question that the distinguished gentlewoman from Connecticut asked me to consider.

Mr. Chairman, I have two daughters and they are in their mid-20s. My wife and I expect that they will have happy lives and we hope that they have children and are very productive. We pray to God that our daughters will never in their pregnancy have to face a situation in which their life is threatened or the fetus is developing in a very abnormal way.

But, Mr. Chairman, if God wills it, then we hope that the decision of this medical practice will be determined by a doctor and not a politician.

Mr. Chairman, this bill will force doctors to decide whether or not to perform this medical procedure under the threat of civil and criminal prosecution, even though my daughter's life may be threatened.

Mr. CANADY of Florida. Mr. Chairman, I yield 2 minutes to the gentleman from Georgia [Mr. BARR].

Mr. BARR. Mr. Chairman, I rise today in strong support of H.R. 1833, a bill that is clearly pro-life. It protects the unborn from one of the most grotesque forms of death imaginable.

Mr. Chairman, I urge my colleagues, who might otherwise not support a pro-life piece of legislation, to very carefully consider supporting this piece of legislation which simply and narrowly protects against partial-birth abortions.

Mr. Chairman, I would also like to note that H.R. 1833 does in fact recognize that there may be circumstances in which a physician must have legal protection when called on to perform one of these procedures in order to save the life of the mother.

While I do not believe there is evidence to suggest a partial-birth abor-

tion would be necessary to save the mother's life, let me be clear, and the legislation is equally clear. If this procedure is ever needed for this reason, H.R. 1833 grants a defense to the physician performing it. Section E of the bill does this.

□ 1315

As a former prosecutor, I know it is not uncommon in the area of criminal law to provide an exception to a general prohibition in the form of a defense. For example, we have a general rule against homicide, but an exception to this general rule is carved out for those who are forced to kill another human being in order to defend themselves. We commonly call this exception self-defense. So in H.R. 1833, we allow a partial-birth abortion to be performed if it is necessary to save a mother's life.

There are more than 30 affirmative defenses in Federal law. These defenses share a common thread. The evidence for the defense is under the control of the defendant, and the defendant has special knowledge of the facts which establish the defense.

The practitioner who has performed a partial-birth abortion and claims that he performed it in order to save the life of the mother has the specific knowledge of the circumstances which surrounded his action and has complete control of the evidence to show why he used this method of abortion. There is simply no reason to oppose this narrow piece of legislation to protect our children.

Mrs. SCHROEDER. Mr. Chairman, I yield myself such time as I may consume.

I just add to the record, please read page 6 of the bill where on the affirmative defense, it is only after the doctor has been arrested and, No. 2, it says the doctor must also prove no other procedure would suffice. Not that it is the best, but none would suffice. I would like to counter what the gentleman has just said on the floor.

Mr. Chairman, I yield 1 minute to the gentlewoman from New York [Ms. SLAUGHTER].

(Ms. SLAUGHTER asked and was given permission to revise and extend her remarks.)

Ms. SLAUGHTER. Mr. Chairman, I am absolutely panicked and concerned today that a majority of this House believes that a young pregnant woman has no right to life. Her health status, her family's wishes have nothing to say here. It is simply that we will do everything we can to preserve a fetus, which on the face of it, has no chance at life itself.

Remember that a third-trimester abortion is a medically necessary abortion to start with. The law specifies that. It has already been determined that the fetus will not live, cannot survive birth, or that the mother's life is in severe danger.

If you believe that a doctor having put his whole life in his medical practice, with a family of his own, faced with an emergency situation is going to act to save the life of the mother, putting himself up for arrest and to go to jail, then you pray to God that no member of your family is ever put in that position.

What is next for us? Are we going to decide that no woman of child-bearing age will be allowed to have a hysterectomy no matter what the circumstances? What do the great medical experts in the House of Representatives have in store for women of America next?

Mr. CANADY of Florida. Mr. Chairman, I yield 1 minute to the gentleman from Florida [Mr. WELDON].

Mr. WELDON of Florida. Mr. Chairman, prior to coming to the House of Representatives, I was practicing medicine and, indeed, I was sitting at my desk and reading a copy of the American Medical News where this procedure was first described back in 1993, where the originators of this procedure printed in the article that in about 80 percent of the cases, it is purely an elective procedure. It is not a fetus that has defects, and, indeed, they admitted that they do them in not only the late second trimester, but as well in the third trimester.

I was shocked that these guys would admit it in public. I was not so much shocked by the grotesqueness of the procedure because all these abortion procedures are vile but the fact that these guys would admit how they do it to the public and admit that it is an elective procedure.

I very much support the legislation of the gentleman from Florida [Mr. CANADY]. I encourage all of my colleagues to vote in support of this legislation and make partial-birth abortions illegal.

Mrs. SCHROEDER. Mr. Chairman, I yield 1 minute to the distinguished gentlewoman from California [Ms. WOOLSEY].

(Ms. WOOLSEY asked and was given permission to revise and extend her remarks.)

