

from a sonogram when she was 26 weeks pregnant that her fetus had a severely malformed brain and numerous other serious defects.

"These were desperately wanted children, where something went terribly wrong," she said.

In a recent interview, Ades said she and her husband, Richard, who live in Los Angeles, "begged for . . . someone that could fix my baby's brain or the hole in his heart," but were told their child had no chance of survival. She opted for abortion, she said, because she believed her fetus was in pain.

Four different doctors told her intact D&E was the safest way, Ades said. "We knew other options existed," including a Caesarean section, "but they were not considered as safe, as healthy or as appropriate for us. . . . What bothers me is that we have to defend what we did. We believe it was such a humane thing."

Johnson, of the National Right to Life Committee, and others argue that even in the case of severe developmental defects like the Ades fetus, the baby should be allowed to be born. "The premise that in some cases it is necessary to kill the baby to complete a delivery . . . there are no such cases," he said.

Clinton said he would have signed the legislation if it had included an exception for women who faced serious health risks without the procedure. But foes of such an exception argued that it "would gut the bill," in Johnson's words.

While the immediate future of the abortion debate clearly hangs on the November elections, it seems likely that this will not be the last time Congress focuses on a specific procedure.

Rep. Christopher H. Smith (R-N.J.), a leading abortion opponent in the House, said after the House approved the ban late last year that antiabortion lawmakers "would begin to focus on the methods and declare them to be illegal."

For abortion rights supporters, that is a daunting prospect.

"There is no abortion procedure when described that is aesthetically comforting, whether at six weeks or 32 weeks," said Frances Kissling, president of Catholics for a Free Choice. "This is exactly the kind of abortion issue that people don't want to think about. . . . They want women to be able to have this option in such extreme and terrible circumstances, but they know it's not pretty. It has to happen, but it shouldn't be in the newspaper."

#### VIABILITY AND THE LAW

The normal length of human gestation is 266 days, or 38 weeks. This is roughly 40 weeks from a woman's last menstrual period. Pregnancy is often divided into three parts, or "trimesters." Both legally and medically, however, this division has little meaning. For one thing, there is little precise agreement about when one trimester ends and another begins. Some authorities describe the first trimester as going through the end of the 12th week of gestation. Others say the 13th week. Often the third trimester is defined as beginning after 24 weeks of fetal development.

Nevertheless, the trimester concept—and particularly the division between the second and third ones—commonly arises in discussion of late-stage abortion.

Contrary to a widely held public impression, third-trimester abortion is not outlawed in the United States. The landmark Supreme Court decisions, *Roe v. Wade* abortion on demand up until the time of fetal "viability." After that point, states can limit a woman's access to abortion. The court did not specify when viability begins.

In *Doe v. Bolton* the court ruled that abortion could be performed after fetal viability if the operating physician judged the procedure necessary to protect the life or health of the woman. "Health" was broadly defined.

"Medical judgment may be exercised in the light of all factors—physical, emotional psychological familial and the women's age—relevant to the well-being of the patient," the court wrote. "All these factors may relate to health. This allows the attending physician the room he needs to make his best medical judgment."

Because of this definition, life-threatening conditions need not exist in order for a woman to get a third-trimester abortion.

For most of the century, however, viability was confined to the third trimester because neonatal intensive care medicine was unable to keep fetuses younger than that alive. This is no longer the case.

In an article published in the journal *Pediatrics* in 1991, physicians reported the experience of 1,765 infants born with a very low birth weight at seven hospitals. About 20 percent of those babies were considered to be at 25 weeks' gestation or less. Of those that had completed 23 weeks' development, 23 percent survived. At 24 weeks 34 percent survived. None of those infants was yet in the third trimester.

#### THANK YOU, JUNE KENYON, FOR YOUR LOYAL SERVICE

#### HON. JACK FIELDS

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 19, 1996

Mr. FIELDS of Texas. Mr. Speaker, it was with mixed emotions that I announced last December 11 my decision to retire from the House at the conclusion of my current term. As I explained at the time, the decision to retire was made more difficult because of the loyalty and dedication of my staff—and because of the genuine friendship I feel for them. Each one of them has served the men and women of Texas' 8th Congressional District in an extraordinary way.

Today, I want to thank one member of my staff—June Kenyon—for everything she's done for me and my constituents in the more than 6 years she has served on my official staff, and for the 6 years she has served on my campaign staff.

As a member of my congressional casework staff since early 1990, June has helped thousands of my constituents who have experienced problems with Federal departments and agencies, cutting through bureaucratic redtape to ensure that Federal programs help, not just frustrate, the people they were designed to help. At the same time, June has managed my Youth Advisory Board program, in which two students from each high school and college in my district meet semiannually to share with me their opinions and concerns on issues affecting them.

In addition, June has also managed the computer hardware and software that link my three district offices and contribute to my staff's efficiency.