Ms. WOOLSEY. Mr. Chairman, make no mistake, you are hearing it. This bill is for one thing and one thing only and that is to criminalize late-term abortions and it is a cruel attempt to make a political point.

H.R. 1833 is a frontal attack on Roe versus Wade, plain and simple. The radical right wants to do away with Roe, and this bill is the first step. So let us be honest about what this debate is really about. This legislation seeks to prohibit abortion techniques which are used in the late stages of a pregnancy, when the life of the mother is in danger, or when a fetus is so malformed that it has no chance of survival.

Mr. Chairman, I cannot help but make the comparison and connection that a lot of the proponents of this bill are the same people who are cutting Medicaid, who are doing away with the support systems for those children that

are going to be born malformed and for the mothers who will be ill.

Because of the gag rule which was just passed, the life or health of the mother, or the fetus will have zero consideration.

Mrs. SCHROEDER. Mr. Chairman, I yield 1½ minutes to the gentlewoman from New York [Mrs. MALONEY].

Mrs. MALONEY. I thank the gentlewoman for yielding me the time.

Mr. Chairman, I rise in opposition to this antiwoman, extremist, unwise legislation. They would not even allow an amendment to save the mother's life. Apparently, the supporters of H.R. 1833 think it is more important to save a doomed fetus than to save the life of a woman and her ability to have children in the future.

This is the first time that this body has moved forward to criminalize a medical procedure. As the mother of two children, I know firsthand the joy and excitement that a pregnant woman has when she awaits the birth of a very much wanted child. I cannot think of anything more horrible than to learn that the baby, the fetus, has abnormalities incompatible with life. In these situations, the family is confronted with the child dying in her womb, possibly killing the mother, or this lifesaving procedure.

Vote to put people over propaganda. This legislation is bad medicine and bad policy.

Mr. CANADY of Florida. Mr. Chairman, I yield 30 seconds to the gentleman from California [Mr. DORNAN].

(Mr. DORNAN asked and was given permission to revise and extend his remarks.)

Mr. DORNAN. Mr. Chairman, I asked for 30 seconds so I could hear more from this excellent prolife freshman class, our prolife women, our prolife doctors, we have two of them on our side now. I will do a 5-minute or a 60-minute, depending on how we conclude today, to analyze the vote and I welcome any participation.

Thomas Aquinas died 721 years ago at age 50 and there was some discussion then about when life began. My pal, the gentleman from New York [Mr. SCHUMER], said we all have different opinions. When you pull out feet, f-e-e-t, and you feel a little beating heart and you are sucking out brains, you know it is a human being. And it has a soul. S-o-u-l, soul.

Mrs. SCHROEDER. Mr. Chairman, I yield 2 minutes to the gentlewoman from Kansas [Mrs. MEYERS].

Mrs. MEYERS of Kansas. Mr. Chairman, I do not want to be here today and the AMA does not want to be here today, and the groups who protect the interests of women do not want to be here today.

All of us agree that late-term abortions are terrible and we hope that none ever have to be performed. But we are here because others have decided that it is imperative that we vote on the floor of this House on the medical procedure.

We know that after the 24 week, only .01 percent of all abortions are per-

formed, .01 percent. There are two or three procedures that are used, meaning that this procedure is used in only a portion of that .01 percent. Of these procedures, all are more terrifying and unpleasant than this one. But if a woman is carrying a fetus which has a severe abnormality or if she herself has a severe health condition which threatens her health if she continues to carry the fetus, one of these procedures must be used. The bill itself states that there are circumstances in which no other procedure will suffice.

I believe strongly that we should not decide medical procedures on the floor of this House and am deeply concerned about where this might lead.

I believe strongly that we should always provide exceptions to save the life of the mother, and this bill criminalizes that process.

I do not think we should be voting on this process today, but because the bill is before us, I intend to vote "no."

Mr. CANADY of Florida. Mr. Chairman, I yield 30 seconds to the gentleman from Ohio [Mr. CHABOT].

Mr. CHABOT. Mr. Chairman, some might argue otherwise but I would submit that this should not be controversial legislation. This bill would prohibit a particularly grotesque and inhuman practice. A partial birth abortion is literally the killing, in a most brutal fashion, of a late-term baby. It is incredible that a practice like this could go on in a civilized society. Adoption of this legislation would stop it.

I hope my colleagues resoundingly support this bill. It is a major step in the battle to protect the lives of the unborn.

Mrs. SCHROEDER. Mr. Chairman, I yield 2 minutes to the distinguished freshman gentlewoman from Michigan [Ms. RIVERS].

Ms. RIVERS. Mr. Chairman, as we listen to the debate today, it is very clear that one side would like us to focus more on the procedure than on the circumstances that lead families to this decision. I think it is important that we do not do so. I think it is important that we recognize that this is a rare procedure that is performed under relatively narrow legal conditions. That, for the most part, the women involved are older, they are married, the pregnancies are wanted, planned for, joyously anticipated, and it is only when things go terribly, terribly wrong that families turn to this option when there is a fetal anomaly, when there is a threat to the mom.

Many people have talked here today about their own experiences as parents and the joy and the happiness that they went through holding the baby for the first time, counting the fingers, counting the toes. You are right. It is an exciting and wonderful time, but it is particularly cruel to use those kinds of experiences as an attack on these families who, through circumstances they cannot control, are not going to have that opportunity.

We are talking about mothers who are carrying pregnancies that cannot survive, promises that cannot be fulfilled, and people are attacking them unfairly.

We are leaving those moms with no avenue. We are saying they must risk their lives, because the fetus' condition can oftentimes cause infection, sometimes even sterility, taking away the opportunity for a later pregnancy. For what reason? To make a point.

I think it is important that Congress makes a point, but I also think it is important that they consider a point, which is we have made a decision that the 435 people in this room should decide for families across America. So I ask you, which among us, who will step forward to be the messenger who will go into the homes and tell the husband that we will not step in to protect his wife, his helpmate, the love of his life, or the mother of a 5-year-old child? Who wants to carry that message?

Mr. CANADY of Florida. Mr. Chairman, I yield 1 minute to the gentleman from Michigan [Mr. BARCIA].

Mr. BARCIA. Mr. Chairman, I rise today in support of H.R. 1833, the Partial-Birth Abortion Act and I urge my colleagues to vote in favor of this important legislation.

As a pro-life advocate, I am committed to protecting the rights of unborn children. My primary concern is that abortion should not be treated like a routine medical procedure and my pro-life position is always foremost in my mind. Although some consider partial-birth abortions routine medical procedures, this could not be further from the truth. Partial-birth abortions are neither routine, legitimate or necessary.

Partial-birth abortions are most often performed in the second or third trimester and I am particularly troubled by the horrifying prospect of late-term abortions. Even in Roe versus Wade abortions are limited to the first trimester. Today, we are considering continuing to allow abortions through the third trimester or fetal viability.

H.R. 1833 not only bans the performance of this type of inhuman abortion but imposes fines and a maximum of 2 years imprisonment for any person who administers a partial-birth abortion. This gruesome and brutal procedure should not be permitted.

I strongly believe in the sanctity of life and if 80 percent of the abortions are elective, we have to reconsider and reevaluate the value our society places on human life. This decision is not made in the case of rape or incest, not if the mother's life is in danger, and not if there are birth defects. In many cases, this is a cold, calculated, and selfish decision.

This is not a choice issue. This is a life or death issue for an innocent child. Please join me in making this heinous procedure illegal.

□ 1330

Mrs. SCHROEDER. Mr. Chairman, I yield 30 seconds to the gentlewoman from New York [Mrs. LOWEY].

Mrs. LOWEY. Mr. Chairman, I would like to respond and remind my colleagues once more to be very careful of

their rhetoric. The analogy between abortion and drive-by shootings is extremely inflammatory.

I also would like to remind my colleagues that during this debate it has been reported that there are two serious bomb threats on clinics, so let us be careful to watch our rhetoric and not use political advantage in a very serious issue.

Mr. CANADY of Florida. Mr. Chairman, I yield 30 seconds to the gentleman from South Carolina [Mr. INGLIS].

Mr. INGLIS of South Carolina. Mr. Chairman, I thank the gentleman for yielding me this time.

I rise with tremendous compassion for the victims of abortions that are walking around today. There are a lot of them in America that did not know what was going on. But that compassion gives way to the facts, or should here on the floor, that a lot of Members who persist in talking about this being an unfortunate choice, but 80 percent, according to published reports, 80 percent of these abortions are done in an elective manner.

Surely the facts will come out on this floor, and surely we can vote in support of this very excellent piece of legislation that will ban this procedure.

Mrs. SCHROEDER. Mr. Chairman, I yield 1 minute to the gentleman from Texas [Mr. BRYANT], a member of the Committee on the Judiciary.

(Mr. BRYANT of Texas asked and was given permission to revise and extend his remarks.)

Mr. BRYANT of Texas. Mr. Chairman, I would just like to add one important point to this debate, and that is that I think we should be honest with ourselves and honest with the American people.

The fact of the matter is that not one single person who has spoken in favor of this bill today can deny the fact that they are opposed to abortion entirely and do not support Roe versus Wade and do not believe in the right of the mother to choose. So we are really not talking here today about a procedure. We are talking about Roe versus Wade and about the right of a woman to be able to choose.

I asked in the Committee on the Judiciary when this was being considered, of the chairman on the Committee on the Judiciary if it was not the case that the entire Republican majority, if it was just a little bit bigger, would bring a constitutional amendment before the House to totally criminalize abortion. He said, as far as he was concerned, he would do it in a minute. That is a matter of record.

The fact of the matter is this bill represents the almost total politicization of this process, as you have brought a bill before the House today that really is a surrogate for what you want to do and that is make all abortions criminal. That is really what is at issue.

I urge the Members to vote against it.

Mr. CANADY of Florida. Mr. Chairman, I yield 1 minute to the gentleman from New Jersey [Mr. SMITH].

Mr. SMITH of New Jersey. Mr. Chairman, this is a historic day for our Nation. The coverup of abortion methods is over.