Prior to joining my official staff, June worked for many years in my campaign office. In mid-1984, she began working as my campaign's systems manager, maintaining a massive mailing list and voluminous financial records. In later years, she served as my campaign's

financial director, office manager, and scheduler. June has trained volunteers; organized fundraisers; maintained payroll, tax, and Federal Election Commission records; and made sure I was where I was supposed to be—one of the more challenging tasks anyone has ever undertaken.

It was June's reputation as a woman of many talents who is always ready and willing to do whatever is necessary to ensure that a project is seen through to completion that prompted my friend, Jack Rains, to ask for June's help in his 1988 gubernatorial campaign.

June has been an extremely active member of the Republican party for many years. She is a member of the Texas Federated Republican Women, as well as a member of the Kingwood Area Republican Women's Club. And she is a charter member of the Lake Houston Republican Women's Club.

June Kenyon is one of those hard-working men and women who make all of us in this institution look better than we deserve. I know she has done that for me, and I appreciate this opportunity to publicly thank her for the dedication, loyalty and professionalism she has exhibited throughout the years it has been my privilege to know and work with her. I'm so grateful to her for all she's done for me that I'm almost willing to overlook the fact, Mr. Speaker, that June was born in New York, not Texas.

June has yet to make a definite decision about what she wants to do in the years ahead. But I am confident that the skills and the personal qualities she has demonstrated in my office will lead to continued success in the future.

Mr. Speaker, I know you join with me in saying thank you to June Kenyon for her years of loyal service to me, to the men and women of Texas' Eighth Congressional District, and to this great institution. And I know you join with me in wishing June, and her two sons—Charles Thomas McDonough and George Kenyon McDonough, all the best in the years ahead.

Thank you, Mr. Speaker.

#### PARTIAL-BIRTH ABORTION IS CHILD ABUSE

#### HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 19, 1996

Mr. SMITH of New Jersey. Mr. Speaker, partial-birth abortion is child abuse.

That some otherwise respectable and pleasant and well-mannered people would permit killing babies in this way—which Congress can stop if it has the will—is both baffling and extremely sad.

That some otherwise smart and even brilliant people have been so easily fooled by the abortion industry's outrageous lies, distortions, half-truths, and surface appeal arguments is, at best, disappointing and unsettling.

How can anyone in this Chamber or in the White House defend sticking a pair of scissors into a partially born baby's head so as to puncture the child's skull so a suction catheter can be inserted to suck out the child's brains? How can anyone support this and then say they're for kids?

My wife, Marie, is an elementary school teacher, and she said this morning that if a young student were to stab her doll in the back of the head, alarm bells would go off and we would say that this child might have deep psychological problems, was in need of professional help, and posed a potential threat to others.

If anyone did such an act to a young animal—a puppy or a kitten—we would say that he or she was sick and guilty of animal abuse.

Yet the abortion President Bill Clinton, seeks to continue legal sanction for this gruesome assault on children. Finally, we're seeing what the right to choose really means: Executing untold thousands of children by stabbing them and sucking out their brains?

Let's face it. Partial-birth abortion is a gross violation of human rights—it's child abuse.

Why the blind spot?

Why the unwillingness to see the brutality and savagery of brain-sucking abortion?

I guess we now know how far the so-called pro-choice movement will go to sustain the Orwellian super-myth that abortion is somehow sane, compassionate—even pro-child.

Americans will now see that the real extremists are not the people who insist on calling attention to the grisly details of abortion, such as dismemberment of the unborn child, injections of high concentrated salt solutions and other kinds of poisons that chemically burn and then kill the baby, or this particular method, a brain-sucking method of abortion. They will see that the real extremists are those who actually do these acts.

The dangerous person is not the one who shows us the pictures or who describes abortions, the dangerous person—the child abuser—is the person holding the scissors at the base of the baby's skull.

I would respectfully submit to my abortion-minded friends on both sides of the aisle, that the coverup is over. For more than two decades the abortion industry has sanitized abortion methods by aggressively employing the shrewdest and most benign euphemisms market research can buy.

I say to my friends on the other side of this issue, choose the path of Dr. Bernard Nathanson, a founder of NARAL—the National Abortion Rights Action League—and former big league abortionist who turned pro-life because he finally had to admit, in a fit of intellectual honesty, that the unborn child was a patient, too, in need of nurturing and caring and love, just like his or her mother.

For the first time ever, the debate over partial-birth abortion requires us to begin coming to grips with the grisly specifics of how abortion actually pains, tortures, and destroys innocent human babies. If slaughtering a partially born child is wrong, why is it OK to slice and suction a baby in utero with a high-powered vacuum, 20 to 30 times more powerful than an average household vacuum cleaner, a procedure that turns the baby into bloody pulp. In a later term D&E abortion, the baby is decapitated and dismembered, limb by limb, inside the womb.

The dirty secret of the abortion rights movement—the violent, painful methods of abortion—are finally getting scrutiny because of this debate. The partial-birth abortion debate is allowing us to just scratch the surface of the usually secret, hidden, and Byzantine world of abortion and the methods used to painfully kill unborn children. Even the Washington Post

shed some light on the methods this week. The Post article says, in part,

Most abortion doctors circumvent this problem by dismembering the fetus and removing it in pieces small enough to pass through the cervix . . .