Today, Congress comes to grips with the specifics of what an abortion actually does, and it ain't pretty. From this day forward, we will no longer be able to say we did not know. We now know, and every Member of this Chamber should know, that every abortion takes the life of a child. Whether it be a partial-birth abortion or D&E abortion, where the baby is literally dismembered while in utero, or the suction abortions routinely done, thousands per day, where a high-powered vacuum, 20 to 30 times more powerful than a vacuum cleaner in one's home, literally dismembers the child. All of these methods kill the baby. This is all about human rights for children, and it is about preserving and protecting the right to life of baby girls and baby boys.

Somebody said this is anti-woman. Half of those little infants killed are baby girls. Let us not ever forget that. Then again, let's also remember what Dr. Haskel himself has said. I would like to repeat it very briefly. Dr. Haskel said and I quote: "The surgeon forces the scissors into the base of the skull." This is medical practice? And then a high-powered suction catheter is introduced, and the baby's brains are sucked out.

This is not medical practice.

This is child abuse.

Mrs. SCHROEDER. Mr. Chairman, I yield, 1 minute to the distinguished gentleman from New York [Mr. SCHUMER], a member of the Committee on the Judiciary.

(Mr. SCHUMER asked and was given permission to revise and extend his remarks.)

Mr. SCHUMER. Mr. Chairman, I would like to address my comments to those who might be for this bill. You know, the great debate on abortion is—of course, it all boils down to when do you think life begins, and those who are pro-life fervently believe, and I respect it, that life begins at conception. Others of us do not believe that, and we believe ultimately that the choice ought not be made by the Government but ought to be made by each individual convening with his or her maker.

Even if you believe that life begins at conception, why did you prohibit an amendment dealing with life of the mother? If it is the life of the mother versus the life of a child, why does this legislation impose the fact that it must be the life of the child that takes precedence over the life of the mother? That is what the bill does, plain and simple.

If you are so sure it did not, you would not have prohibited us in the rule from having a clause in the bill that says that if the life of the mother

is at stake the choice should be between the woman and her doctor. That is the hypocrisy of this legislation.

Mr. CANADY of Florida. Mr. Chairman, I yield 1 minute to the gentleman from Oklahoma [Mr. COBURN].

Mr. COBURN. Mr. Chairman, this bill in no way limits the ability of the doctor to care for a woman whose life is at risk with a late-term pregnancy.

Having been involved in obstetrical care, delivering over 3,000 children, caring for women with complicated pregnancies, anencephaly, neural tube defects, hydrocephaly and all the major complications associated with that, this procedure is an unneeded, gruesome attack on life.

May God forgive this Nation for what we allow in terms of procedures to be performed on our unborn children.

Mrs. SCHROEDER. Mr. Chairman, I yield myself the balance of my time.

Mr. Chairman, I am not a doctor. But I am a lawyer. I am a mother. I have been married 33 years. I think I belong in the Marriage Hall of Fame, and I will put up my family values against anyone.

I must say, as a woman today standing in this Chamber, I feel like I am in the Chamber of Horrors, because no one really talks about the mother. But let me begin my statement by reading a letter that we received from the American College of Obstetricians and Gynecologists saying that they do not support or endorse this bill, but they are opposed to any law mandating a specific medical procedure and against criminalization of the procedure, and these bills are flawed. They go on to say they have no idea where the rumor was that they supported the bill. It is incorrect. These are obstetricians and gynecologists whose main concern is the health of the mother, and they are also looking at the child.

What we are talking about today is rolling back the road to save motherhood that this country began on. If you look at 1920, 800 women died for every 100,000 births. If you look at 1990, we got that 800 down to 8, down to 8.

For most people, going through pregnancy is not difficult; but for some it can be life-threatening; and, fortunately, medical science has made some progress that has been able to deal with these life-threatening situations and also preserve the health of the mother so that if this pregnancy goes terribly wrong, they can have another one and be able to have the great privilege I have been able to have of being a mother.

Today, what this Chamber is saying is we are going to limit one of these procedures for doctors. We are not going to allow them to be able to say the life of the mother is an exemption. No, we were not allowed to offer that amendment on this floor, nor were we allowed to bring the health of the mother to this floor; no; no; no; no; no. We show charts, but we do not show the chart with the face of the mother, the family, the decisions made.

Does anybody here think someone would engage in a late-term abortion frivolously? Do you think that they have not thought about this in the last minute? Do you think doctors would engage in this frivolously? No, no and no.

There is only a handful of these ever done in a year. These are tragic situations in which there are not many good choices yet.

We hear people over there saying "elective." It is not elective in the sense folks are claiming it is over there. Every doctor has said you only have limited procedures at certain points if you are concerned about the mother's health, and you must elect one of those.

What we are talking about today seems to be one that for some women can help preserve their life and is the safest and best for them in that circumstance. Why are we taking that away? Why does this Congress think they have a better idea of what is going on, and why do we insist on criminalizing the doctor that would try to listen to their patient's best needs?

Vote "no." This is terrible. We are gagging women. This is terrible. We are not listening, and if you want to know why most of the speakers today were women is because they understand what is happening here. Wake up, America. This is an outrage.

Mr. CANADY of Florida. Mr. Chairman, I yield the balance of my time to the gentleman from Illinois [Mr. HYDE], the chairman of the Committee on the Judiciary.

(Mr. HYDE asked and was given permission to revise and extend his remarks.)

Mr. HYDE. Mr. Chairman, ladies and gentlemen, I wish I had a lot of time. We got a very short hour of debate on this important issue.

I would like to talk about how you would not treat an animal this way. You would not take a coyote, a mangy raccoon and treat that animal that way, because it is too cruel. I would like to talk about Dr. Joseph Mengele or Dr. Kevorkian. We talk about interfering with the doctor.

Our job is to protect the weak from the strong.

But, no, I want to talk about a love story. Here is a letter that came October 30 to the gentleman from Florida [Mr. CANADY] from my own district, Oak Park, IL, Jeannie Wallace French. She says:

DEAR CONGRESSMAN CANADY: Opponents of H.R. 1833, "The Partial-Birth Abortion Ban Act," claim that partial-birth abortion is justifiable when performed on babies with disabilities. Please consider the personal experience of our family as you debate HR 1833 on the floor of the House.

In June of 1993 I was 5 months along carrying twins. My husband and I were notified that one of the twins, our daughter Mary, suffered from a severe neural tube defect. Mary's prognosis for life was slim, and her chance at normal development nonexistent. Her severe abnormality complicated the twin pregnancy and specialists encouraged amniocentesis and Mary's abortion.

Though severely disabled, we knew that Mary was a member of our family and was entitled to live out her allotted time without being assaulted by instruments or chemicals. When it became clear that Mary, whose brain had developed outside of her skull (an occipital encephalocele) would not survive normal labor, we opted for a Cesarean delivery.

Born December 13, 1993, a minute after her healthy big brother Will, Mary lived 6 hours cradled peacefully in her father's arms. She was with us long enough to greet her grandparents and our close friends. She also gave a special gift to other children: The gift of life. On the day of her funeral we received a letter from the Regional Organ Bank of Illinois. Our daughter's heart valves were a match for 2 Chicago infants, critically ill at the time of Mary's birth. We have learned that even anencephalic babies and meningomyelocele children like our Mary can give life, or sight, or strength to others.

The death of a child is the most tragic experience many of us will ever face. As parents, we can do only what we can—insure that our children do not suffer. As we now know, when their natural time comes it can be comforting that their short life has become a gift to others.

Our daughter, living less than a day, saved the lives of two other children. Which of us, even after decades of living, can make the same claim?

Sincerely,

JEANNIE WALLACE FRENCH.

□ 1345

The CHAIRMAN. The Chair will state to the gentlewoman from Colorado [Mrs. SCHROEDER] that he was as generous with the gavel as it applied to her as he was with the gentleman from Illinois [Mr. HYDE].

Mrs. SCHROEDER. Mr. Chairman, if I might say, I thought that was a moving letter, but I also must say I do not think we should mandate one's choice on everybody else in this Congress.

Mr. LEVIN. Mr. Chairman, H.R. 1833 would criminalize the use of one medical procedure, but not others, utilized rarely in cases where the health or life of a mother is at risk or a fetus is diagnosed with severe abnormalities.

By making this procedure a crime, H.R. 1833 would subject doctors to prosecution for offering to a woman a chance to save her life. Further, H.R. 1833 is inconsistent with present law which allows States to ban abortions after viability except where the woman's life or health is at risk.

This kind of decision barring women from utilizing a procedure when their health and life are involved does not belong in Washington, DC. I cannot support limiting a patient's right to receive medically necessary care, especially when her life is at stake.

Mrs. COLLINS of Illinois. Mr. Chairman, I rise in opposition to H.R. 1833, the partial-birth abortion ban. The fact that we are voting on this bill today is a true testament to how extreme many of the Members of this House of Representatives and their agenda are. Further evidence that extremists are pushing their agenda through the House of Representatives is the fact that the Rules Committee would not allow any amendments to be offered, not even amendments to protect the health or life of the mother.

Despite their campaign pledges to "get the U.S. government out of your life", today Republican Members are advocating that the

U.S. Congress take an unprecedented step into the personal lives of American women and their families—as well as into the doctor's office—in order to ban a particular type of abortion procedure.

In order to promote H.R. 1833, Members are focusing on certain aspects of this medical procedure that are intended to elicit emotional responses. What they do not focus on, however, is that women who seek rare, third-trimester abortions are almost overwhelmingly in tragic, heart-rendering situations in which they must make one of the most difficult decisions of their lives.

Often the women are faced with personal health risks that threaten their lives and/or their ability to have children in the future. Or, some women discover very late in their pregnancy, in some cases after they already know the sex of the child, have picked out a name, and gotten the baby's crib ready, that their child has horrific fetal anomalies that are incompatible with life and will cause the baby terrible pain before the end of its short life.