The physician generally injects the fetus with one or more toxic substances a day before surgery, a maneuver that softens the tissue and makes dismemberment easier. It also eliminates any possibility a live birth will occur. Alternatively, some doctors cut the umbilical cord, which kills the fetus, 15 or 20 minutes before the procedure.

Perhaps some of you are having—or beginning to have—second thoughts concerning the bill of goods the abortion lobby has been selling all these years.

They even lied about the number of partial-birth abortions performed each year in the United States.

This past Sunday, The Record of Bergen, NJ, published a lengthy investigative report about the partial-birth abortions. I was appalled to read that a single facility in New Jersey—Metropolitan Medical in Englewood—performs at least 1,500 partial-birth abortions every year. This is three times the number of brain suction abortions that the National Abortion Federation, Planned Parenthood, NARAL, and other pro-abortion groups have estimated are performed annually throughout the country.

This revelation belies the statement of Bill Clinton that the process of sucking a baby's brains out moments before his or her full delivery is limited to 500 children per year nationally. Even if the lower number were true, however, I am stunned that he or anyone else could belittle the horror of partial-birth abortion by saying it "only" kills 500 children each year. This is a higher death toll than the Oklahoma City bombing—an act that has been rightfully condemned.

What is equally as frightening is the fact that the same Record article reveals that most partial-birth abortions in New Jersey were done to teenagers, and they were done as elective procedures, not for medical reasons. Let me quote from the article.

"We have an occasional amnio abnormality, but it's a minuscule amount," said one of the doctors at Metropolitan Medical, an assessment confirmed by another doctor there. "Most are Medicaid patients, black and white, and most are for elective, not medical, reasons: people who didn't realize, or didn't care, how far along they were. Most are teenagers."

And let us not forget Dr. Martin Haskell, the medical doctor who boasts about this grisly procedure and goes on tour teaching it to others. Dr. Haskell says 80 percent of his partial birth abortions are "purely elective."

This contradicts everything the abortion President has said to justify his veto of the Partial-Birth Abortion Ban bill passed by both the House and the Senate. President Clinton should stop hiding from the truth.

Override this antichild veto.

TRIBUTE TO PAUL MOLITOR, 3,000  
HITS AND HOMETOWN HERO

HON. JIM RAMSTAD

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 19, 1996

Mr. RAMSTAD. Mr. Speaker, I rise today to praise a true Minnesota hero, whose athletic

exploits in the all-American game of baseball have dominated headlines from coast to coast in recent days.

But as big a hit as Paul Molitor has been on the field for nearly two decades, Paul Molitor has been an even bigger hero to children and fans all across this great country for the person he is.

Mr. Speaker, it is common for this most uncommon man to stand for hours at a time and sign autographs for all comers, fans young and old. Paul Molitor of Minnesota and the Minnesota Twins is as classy a person as his classic swing.

A devoted family man who always answers the call of community organizations to help people in need, Paul Molitor gives us all much to admire. He visits to hospitals to cheer up suffering children in cities all across this great country are rarely covered in the newspapers. But the lives he has touched, the spirits he has raised are reason enough to celebrate this great American hero.

Joining only 20 of the greatest players in the history of the sport, Paul Molitor became a member of one of major league baseball's most exclusive clubs on Monday, September 16 in the fifth inning of a game at Kauffman Stadium in Kansas City, MO.

Showing his classic, never-give-up hustle, Molitor became the first player to enter the 3,000-hit club with a triple and an all-out, head-first slide into third.

And showing his strong love of family, Molitor immediately located his wife, Linda, and daughter, Blaire, in the stands and embraced them warmly.

Overcoming injury after injury, Paul Molitor's relentless pursuit of perfection and team goals has set a shining example for all of us in our everyday lives.

A fellow alumnus of the University of Minnesota, Paul Molitor has stolen our hearts with his heart for the game—just like he once stole second, third, and home in a single inning. His accomplishments in the game are already the stuff of legend.

This St. Paul native was the most valuable player of the 1993 World Series and scored the series-clinching run. His 1987 hitting streak of 39 games is the fifth longest in modern big-league history. In the first game of the 1982 World Series, he set a record with five hits.

From his sandlot days on the same playgrounds in St. Paul that produced—within just a few years—other future Hall of Famers Dave Winfield and Jack Morris, to his emergence as a star at the University of Minnesota, Paul Molitor has been gathering fans all across America.

In Milwaukee, Toronto, and Minnesota, Paul Molitor has collected a legion of loyal admirers who are devoted to our native Minnesota son as much for his character as his clutch fielding and hitting.

Mr. Speaker, we can all take a lesson from what Paul Molitor has done on and off the field: never give up; bear down at each and every opportunity; stay mentally tough; keep your eyes on the goal; don't let some bad breaks deter you from your objective; look out for your teammates; remember what's truly important.

Paul Molitor, the baseball player, is still going strong at age 40. He's leading the league in hits. But, more importantly, Paul Molitor, the person, is proving that Leo Durocher was wrong. Nice guys do finish first.