Clearly, each of these situations are serious, tragic, and terribly difficult for the families involved, and the decision to seek such an abortion is one that is not made carelessly or lightly. The U.S. Congress is the last entity that should be intruding into this type of personal, family decision.

The U.S. Congress also has absolutely no right to interfere with a doctor's medical judgment when he or she is making critical decisions affecting the life of a woman, her health, and her ability to bear children in the future.

It is extremely important to note that this bill makes no exception for the health of the mother. In fact, it makes no mention of the health of the mother whatsoever. Clearly, her health and her reproductive future mean nothing to the extremists who are pushing this bill forward or else they would have included this essential exception.

H.R. 1833 takes advantage of tragic circumstances and sacrifices the health and maybe lives of women in order to push an extremist agenda forward. We should reject it completely.

Mr. MCCOLLUM. Mr. Chairman, I rise today in strong support of H.R. 1833, the partial-birth abortion act. This bill would ban the barbaric acts of partial-birth abortions.

I believe that life begins at conception and that it should be protected. I understand that there are those who differ with me, but a partial-birth abortion goes far beyond what is reasonably considered a pro-life versus pro-choice debate.

A partial-birth abortion is just that—an abortion performed on a partially born child. The fetus is generally between 4½ months old to 9 months old when the doctor partially delivers the child through the birth canal, leaving the head in the uterus. The baby's arms and legs will squirm as the doctor inserts scissors into the base of the baby's skull. A high-powered suction tube is then inserted and the brains are literally sucked out.

Remember when doctors were expected to do everything in their power to assist and protect both the mother and child during the birth process? Now the doctor is the executioner as the baby travels down the birth canal.

This is barbaric in a partial-birth abortion. The only thing separating the child's head from the outside world is 3 inches. This is clearly homicide.

H.R. 1833 would make it against the law to perform a partial-birth abortion. I cannot imagine how anyone could oppose this bill. Whether you are pro-life, as I am, or pro-choice there should be no disagreement about ending this abhorrent practice which so callously and cruelly destroys an infant during birth.

I urge my colleagues on both sides of the aisle to vote for H.R. 1833.

Ms. SLAUGHTER. Mr. Chairman, I am deeply concerned about the potential precedent H.R. 1833 would set. There are vast and dangerous implications of the Congress interfering with medical practice and procedure.

H.R. 1833 would ban late-term abortions which account for only one half of 1 percent of all abortions. Annually, fewer than 600 abortions occur in the third trimester and they are performed in cases of severe fetal anomalies and/or risk to the life and health of the pregnant woman.

This bill makes it a criminal offense for a doctor to make the professional decision of how best to protect the life and health of his patients. Imagine the repercussions of such legislation. What will be next. Will a physician end up in jail for performing a hysterectomy in order to save the life of a woman with cancer.

Never before has Congress made such an unprecedented attempt to legislate the type of surgical procedure that a physician may use in a particular case. H.R. 1833 is an unwarranted intrusion by Congress into medical decision-making, and it poses a serious risk to women's health. If enacted, this bill will compromise the physicians ability to provide life and health preserving medical care to their patients. H.R. 1833 represents a serious impingement on the rights of physicians to determine appropriate medical management for their patients.

I urge my colleagues to vote against this deadly attack on the life and health of our Nation's women.

Mrs. VUCANOVICH. Mr. Chairman, as many of you know, I have 15 grandchildren. Two of my grandchildren, the miracle twins, I call them, were born early at 7 months. They were so tiny that they could fit in your hands but they were perfectly formed little human beings and they are now 13 years old.

It makes me shudder to think that somewhere, perhaps even today, in this country that there are other little preborn human beings 7 months old in their mothers' womb that are going to be subject to this brutal, horrible procedure known as a partial birth abortion.

I am not the only one who finds this procedure horrifying. Recently the American Medical Association's legislative council unanimously decided that this procedure was not "a recognized medical technique" and that "this procedure is basically repulsive."

I have also heard from my constituents who overwhelmingly object to this repugnant procedure, especially in light of the fact that 80 percent of these types of abortion are done as a purely elective procedure. I strongly urge my colleagues to support H.R. 1833, which would ban this brutal procedure known as partial birth abortion.

Mr. HOKE. Mr. Chairman, since many of my colleagues have already explained the procedure under debate today, I will spare our listeners an additional description. Suffice it to say that this is one of the most brutal, uncivilized assaults on human life imaginable.

Abortion is wrong to begin with, but this procedure is so grotesque as to disgust the moral sensibility of anyone exposed to it.

In this procedure, the feet, legs, chest and arms of the baby have already been delivered from the birth canal. Only the head has not. The distinction that the procedure's defenders make between the fully-protected rights of a delivered baby and the total absence of rights of a three-quarters delivered baby is as irrational as it is disturbing.

I have been especially interested in this bill, since my own State legislature has passed a similar measure. Governor Voinovich signed the bill and it is now law.

There are a great many pieces of misinformation circulating about this bill. Let me try to address just one of them—the issue of whether this sort of procedure is used frequently or only in the most extreme emergencies.

While opponents of this legislation argue that the procedure is rarely performed, some of their cohorts belie this characterization. We know that there are at least 13,000 late term abortions each year. How many of these are accomplished by this procedure? We do not know for sure. But what we do know is that two doctors who specialize in the method have publicly said they use this procedure about 450 times a year. Between the two of them, they have performed more than 3,000 such abortions.

Doctor McMahon was quoted in the January 7, 1990 Los Angeles Times, as saying "Frankly, I don't think I was any good until I had done 3,000 or 4,000" late term abortions. In his own literature, the doctor refers to having performed a "series" of more than 2,000 abortions by the partial birth method.

Whatever the real numbers are, I think it is safe to say that this procedure is used more frequently than it would be if it were truly limited to the most extreme emergencies. Because the bill's opponents cannot possibly win this debate on the merits of the procedure, they have taken to distorting the facts about its use.

I for one have heard enough to know that as a nation founded on and dedicated to the preservation of life and liberty, this procedure has no place in our society.

Mr. BUYER. Mr. Chairman, I rise in support of H.R. 1833 to ban a late-term abortion procedure. This procedure is defined in the bill as the partial delivery of a living fetus, which is then destroyed prior to the completion of delivery. This is a particularly appalling procedure in which the difference between a complete birth and an abortion is a matter of a few inches in the birth canal.

This bill does not ban all late-term abortions. Other procedures are available. This bill applies only to the procedure in which the living fetus is partially delivered prior to the abortion act being completed. It does not jeopardize maternal health in instances when the fetus has died in utero. There is an exception in the bill for instances in which the life of the mother is at risk and no other procedure will be sufficient to preserve the mother's life.

Even if the procedure is rare, as is contended by the opponents of this legislation, it is a horrific procedure that should not be performed. Constitutionally, the Congress can legislate and regulate in protecting legitimate State interests, including protecting human life and encouraging childbirth over abortion.

This bill bans an abortion practice that offends most Americans who value the sanctity of life. H.R. 1833 would ban a cruel and inhuman method of abortion and I urge its adoption.

Mr. SMITH of Texas. Mr. Chairman, I rise today in support of H.R. 1833, the Partial-Birth Abortion Ban Act.

Many of my colleagues on the other side of the aisle will attempt to frame this debate in terms of a woman's right to choose. But the Partial Birth Abortion Ban Act is not about women, choice, or reproductive rights. The true issue that this legislation addresses is the brutal late-term abortion procedure called partial-birth abortion.

Regardless of whether or not one believes that life begins at conception, a partial-birth abortion, which can be performed at any time following the 5-month period, is clearly the taking of an innocent human life. A baby is developed enough at 5-months to be able to live outside of the womb and there are many instances of infants being born prematurely at 5 months and surviving to live a full life.

The partial-birth abortion procedure should be prohibited. I heartily support this effort to protect the sanctity of human life.

The CHAIRMAN. All time for general debate has expired.

Pursuant to the rule, the bill is considered as read for amendment under the 5-minute rule and the amendment in the nature of a substitute is adopted.

Under the rule, the Committee rises.

Accordingly the Committee rose; and the Speaker pro tempore (Mr. HANSEN) having assumed the chair, Mr. EMERSON, Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 1833), to amend title 18, United States Code, to ban partial-birth abortions, pursuant to House Resolution 251, he reported the bill, as amended pursuant to that rule, back to the House.

The SPEAKER pro tempore. Under the rule, the previous question is ordered and the amendment is adopted.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. CANADY of Florida. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 288, nays 139, answered "present" 1, not voting 4, as follows:

[Roll No. 756]  
YEAS—288

Allard	Armey	Baessler
Archer	Bachus	Baker (CA)

Baker (LA)	Gilchrist	Neal
Ballenger	Gillmor	Nethercutt
Barcia	Goodlatte	Neumann
Barr	Goodling	Ney
Barrett (NE)	Gordon	Norwood
Bartlett	Goss	Nussle
Barton	Graham	Obestar
Bass	Gunderson	Ober
Bateman	Gutknecht	Ortiz
Bereuter	Hall (OH)	Orton
Bevill	Hall (TX)	Oxley
Bilbray	Hamilton	Packard
Bilirakis	Hancock	Parker
Bliley	Hansen	Paxon
Blute	Hastert	Payne (VA)
Boehner	Hastings (WA)	Peterson (MN)
Bonilla	Hayes	Petri
Bonior	Hayworth	Pombo
Bono	Hefley	Pomeroy
Borski	Hefner	Porter
Brewster	Heineman	Portman
Browder	Herger	Poshard
Brownback	Hilleary	Pryce
Bryant (TN)	Hobson	Quillen
Bunn	Hoekstra	Quinn
Bunning	Hoke	Radanovich
Burr	Holden	Rahall
Burton	Hostettler	Ramstad
Buyer	Hunter	Regula
Callahan	Hutchinson	Riggs
Calvert	Hyde	Roberts
Canady	Inglis	Roemer
Camp	Istook	Rogers
Castle	Jacobs	Rohrabacher
Chabot	Johnson (SD)	Ros-Lehtinen
Chambliss	Johnson, Sam	Rose
Chenoweth	Jones	Roth
Christensen	Kanjorski	Royce
Chrysler	Kaptur	Salmon
Clement	Kasich	Sanford
Clinger	Kennedy (RI)	Saxton
Coble	Kildee	Scarborough
Coburn	Kim	Schaefer
Collins (GA)	King	Schiff
Combest	Kingston	Seastrand
Condit	Kleczka	Sensenbrenner
Cooley	Klink	Shadegg
Costello	Klug	Shaw
Cox	Knollenberg	Shuster
Cramer	LaFalce	Sisisky
Crane	LaHood	Skeel
Crapo	Largent	Skelton
Creameans	Latham	Smith (MI)
Cubin	LaTourrette	Smith (NJ)
Cunningham	Laughlin	Smith (TX)
Danner	Lazio	Smith (WA)
Davis	Leach	Solomon
de la Garza	Lewis (CA)	Souder
Deal	Lewis (KY)	Spence
DeLay	Lightfoot	Spratt
Diaz-Balart	Lincoln	Stearns
Dickey	Linder	Stenholm
Dingell	Lipinski	Stockman
Doolittle	Livingston	Stump
Dornan	LoBiondo	Stupak
Doyle	Longley	Talent
Dreier	Lucas	Tanner
Duncan	Manton	Tate
Dunn	Manzullo	Tauzin
Ehlers	Martinez	Taylor (MS)
Ehrlich	Martini	Taylor (NC)
Emerson	Mascara	Tejeda
English	McCollum	Thomas
Ensign	McCrery	Thornberry
Everett	McDade	Thornton
Ewing	McHale	Tiahrt
Fawell	McHugh	Traficant
Fields (TX)	McInnis	Upton
Flake	McIntosh	Volkmer
Flanagan	McKeon	Vucanovich
Foglietta	McNulty	Waldholtz
Foley	Metcalf	Walker
Forbes	Mica	Walsh
Ford	Miller (FL)	Wamp
Fowler	Minge	Watts (OK)
Fox	Moakley	Weldon (FL)
Franks (NJ)	Molinari	Weller
Frisa	Mollohan	White
Funderburk	Montgomery	Whitfield
Galleghy	Moorhead	Wicker
Ganske	Moran	Wolf
Gekas	Murtha	Young (AK)
Gephardt	Myers	Young (FL)
Geren	Myrick	Zeliff

NAYS—139

Abercrombie	Barrett (WI)	Bishop
Ackerman	Beilenson	Boehlert
Andrews	Bentsen	Boucher
Baldacci	Berman	Brown (CA)

Brown (FL)	Hastings (FL)	Rangel
Brown (OH)	Hilliard	Reed
Bryant (TX)	Hinchee	Richardson
Cardin	Horn	Rivers
Chapman	Hoyer	Roukema
Clay	Jackson-Lee	Roybal-Allard
Clayton	Jefferson	Rush
Clyburn	Johnson (CT)	Sabo
Coleman	Johnson, E. B.	Sanders
Collins (IL)	Johnston	Sawyer
Collins (MI)	Kelly	Schroeder
Conyers	Kennedy (MA)	Schumer
Coyne	Kennelly	Scott
DeFazio	Kolbe	Serrano
DeLauro	Lantos	Shays
Dellums	Levin	Skaggs
Deutsch	Lewis (GA)	Slaughter
Dicks	Lofgren	Stark
Dixon	Lowey	Stokes
Doggett	Luther	Studds
Dooley	Maloney	Thompson
Durbin	Markey	Thurman
Edwards	Matsui	Torkildsen
Engel	McCarthy	Torres
Eshoo	McDermott	Torrice
Evans	McKinney	Towns
Farr	Meehan	Velazquez
Fattah	Meek	Vento
Fazio	Menendez	Visclosky
Filner	Meyers	Ward
Frank (MA)	Mfume	Waters
Franks (CT)	Miller (CA)	Watt (NC)
Frelinghuysen	Mink	Waxman
Frost	Morella	Williams
Furse	Nadler	Wilson
Gejdenson	Olver	Wise
Gibbons	Owens	Woolsey
Gilman	Pallone	Wyden
Gonzalez	Pastor	Wynn
Green	Payne (NJ)	Yates
Greenwood	Pelosi	Zimmer
Gutierrez	Peterson (FL)	
Harman	Pickett	

ANSWERED "PRESENT"—1

Houghton

NOT VOTING—4

Becerra	Tucker
Fields (LA)	Weldon (PA)

□ 1408

Mr. RUSH changed his vote from "yea" to "nay."

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. CANADY of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and insert extraneous material in the RECORD on the legislation just completed.

The SPEAKER pro tempore (Mr. HANSEN). Is there objection to the request of the gentleman from Florida?

There was no objection.

PROVIDING FOR CONSIDERATION OF H.R. 2546, DISTRICT OF COLUMBIA APPROPRIATIONS ACT, 1996

Mr. LINDER. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 252 and ask for its immediate consideration.

The Clerk read the resolution as follows: