

the President coming today, and you needed time between 12 and 2. And we are always trying to accommodate all kinds of Senators' schedules coming and going. So there was a narrow window in there where we would have it hopefully around 12. That is what I was hoping for. We ran into a conflict. We would like to get it around 2, if we can. If we need to go to 2:30 because of your luncheon meeting, we can make it 2:30.

Mrs. BOXER. I say to my colleague, I know that the Democratic leader and the majority leader have talked about this. I know from him that it would not be acceptable, because as Senator Dole came here for a meeting with Republican colleagues of the House and Senate, so does President Clinton and Vice President GORE, they do come here. We certainly would all want to be there for that meeting, just as we cooperated when Senator Dole was here. Therefore, we would not be on the floor between 12 and 2 to debate this matter, and we do not think that is appropriate, particularly since this is an issue that needs explanation. This is an attempt to override the veto by the President. So we thought that was an unfair situation.

Mr. LOTT. I do not know of any luncheon that goes longer than 2 hours. Could we then have 1 hour of debate after your luncheon and vote at 3?

Mrs. BOXER. I will confer with the Democratic leader, because we are anxious to get done.

Mr. LOTT. We have the possibility of business luncheons and dinners and meetings. I am not complaining about that.

Mrs. BOXER. When Senator Dole came, I noticed all the Republicans were there, as well they should have been. But the fact is we would never interfere with you taking a break. We just want to make sure we are on the floor as this debate proceeds. So we were hopeful we could wrap it up at noon. We cannot wrap it up at noon. If we take a break for that 2-hour period and then have a—

Mr. LOTT. Mr. President, we want to accommodate that luncheon. We understand you want to do that. We would honor that. It may be even that we could do some other debate during that time. Maybe we can work on some of these other issues. Or if you want to vote at 3 o'clock, I will be flexible to accommodate your luncheon, but I think we should be ready to go to a vote as soon as everybody makes their final points.

Mrs. BOXER. I will confer with the Democratic leader.

Mr. LOTT. With regard to the Presidio conference report, we do have that pending. At the request of the Democratic leader, we are trying to see what the complaints of the administration are. But it sure is hard to get to the goalposts when the goalposts keep moving. This is a big bill, one of the two or three most important preservation and conservation issues of this Congress, maybe the most important.

Once again, even after we complied with the request to move out certain objectionable features, the administration is having problems with it.

Mr. President, do I have leader time reserved?

The PRESIDING OFFICER. Leader time is reserved.

Mr. LOTT. Mr. President, I would like to have time for a statement on the issue pending before us. Do I need to use leader time at this point in order to proceed on that?

The PRESIDING OFFICER. The Senator may use his leader's time or he may use time to lay down the measure and then speak on it while it is pending.

Mr. LOTT. Mr. President, I seek recognition under the time that is available under the bill, not the leader time. I reserve that for use later in the day.

PARTIAL-BIRTH ABORTION BAN ACT OF 1995—VETO

The PRESIDING OFFICER. Under the previous order, the Senate will now proceed to the consideration of the veto message on H.R. 1833.

The PRESIDING OFFICER laid before the Senate the following message from the House of Representatives:

The House of Representatives having proceeded to reconsider the bill (H.R. 1833) entitled "An act to amend title 18, United States Code, to ban partial-birth abortions," returned by the President of the United States with his objections, to the House of Representatives, in which it originated, it was

Resolved, That the said bill pass, two-thirds of the House of Representatives agreeing to pass the same.

The PRESIDING OFFICER. The question is, Shall the bill pass, the objection of the President of the United States to the contrary notwithstanding?

Mrs. BOXER addressed the Chair.

Mr. LOTT addressed the Chair.

The PRESIDING OFFICER. The majority leader still has the floor.

Mr. LOTT. Mr. President, the debate we are going to hear today on this partial-birth abortion issue is certainly not an easy one. It is a discussion of matters that we really should not even have to talk about and should not have to deal with, not in this country, not in this day in age, not among people who profess regard for human rights.

I cannot imagine a more blatant disregard of the most fundamental human right, the right to life, than this partial-birth abortion procedure.

I will spare the Senate another graphic description of the procedure. I know the Senators know it by now. And more and more Americans are becoming familiar with this procedure.

Without regard to religion, race, sex, philosophy, or party, people have to be horrified that this procedure is actually used as often as it is.

All of us who have followed this debate over the past year must have by now permanent memories of what we have heard and seen. The almost-born

baby, the surgical scissors, the dehumanizing terminology that transforms the killing into a medical procedure.

I think there has, in the process, been a tremendous amount of misinformation—some might say disinformation. There are some facts we need to be made aware of. We were told that partial-birth abortions sometimes are necessary to protect the mother's health or fertility. I do not believe that is so.

I think the facts do not bear that out. I discussed this procedure this morning with my wife, who has a medical-related background. She said there clearly are other options that can be used that would be safe to both mother and the baby.

Former Surgeon General C. Everett Koop, along with many prominent specialists in obstetrics and gynecology, has made clear "that partial-birth abortion is never medically indicated to protect a mother's health or her future fertility."

We were told that partial-birth abortions were rare, but they are not. This week's Time magazine claims there are only about 600 partial-birth procedures in the entire country. I do not consider 600 insignificant. Yet, earlier this month the Bergen County Sunday Record reported that in New Jersey alone at least 1,500 partial-birth abortions are performed each year.

Just this week in the Washington Post—yes, even the Washington Post—an article by Richard Cohen indicated that when he checked into it, when he found the facts, he found it no longer acceptable.

Mr. President, I ask unanimous consent that a copy of his article in that newspaper be printed in the RECORD.

There being no objection, the article was ordered to be printed in the RECORD, as follows:

[From the Washington Post, Sept. 24, 1996]

A NEW LOOK AT LATE-TERM ABORTION
(Richard Cohen)

Back in June, I interviewed a woman—a rabbi, as it happens—who had one of those late-term abortions that Congress would have outlawed last spring had not President Clinton vetoed the bill. My reason for interviewing the rabbi was patently obvious: Here was a mature, ethical and religious woman who, because her fetus was deformed, concluded in her 17th week that she had no choice other than to terminate her pregnancy. Who was the government to second-guess her?

Now, though, I must second-guess my own column—although not the rabbi and not her husband (also a rabbi). Her abortion back in 1984 seemed justifiable to me last June, and it does to me now. But back then I also was led to believe that these late-term abortions were extremely rare and performed only when the life of the mother was in danger or the fetus irreparably deformed. I was wrong.

I didn't know it at the time, of course, and maybe the people who supplied my data—the usual pro-choice groups—were giving me what they thought was precise information. And precise I was. I wrote that "just four one-hundredths of one percent of abortions are performed after 24 weeks" and that "most, if not all, are performed because the fetus is found to be severely damaged or because the life of the mother is clearly in danger."

It turns out, though, that no one really knows what percentage of abortions are late-term. No one keeps figures. But my Washington Post colleague David Brown looked behind the purported figures and the purported rationale for these abortions and found something other than medical crises of one sort or another. After interviewing doctors who performed late-term abortions and surveying the literature, Brown—a physician himself—wrote: “These doctors say that while a significant number of their patients have late abortions for medical reasons, many others—perhaps the majority—do not.”

Brown’s findings brought me up short. If, in fact, most women seeking late-term abortions have just come to grips a bit late with their pregnancy, then the word “choice” has been stretched past a reasonable point. I realize that many of these women are dazed teenagers or rape victims and that their anguish is real and their decision probably not capricious. But I know, too, that the fetus being destroyed fits my personal definition of life. A 3-inch embryo (under 12 weeks) is one thing; but a nearly fully formed infant is something else.

It’s true, of course, that many opponents of what are often called “partial-birth abortions” are opposed to any abortions whatever. And it also is true that many of them hope to use popular repugnance over late-term abortions as a foot in the door. First these, then others and then still others. This is the argument made by pro-choice groups: Give the antiabortion forces this one inch, and they’ll take the next mile.

It is instructive to look at two other issues: gun control and welfare. The gun lobby also thinks that if it gives in just a little, its enemies will have it by the throat. That explains such public relations disasters as the fight to retain assault rifles. It also explains why the National Rifle Association has such an image problem. Sometimes it seems just plain nuts.

Welfare is another area where the indefensible was defended for so long that popular support for the program evaporated. In the 1960s, ’70s and even later, it was almost impossible to get welfare advocates to concede that cheating was a problem and that welfare just might be financing generation after generation of households where no one works. This year, the program on the federal level was trashed. It had few defenders.

This must not happen with abortion. A woman really ought to have the right to choose. But society has certain rights, too, and one of them is to insist that late-term abortions—what seems pretty close to infanticide—are severely restricted, limited to women whose health is on the line or who are carrying severely deformed fetuses. In the latter stages of pregnancy, the word abortion does not quite suffice; we are talking about the killing of the fetus—and, too often, not for any urgent medical reason.

President Clinton, apparently as misinformed as I was about late-term abortions, now ought to look at the new data. So should the Senate, which has been expected to sustain the president’s veto. Late-term abortions once seemed to be the choice of women who, really, had no other choice. The facts now are different. If that’s the case, then so should be the law.

Mr. LOTT. But the most important fact in this debate is that the subject of partial-birth abortion cannot be dismissed as an embryo or as a fetus or what the abortion industry actually refers to as “the product of conception.”

No. In this case, the subject is a baby, a baby moments away from being

born, from making its first cry, from taking its first breath; a baby who, in only a few moments, would be squinting its eyes against the lights of the delivery room; a baby who, in only a few minutes, would be trying, in its clumsy newborn way, to nurse.

That baby is the reason why we have come so far with this legislation. That baby is why the House of Representatives, with significant Democratic support, overrode the President’s veto of this bill.

A veto override has been a rare occurrence in the last 2 years. But that baby is why so many members of the President’s own party have broken with him on this issue, why some Senators who voted against this bill earlier are now laboring with the decision and are perhaps going to change their vote.

In my own State of Mississippi, Eric Clark, the Democratic secretary of state, newly elected, highly acclaimed for his efforts so far, refused to attend an event celebrating President Clinton’s 50th birthday in protest against the veto of this bill.

In Alabama, Circuit Judge Randall Thomas, a long-time Democrat, resigned his judgeship to protest the President’s veto of this bill. Judge Thomas declared, “We’re killing babies. It breaks my heart.”

In Texas, Jose Kennard resigned from the executive committee of the Texas Democratic Party to protest the veto.

The president of the 100,000-member International Union of Bricklayers and Allied Craftworkers, John Joyce, has broken ranks with most of organized labor by refusing to support the President because of the veto of this bill.

All of which brings me to what I most want to say to my colleagues here in the Senate today. John Kennedy once observed that sometimes party loyalty demands too much. I know what he meant. I found myself in that position on a few occasions over the years, on at least one or two occasions stepping aside from my position as the minority whip in the House, because I could not in good conscience advocate the position that was being promoted by my party and my President. I just could not do it. So while I would not work it, I could not work against it in view of the fact I had a leadership position in the party, so I stood aside.

It is not easy to vote against a President of your own party. I know. I felt those pressures sometimes tremendously in the leadership as whip in both Houses. Especially it is true on a vote to override his veto. However, I have done it a few times, and I remember a couple times voting to override President Reagan’s vetoes. That was very tough to do because I loved him, but on occasion you had to stand for principle or your constituency or your conscience.

This is a political year. That makes it all the more difficult to get in a position of closing ranks. I understand

that. But sometimes party loyalty does demand too much, and this is one of those times. When I came to Washington almost three decades ago, I came as a Democrat. I know something about the Democratic Party’s tradition and heritage. Keeping partial-birth abortion legal is not part of that tradition. Protecting those who routinely perform hundreds of partial-birth abortions in their clinics is not part of the heritage of either party. Turning a blind eye to an atrocity is not a part of the heritage of the Democratic Party and certainly not of the Republican Party, either.

Yes, this is a political season, and if this bill dies, if the Senate upholds President Clinton’s veto, partial-birth abortion will immediately become one of the most powerful issues in the fall elections. That is not a warning. It is just a candid statement of fact. It is happening already, all across America. I am asking my colleagues on both sides of the aisle to take this away from politics. Put an end to it. Keep it out of the elections by voting today to end it.

I ask my Democratic colleagues to join us to override President Clinton’s veto, and in the process give children a chance to live, who, with this procedure, clearly would not live. We can still have our disagreements about abortion, but we need not have daily on our conscience this wound, this affront, this offense of partial-birth abortions.

I do not know what else I can say except to assure you I am speaking from the heart today. I would rather not have this issue available for political gain or political use. What I would rather have is a way to get rid of this terrible procedure that is a plague on our country’s conscience. There is so much violence in our society, sometimes we seem powerless to stop it—on the streets, drive-by shootings and crime, drug abuse, drug pushing and all that is going on. There is too much suffering for which sometimes we feel like we can do little. I know we can do more, and we will. This is one horror we can stop if we act together in a non-partisan way and let nothing but our conscience dictate our actions.

I yield the floor.

The PRESIDING OFFICER. The Senator from California is recognized.

Mrs. BOXER. Thank you very much, Mr. President.

I have next to me, Mr. President, a picture of Coreen Costello, with her new baby, Tucker. Coreen is a full-time wife and mother. She has three children now, Tucker being the youngest. Her husband, Jim, is 33, and is a chiropractor.

If it was not for the procedure that Senator LOTT, Senator DEWINE, and many other Senators here want to outlaw, Tucker would never have been born because Coreen could have been made infertile if she did not have that procedure. Her doctor writes, “She might have died without the procedure,” leaving her two other children

without a mother for the rest of their life.

Coreen writes to us, as Democrats and Republicans, that we should support the President's veto. It would not have been possible for her to have Tucker without the procedure that this Congress wants to outlaw. She says, "Please, please give other women and their families this chance. Let us deal with our tragedies without any unnecessary interference from our Government. Leave us with our God, our families, and our trusted medical experts."

Mr. President, the bill before the Senate which bans a medical procedure, even if it is necessary to save the life of a woman, or to spare her serious adverse long-term health risks, the bill before the Senate, if it becomes the law, will result in women dying, women suffering, women becoming infertile, maybe paralyzed, surely gravely harmed.

Women like Coreen Costello and others I will talk about today, several of whom are on Capitol Hill talking to Senators, several of whom are here with us during this debate, these are women who have been devastated by pregnancies gone wrong, gravely and tragically wrong—women who deserve our support, not our wrath.

It has been my purpose ever since this debate began many, many months ago, and it has been the purpose of Senators like PATTY MURRAY and CHUCK ROBB and others, to put a woman's face on this issue.

Let me unequivocally say that the bill that is before the Senate, the vetoed bill, is not about whether abortion should be allowed in the late term of a pregnancy, of a healthy pregnancy. It is not about that. There is not one Senator that believes a healthy pregnancy in the late term should be aborted—not one—despite what has been said on this floor over and over the past few days.

Our President does not believe that abortion should be allowed in the late term. As a matter of fact, our President, as Governor of Arkansas, signed a bill outlawing late-term abortion in all cases except if the woman's life or health was at stake.

Roe versus Wade, the law of the land on this matter, which is broadly supported in this country and in this U.S. Senate, gives no right to unregulated late-term abortion.

So those who support Roe do not support late-term abortion. The Senator from Pennsylvania, Senator SANTORUM, in the last couple of days, when I was not on this floor, and then when I came to this floor, asked me over and over again did I support abortion in a healthy pregnancy. I said, "No, I do not." I think it is extremely sad that Senators would come down to this floor and, on such an issue, try to say that another Senator has a view that is not, in fact, that Senator's view. I think it is sad, I think it is demeaning to this institution, and I think it shows a lack of respect for one another, and I am very sorry about that.

Mr. President, the bill that is before us, which has been vetoed by the President, is not about choice, it is about health and life. Frankly, I believe that it is about politics. That is the saddest thing of all. Why else do you think this override is before us now, very close to this election, in the waning hours of the session? The Republican Congress has had this vetoed bill for more than 5 months. But it is brought to us right before the Republican leadership gets ready to adjourn this Congress to go home and campaign.

After distorting what this bill is really about—although we will be on the floor minute by minute to reply to these distortions—they hope to go home and make political points, make political commercials, and say that those of us who disagree with them are defending late-term abortion, when we are not. We are defending the lives of women—women like Coreen Costello, mothers, loving family members, who have asked us, in the name of God, to allow them to save these mothers.

I think not only is this political that we have seen months go by without action on this veto override—not only is it political, but it is cynical. It is cynical because I believe they know that if we added a true life exception to this bill—and there is no Hyde language, there is no true life exception in this bill, which I will go into later in the day, they know that if they added a true life exception to this bill, and a strong and tightly worded health exemption to this bill, this bill would pass overwhelmingly and the President would sign it. He has said he would sign it. In his veto message, he holds out his hand and says: Make an exception in cases like Coreen's and I will sign the bill. Again, this is the President who was Governor of Arkansas, who signed a bill to outlaw late-term abortion.

So, in its current state, without those exemptions added to it, which we all would vote for—it would pass by unanimous consent in a moment. We could send it back to the House, they could act on it, we could send it to the President's desk. But without those exemptions, what is the bill about? It is about banning a medical procedure that doctors have testified is necessary in certain tragic circumstances to save a woman's life or to spare her unbelievably tragic health consequence. Surely, if we have a heart, we should not ban such a procedure in those circumstances.

Now, I ask, why would Senators want to place themselves in an emergency room, in an operating room, and prevent the doctor from saving a woman's life? Why would a Senator want to place himself or herself in an emergency room or an operating room and stop the doctor from saving a mother, a woman, from irreversible paralysis or infertility? Why? Why?

Now, I know those of us who go into politics are not shy or reticent people. I know we have confidence in ourselves

and we believe in ourselves. In order to take a lot of harsh criticism and the hits that we take every day, we have to be strong, we have to be secure, we have to believe in ourselves. But surely we are not that egotistical to believe that we know more than well-trained physicians, and surely we are not so egotistical that we believe we should outlaw a medical procedure that many doctors say they need. Not every doctor says he or she needs it, and we have heard the letters from those who say they don't feel it is necessary. But there are many other doctors who feel it is necessary, like doctors at the Columbia School of Health.

In a letter dated yesterday, Allan Rosenfield, dean of the Columbia University School of Public Health writes:

The bill in Congress targeting intact D&E abortion, H.R. 1833, is an extreme piece of legislation in that it provides no exception at all for abortions necessary to preserve a woman's health, or in cases where a severe fetal abnormality is incompatible with survival after delivery. To force a woman to carry to term a fetus with a horrible abnormality, such as absence of a brain, once the diagnosis is known, is truly cruel and inhumane.

Are we that egotistical to think we know more than those doctors?

And then a medical doctor from Colorado writes:

I can assure you that I know of no physician who will provide an abortion in the seventh, eighth, or ninth month of pregnancy by any method at all, for any reason, except when there is a risk to the woman's life or health, or a severe fetal anomaly.

The doctor talks about Coreen Costello, whose picture is right here with her son, who she never could have had if she didn't have this procedure, because she could have been rendered infertile.

The fact is that women like Coreen Costello, a Republican who is opposed to abortion, who desperately wanted her daughter Katherine Grace to be able to live, are exactly the women who would be affected should this bill become law. And these women would be devastatingly hurt by it. They would have a safe medical option taken away from them at their time of greatest need.

The doctor goes on:

I have dedicated much of my professional life to the health of these women. They are the patients to whom we physicians must commit our greatest skill and compassion. We cannot do that if we risk jail for exercising our best medical judgment.

Are we that egotistical? Do we think we know more than doctors, those who take the Hippocratic oath and swear that they will do everything in their power to save lives? My colleagues on the other side of this issue say this procedure is not necessary. They think they know more. They think they know more than these doctors, and they have doctors who say they don't ever use this procedure. If those doctors don't feel they need that procedure, that is up to those doctors. But don't ban a procedure that other doctors say is absolutely necessary to save

a woman's life, or spare her irreparable permanent damage to her body. Do Senators have that much arrogance, that much hubris, that they want to take away an option from a doctor who swears to God to do everything he or she can do to save lives? I hope not. I hope and I believe that enough Senators will stand with these women, and with our President who stands with these women, and these families, and I hope and I believe they will stand for them and that they will in fact sustain this veto.

Mr. President, I have lived quite awhile and I have seen a lot of life. I have seen enough to know that if my daughter, who just gave me a magnificent grandson, found herself in the late term of pregnancy with a tragic situation like the one of Coreen Costello—where she did not know because science couldn't tell us at the early stages that this pregnancy was tragic, indeed that perhaps the baby had no brain but that the head was filled with fluid and the baby could never live but for a few excruciating seconds—if my daughter found out that the child that she was bearing and loving and wanting had an anomaly such as this, and, if the doctor told me, told my daughter's father, told my daughter's husband that we might lose her were it not for this procedure and that my son might lose his sister and my grandson might lose his mother, and all because some Senator decided he knew better than a doctor who was trained for years in just such medicine, I think if I could get past my anger, I would tell such Senators to stay out of my family's life, to stay out of my family's love, and let us decide together with our God and our doctor.

I would say to that Senator, "If you want to do this to your own family, if you want to tell your daughter that she cannot have the safest procedure, that is your right. But don't you tell that to my family." I would say, if I could get past my anger, "I didn't elect you to be a surgeon, or a physician, or to play God with my daughter. Stay out of my family's life, stay out of my family's love, and let us decide with our doctor and our God how to handle this most tragic situation." I would say that.

That is exactly what the women who have had this procedure are telling us. They were on Capitol Hill last week. They are on Capitol Hill this week, and they are courageous. They are courageous because in telling their stories they are reliving the most difficult moments of their lives. I had the privilege of meeting such families and introducing them to some my colleagues. Many of these women are very, very religious. They are against abortion. But all of them oppose this bill and support President Clinton's decision to stand with them and veto that bill.

Again, at any moment we could have a unanimous-consent request to add a health and life exception to this bill, and we could walk side by side and have a bill signed into law.

So who is it that is playing politics with this? I ask. The women who were here on the Hill who have come to tell their stories are not doing it for themselves but for others who could face the same horror that they did. They are here to stand up to those Senators who would have condemned them to grave injury—maybe even to death.

I ask my colleagues to vote for these women and their families and families like them who need every medical option at their disposal. This issue is not about choice. Roe versus Wade does not give a woman a choice to have an abortion at the end of her pregnancy—only if her life and health is at undeniable risk.

Let me repeat that. There is no law or Supreme Court decision that allows a woman to have a late-term abortion—only if her life is at stake, or she faces severe health risks.

So we can pass a bill today that will allow this procedure to be used only if a woman's life is at stake, or if she faces severe serious health consequences. The President would sign such a bill. He has stated so in his letter.

Let me read to you from the President's letter. I believe that every American who listens to this letter will see the compassion in our President toward women and families who find themselves in tragic danger and circumstances, and to children. Yes, to children. If Coreen Costello didn't have that procedure, she could have died. She has two other children, and the President cares about those children and about this child, and about this woman.

The President writes:

DEAR MR. LEADER: I am writing to urge that you vote to uphold my veto of H.R. 1833, a bill banning so-called partial-birth abortions. My views on this legislation have been widely misrepresented, so I would like to take a moment and state my position clearly.

This is the President.

First, I am against late-term abortions and have long opposed them, except, as the Supreme Court requires, where necessary to protect the life or health of the mother. As Governor of Arkansas, I signed into law a bill that barred third trimester abortions with an appropriate exception for life and health. I would sign a bill to do the same thing at the Federal level if it were presented to me.

Here is the President saying that as Governor he outlawed late-term abortions but for the life and health, and he would in fact sign the bill outlawing this procedure if there was an exception for the life and health.

The procedure aimed at in H.R. 1833 poses a difficult and disturbing issue. Initially, I anticipated that I would support the bill. But after I studied the matter and learned more about it, I came to believe that it should be permitted as a last resort when doctors judge it necessary to save a woman's life or to avert serious consequences to her health.

In April, I was joined in the White House by five women who were devastated to learn that their babies had fatal conditions. These

women wanted anything other than an abortion, but were advised by their doctors that this procedure was their best chance to avert the risk of death or grave harm, including, in some cases, an inability to bear children. These women gave moving testimony. For them, this was not about choice. Their babies were certain to perish before, during or shortly after birth. The only question was how much grave damage the women were going to suffer. One of them described the serious risks to her health that she faced, including the possibility of hemorrhaging, a ruptured cervix and loss of her ability to bear children in the future. She talked of her predicament.

And then the President, in his letter asking for our support, quotes this woman:

Our little boy had . . . hydrocephaly. All the doctors told us there was no hope. We asked about in utero surgery, about shunts to remove the fluid, but there was absolutely nothing we could do. I cannot express the pain we still feel. This was our precious little baby, and he was being taken from us before we even had him. This was not our choice, for not only was our son going to die, but the complications of the pregnancy put my health in danger, as well.

The President, retelling stories that we hear from families all over this Nation, families, some of whom oppose all abortion, some of whom support Roe versus Wade, some of whom are extremely religious, some of whom are Democrats and some of whom are Republicans and some who are Independents. This is about health and life and compassion.

The President goes on:

Some have raised the question whether this procedure is ever most appropriate as a matter of medical practice. The best answer comes from the medical community, which believes that, in those rare cases where a woman's serious health interests are at stake, the decision of whether to use the procedure should be left to the best exercise of their medical judgment.

The problem with H.R. 1833 is that it provides an exception to the ban on this procedure only when a doctor is convinced that a woman's life is at risk, but not when the doctor believes she faces real, grave risks to her health.

Let me be clear. I do not contend that this procedure, today, is always used in circumstances that meet my standard. The procedure may well be used in situations where a woman's serious health interests are not at risk. But I do not support such uses, I do not defend them, and I would sign appropriate legislation banning them.

The President of the United States says if this procedure is used in any other circumstance other than health and life of the mother, he would ban it, and we could do that by unanimous consent today. I want to alert my colleagues, at some point during the debate I will be making a unanimous consent request to do just that. I wanted to alert them to that.

The President goes on:

At the same time, I cannot and will not accept a ban on this procedure in those cases where it represents the best hope for a woman to avoid serious risks to her health.

I also understand that many who support this bill believe that a health exception could be stretched to cover almost anything, such as emotional stress, financial hardship

or inconvenience. That is not the kind of exception I support. I support an exception that takes effect only where a woman faces real, serious risks to her health. Some have cited cases where fraudulent health reasons are relied upon as an excuse—excuses I could never condone. But people of good faith must recognize that there are also cases where the health risks facing a woman are deadly serious and real. It is in those cases that I believe an exception to the general ban on the procedure should be allowed.

Further, I reject the view of those who say it is impossible to draft a bill imposing real, stringent limits on the use of this procedure—a bill making crystal clear that the procedure may be used only in cases where a woman risks death or serious damage to her health, and in no other case. Working in a bipartisan manner, Congress could fashion such a bill.

That is why I asked Congress, by letter dated February 28 and in my veto message, to add a limited exemption for the small number of compelling cases where use of the procedure is necessary to avoid serious health consequences. As I have said before, if Congress produced a bill with such an exemption, I would sign it.

In short, I do not support the use of this procedure on demand or on the strength of mild or fraudulent health complaints. But I do believe that it is wrong to abandon women, like the women I spoke with, whose doctors advise them that they need the procedure to avoid serious injury. That, in my judgment, would be the true inhumanity. Accordingly, I urge that you vote to uphold my veto of H.R. 1833.

He finishes with these words:

I continue to hope that a solution can be reached on this painful issue. But enacting H.R. 1833 would not be that solution.

I ask my colleague from Pennsylvania, without losing the right to the floor, did he want to offer a unanimous-consent request?

Mr. SANTORUM. I thought we did, but I have just been informed to wait a second. Have you seen the unanimous consent?

Mrs. BOXER. No, I have not.

Mr. SANTORUM. I will hand a copy to my colleague.

Mrs. BOXER. I thank the Senator.

Mr. SANTORUM. Will the Senator yield for 1 second?

Mrs. BOXER. I will be happy to yield.

GOLDEN GAVEL AWARD

Mr. SANTORUM. I just wanted to recognize the Senator from New Hampshire. I have been informed that the hour of 10 o'clock will be the 100th hour of the Senator from New Hampshire presiding in the Chair. He will be awarded a golden gavel for doing so. I just wanted to commend him for his work in that regard. My understanding is he is the first Senator from the State of New Hampshire to receive such an award. I congratulate the distinguished Senator.

Mrs. BOXER. May I add my words of congratulations? I have not sat in that chair as often as I would like to, so I am falling far behind his record, but I do offer my congratulations to the Senator from New Hampshire.

It is difficult, sometimes, to sit there, particularly when I know the Senator would love nothing more than to jump into this debate at any point

during my words here, so I particularly want to thank him for his generosity of spirit.

UNANIMOUS-CONSENT AGREEMENT

Mr. SANTORUM. If the Senator will yield, I will propound the unanimous-consent agreement.

I ask unanimous consent there now be 4 hours for debate on the veto message to accompany H.R. 1833, the partial-birth abortion bill, with the time equally divided in the usual form. Further, that the Senate recess between the hours of 12:30 and 1:30 today, and that when the Senate reconvenes at 1:30, there be a period of morning business until 2 p.m., with the Senators permitted to speak for up to 5 minutes, during which time statements relating to the veto message will be prohibited.

I further ask that, at the hour of 2 o'clock, the Senate resume consideration of the veto message with the remaining time limitations still in effect. And, finally, following the expiration or yielding back of time, the Senate proceed to a vote on the question, "Shall the Senate pass the bill, the objections of the President to the contrary notwithstanding?"

The PRESIDING OFFICER. Is there objection?

Mrs. BOXER. Mr. President, reserving the right to object and I will not, I think this is a fair request. I just want to make sure that it is clear that the Senator from California, me, will be controlling the time of the side that wishes to sustain the veto, and if the Senator from Pennsylvania is on the other side—I think it would clarify matters.

Mr. SANTORUM. I add that to the request.

The PRESIDING OFFICER. Without objection, the request is so modified. Without objection, the unanimous-consent request is agreed to.

Mr. SANTORUM. Thank you, Mr. President.

Mrs. BOXER. Thank you very much, to all Senators on both sides, so we can bring this difficult issue to a close, at least for this session, because I am sure this entire issue will be debated again.

Mr. President, what I have done in this part of my presentation, and I am almost finished with this first part and I will save the rest for the rest of the debate, I have tried to make the case that the reason the President vetoed this bill, and the reason I am here asking my colleagues to support his veto, is because the bill in its form is extreme. It is extreme because it does not have, first of all, a clear life exception, which I will go into this afternoon. It does not have the usual high life exception. It has only an exception for pre-existing conditions which might threaten the woman, but not the actual pregnancy itself. And it has no exemption for health.

I do believe that this President, who has really taken a tremendous amount of time to lay out his reason for vetoing this bill, is very, very clear and very willing to work with all sides to

craft a bill that he can sign. I think, again, we can do that pretty easily.

So the issue that is before us today is not about choice, it is not about a woman's right to choose. A woman doesn't have a right to choose at the end of her pregnancy to have an abortion. It is not allowed under Roe versus Wade. No physician I ever heard from ever performed such an abortion. No Senator I know condones such an abortion.

What we are saying is only in the cases where this tragic pregnancy exists at the end of a pregnancy and was not known earlier, a woman should have a chance with her God and her family to have all medical options available to her so that she can have other children, so that she can continue to live a life on this Earth.

Again, we can pass a bill today that would allow this procedure to be used if a woman's life is at stake or if she faces serious adverse health consequences. I keep repeating that because the majority leader, TRENT LOTT, in his remarks said he would like to see us work together. We are ready to work together, and before the end of my remarks today, I am going to make such a unanimous-consent request, I alert my colleagues, and I will be doing that all through this debate.

I suspect that when I make the unanimous-consent request that will, in essence, ban this procedure except for life and health, it will be objected to. The reasons will be stated and they will be, No. 1, there already is a life exception in this bill. As I stated, there really is no life exception in this bill except for a preexisting condition. No. 2, they will say that the health risks represent a loophole. A woman can say, "My life is at stake," and it isn't. We have crafted it such a way to say serious adverse health consequences to the woman. We think that is very, very tightly drawn.

The end result by not supporting this unanimous-consent request that I will make is that we will have no bill signed into law, but instead we will have a political issue. In essence, I have to say, that those who do not support the life and health exemption, in essence, are not placing the woman's health or her life in an important position.

I will say this not as a matter of philosophy but as a matter of fact that Coreen Costello, who is pictured here with her son, might not have lived had she not had that procedure. We are looking at a 31-year-old mother of three who might not be here. So we are not talking philosophy here. We are talking reality. We are not talking a woman's right to choose here, we are talking health and life.

In retrospect, it shouldn't surprise us that when we offered our amendment in the original debate, which was the Boxer amendment to outlaw this procedure but for life and health, in retrospect it shouldn't surprise us that we lost our amendment. We were able to

get 47 votes. We do have some Republican votes, which are very meaningful and very important to us, but we didn't know at that time that the Republican platform was going to actually call for criminalizing all abortion, even those in the first weeks of a pregnancy and even in the case of rape and incest.

So I guess in retrospect, I shouldn't be surprised that I lost my, what I thought to be, very moderate, very straightforward amendment when we see the most antichoice Congress in history.

Even when it comes to a tragic situation that Coreen Costello found herself in and other women whose stories I will bring to the floor this afternoon, colleagues cannot even allow these women the chance to save their lives, save their fertility, save them from paralysis, save them from hemorrhaging? They cannot even do that.

So I say, in many ways, the debate today is unnecessary. We could sit down and work out this amendment. We could get the bill to the President. But it is really about a political agenda for the Presidential, senatorial, and House races. That is why we have this veto override in what may be the last week of the Senate of this particular Congress.

Mr. President, I am going to save the rest of my remarks for later in the debate. Right now, I am going to make a unanimous-consent request to set aside the pending veto message and proceed immediately to a bill that allows this procedure only in cases where the mother's life is at stake or she would suffer serious adverse health consequences without this procedure. I make that unanimous-consent request.

Mr. SANTORUM. Reserving the right to object. I say to the Senator from California that, first off, we had an opportunity to debate this issue, and we did debate this issue when the bill originally came up. The issue was debated at length. The Senator from California lost. The Senate worked its will. The Senator's amendment was defeated.

In addition, obviously, we have already had a veto override in the House, including dozens of Members who were pro-choice supporting the override of this, what you would term, extreme provision, this extreme law.

I suggest that the health of the mother exception that you want to include is unnecessary, and the reason it is unnecessary is because, according to physicians, not according to the Senator from Pennsylvania—I am not an obstetrician; I am not using my words in responding to the Senator from California, I will use the words of a Dr. Harlan Giles, a professor of high-risk obstetrics and perinatology at the Medical College of Pennsylvania. He performs abortions by a variety of procedures.

I say to the Senator from California that even if this bill were to become law, there are still a variety of other abortion procedures available to

women to have late-term abortions. This outlaws one which many of us believe is the most barbaric.

His testimony was as follows:

After 23 weeks, I do not think there are any maternal conditions—

I repeat that.

there are any maternal conditions that I'm aware of that mandate ending the pregnancy that also require that the fetus be dead or that fetal life be terminated. In my experience for 20 years, one can deliver these fetuses either vaginally or by cesarean section, for that matter, depending on the choice of the parents, with informed consent. But there's no reason these fetuses cannot be delivered intact vaginally after a miniature labor, if you will, and be at least accessed at birth and given the benefit of the doubt.

This is someone who performs abortions.

Senator BROWN from Colorado quoted a doctor from Boulder, CO, a Dr. Hern, who performs late-term abortions. He is the only one in Colorado, according to the Senator from Colorado, who performs these procedures, performs lots of abortions and has said identical things: that there is no reason to perform this procedure; that this procedure is not to benefit the health of the mother; and that the women who have this procedure done, the women who were trotted out to the White House, were misinformed about what health consequences beset them at the time of their abortion.

So I object because the premise that the health of the mother is somehow improved by this procedure is a false premise, and that is not pro-life doctors talking, although we have many of them who are, that is not just pro-choice doctors talking, although we have many of them that do, but I am talking about people who perform late-term abortions talking.

So to stand up and give credibility to this idea that there is a health reason to perform this abortion is factually incorrect, according to a very broad spectrum of physicians who don't and who do perform late-term abortions and abortions at other points in time.

So I do object on the fact that the premise underlying the Senator's amendment is a faulty premise and is not appropriate for this legislation.

The PRESIDING OFFICER. Objection is heard.

Mr. SANTORUM. I object.

Mrs. BOXER. Mr. President, I understand that the Senator objects to my unanimous consent request to set aside this veto fight and instead craft a bill that would have a very fairly drawn exception for these most tragic cases. That is exactly what we want. And I will say in response to the Senator's objection a couple of things.

He said there were dozens of Members who were pro-choice on the House side who voted for the bill. The fact is, those same dozens of House Members had no opportunity to vote on an exception, a true life and a true health exception. They were not given that by the Republican leadership. They had no choice to state their position as Sen-

ators here do on the Boxer amendment, which had 47 votes.

When my colleague says he objected, we already debated it, he is right; we did fail by three votes. The fact is, since that time we have a letter from the President asking us—and he is the President of the United States of America, and he does represent the people, and he is saying, "Please send me a bipartisan bill." He says, "We can draw a bill that would address the small number of compelling cases where the use of this procedure is necessary to avoid serious health consequences." He says if Congress produced such a bill, he would sign it.

So that is new information. That is why I planned to offer this unanimous consent request. I think if we really wanted to get something done on this, we could outlaw this procedure except in those narrow cases.

I thank my colleagues for their courtesy, and we will obviously have several hours of this debate. When I come back to the floor for further debate, I am going to introduce by way of their photographs many other families with compelling stories like this. We can talk about this in the abstract. I intend to put the family's face on this issue, and I think the President has done that magnificently in his veto message.

There is one more thing I wanted to point out. There was an editorial today in the New York Times. I am going to be placing it on the desks of Senators. I am going to just read the very end of it.

Whatever one's views of late-term abortions, this bill is not a serious effort to confront the issue directly. Rather, it is the first shot in a campaign by antiabortion forces to erode access to abortion by banning one procedure after another. These forces have already gained ground in individual States, imposing legal restrictions and conditions that have made it extremely difficult, particularly for poor women or those in rural or remote areas, to get abortions, without outlawing the practice outright. Mr. Clinton was right to veto their efforts and the Senate should stand with him.

I ask unanimous consent to have this editorial printed in the RECORD.

There being no objection, the article was ordered to be printed in the RECORD, as follows:

[From the New York Times, Sept. 26, 1996]

UPHOLD THE ABORTION VETO

The politically charged issue of abortion returns to the Senate today in the form of a veto to override President Clinton's veto of a bill outlawing certain late-term abortions and imposing criminal sanctions on doctors who perform them. Last week, the House voted by 285 to 137 to override Mr. Clinton. That leaves only the Senate to stop this campaign-season rush to outlaw a procedure that, despite its distasteful nature, remains the safest method to abort a fetus for valid medical reasons late in pregnancy.

The bill passed earlier this year, would ban a particular procedure, known as intact dilation and extraction, but called a "partial birth" abortion in the bill by anti-abortion advocates. It is used only in late-term abortions, after 20 weeks of gestation. Reliable statistics are difficult to come by, but the

Alan Guttmacher Institute, which as long tracked abortion issues, reports that only some 15,000 of the estimated 1.5 million abortions each year take place after 20 weeks and only about 600 of those take place after 26 weeks or during the third trimester. The minority of these third-trimester abortions use the procedure that has stirred Congress' ire.

The procedure involves partially pulling the fetus into the birth canal and then collapsing the skull in order to let it be extracted. Graphic pictures have been circulating to stir up opposition to the procedure, but is actually considered safer and less traumatic than the alternative late-term procedure, in which the fetus is broken apart in the uterus before it is suctioned out.

The bill should be rejected as an unwarranted intrusion into the practice of medicine. It would mark the first time that Congress has outlawed a specific abortion procedure, thus usurping decisions about the best method to use that should properly be made by doctor and patient. The bill would actually force doctors to abandon a procedure that might be the safest for the patient and resort to a more risky technique.

Although the bill allows the procedure to be used to preserve the mother's life, that exception is drawn so narrowly as to make the technique virtually unusable. A doctor charged with violating the law would have to prove in defense that no other procedure could have saved the mother's life. Moreover, the exception only covers cases in which the mother's life was endangered by physical disorder, illness or injury. Many opponents argue that the exception is so narrow that it ignores cases in which the pregnancy itself poses the threat to life. A further weakness is that the bill also does not recognize any broader threat to the mother's health.

In addition, the fact that the defense could only be raised after criminal charges were brought would have a chilling effect on the already small number of doctors who perform abortions. The penalty, for anyone convicted, could be up to two years in prison and \$250,000 fine.

Whatever one's views of late-term abortions, the bill is not a serious effort to confront the issue directly. Rather, it is the first shot in a campaign by anti-abortion forces to erode access to abortion by banning one procedure after another. These forces have already gained ground in individual states, imposing legal restrictions and conditions that have made it extremely difficult, particularly for poor women or those in rural or remote areas, to get abortions, without outlawing the practice outright. Mr. Clinton was right to veto their efforts and the Senate should stand with him.

Mrs. BOXER. Mr. President, when I come back, I will go into some other editorials. I will introduce you to more women like Caren Costello, and I will go into the life exception in this bill, which is not a true life exception. I hope that at the end when we count the votes we will stand with the women, with the families, with compassion, and sustain our President's veto.

Mr. President, I yield the floor.

Mr. SANTORUM addressed the Chair. THE PRESIDING OFFICER (Mr. INHOFE). The Senator from Pennsylvania.

Mr. SANTORUM. Mr. President, I ask unanimous consent to have printed in the RECORD a letter from a woman who had a child with a fetal defect, a fetal abnormality, and decided to go through and have the baby, and her comments about this legislation.

There being no objection, the letter was ordered to be printed in the RECORD, as follows:

On March 20, 1995 my husband and I found out that we were expecting a precious baby. The discovery was an incredible surprise. We were not trying to become pregnant, but knowing that the Lord's plan for our lives was being carried out, we were overjoyed, a little overwhelmed, but completely thrilled. I began my prenatal vitamins immediately and followed all known guidelines to protect my unborn child.

Three months later, on June 18, I had an uneasy feeling, nothing that I felt physically, just an anxious, strange feeling. I called my obstetrician and requested a fetal heart check. They dismissed my concern as the first-time-mother jitters but agreed to let me come into the office. Unable to find a heart beat, the nurse sent me down the hall for a sonogram to reassure me that there were no problems. This would be my first sonogram where I would actually be able to see the baby. I was five months pregnant.

The nurse began pointing out our baby's toes and feet, and when the baby kicked I smiled, believing that everything was alright. Then, the nurse suddenly stopped answering my questions and began taking a series of pictures and placed a videotape into the recorder. Unaware of what a normal sonogram projects, I did not decipher the enormous abdominal wall defect that my child would be born with four months later.

My husband was unreachable so I sat alone, until my mother arrived, as the doctor described my baby as being severely deformed with a gigantic defect and most likely many other defects that he could not detect with their equipment. He went on to explain that babies with this large of a defect are often stillborn, live very shortly or could survive with extensive surgeries and treatments, depending on the presence of additional anomalies and complications after birth. The complications and associated problems that a surgical baby in this condition could suffer include but are not limited to: bladder exstrophy, imperforate anus, collapsed lungs, diseased liver, fatal infections, cardiovascular malformations, etc.

I describe my situation in such detail in hopes that you can understand our initial feelings of despair and hopelessness, for it is after this heartbreaking description that the doctor presented us with the choice of a late-term abortion. My fear is that under this emotional strain many parents do and will continue to choose this option that can be so easily taken as a means of sparing themselves and their child from the pain that lies ahead. With our total faith in the Lord, we chose uncertainty, wanting to give us as much life as we could possibly give to our baby.

On October 26, 1995, the doctors decided that, although a month early, our baby's chance of survival became greater outside the womb than inside, due to a drop in amniotic fluid. At 7:53 am, by caesarean section, Andrew Hewitt Goin was born. The most wonderful sound that I have ever heard was his faint squeal of joy for being brought into the world. Two hours after being born he underwent his first of three major operations.

For two weeks Andrew lay still, incoherent from drugs, with his stomach, liver, spleen and small and large intestines exposed. He was given drugs that kept him paralyzed, still able to feel pain but unable to move. Andrew had IV's in his head, arms and feet. He was kept alive on a respirator for six weeks, unable to breathe on his own. He had tubes in his nose and throat to continually suction his stomach and lungs. Andrew's

liver was lacerated and bled. He received eight blood transfusions and suffered a brain hemorrhage. Andrew's heart was pulled to the right side of his body. He contracted a series of blood infections and developed hypothyroidism. Andrew's liver was severely diseased, and he received intrusive biopsies to find the cause. The enormous pressure of the organs being replaced slowly into his body caused chronic lung disease for which he received extensive oxygen and steroid treatments as he overcame a physical addiction to the numerous pain killers he was given.

The pain and suffering was unbearable to watch, but the courage and strength of our child was a miraculous sight. We were fortunate. The worst case scenarios that were painted by the doctors did not come to fruition, and we are thankful that our son was allowed the opportunity to fight. His will to live overcame all obstacles, and, now, we are blessed by his presence in our lives each and every minute. Our deepest respect and prayers go out to the courageous parents who knew that their baby would not survive and yet chose to love them on earth as long as God allowed and intended for them to be.

WHITNEY AND BRUCE GOIN,
Orlando, FL.

Mr. SANTORUM. Every time the Senator from California would bring up one of these cases, I will, unfortunately—Members on this side and maybe on the other side—have to tell the entire story about all these cases that the Senator from California would like to bring up, because, in fact, as was said earlier, there is no health or life reason to do this procedure. There is no reason. In fact, the Senator from Ohio, who I am going to yield to in a minute, will go through the case of Coreen Costello.

We do not want to do this. I am sure Mrs. Costello went through some terrible things, but if the Senator from California is going to offer her up as a justification for this procedure, then the American public and the Members of the Senate have to know all the facts related to the procedure that was done and how she was misinformed about her alternatives. We have hundreds and hundreds of physicians, obstetricians, both pro-life, pro-choice, people who perform abortions, people who do not, who agree with that assessment of that.

With respect to the New York Times article, I would say to the Senator from California the New York Times is the same paper that said we do not need to reform welfare because if we just change a little bit, it is a slippery slope and all of a sudden there will not be welfare. And they are the same people who criticize the National Rifle Association, which opposes any restriction on the second amendment, because of their slippery slope argument, and they criticize them for "standing firm." And yet they are taking this position if you do one thing, even though it is reasonable, and you might argue it is reasonable, it is just a real big, sort of plot effort. That is just absolutely baloney. Baloney.

My goodness, the New York Times, they are just—get a life. This is murder. Let us not call it partial-birth

abortion. Call it partial-birth infanticide. That is what this is. If we think that is OK in this country, we have gone much too far.

It is my pleasure to yield 15 minutes to the Senator from Ohio.

Mr. DEWINE addressed the Chair.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. DEWINE. Mr. President, we have begun a very historic debate in this Chamber. It really is the conclusion of a debate that has been going on for several months. I think it might be instructive to review how we got here.

The House, of course, took this matter up. The Senate Judiciary Committee held hearings. I will be quoting from some of those hearings in just a moment. The House passed the bill. The Senate passed the bill. Then the President vetoed it. The House overrode the President's veto, and now we are in the Senate.

I think it is important that we keep our eye on the ball as this debate goes on. We should try to stay with the facts and try as much as possible to keep personal comments out of this.

My friend from California, the Senator from California, repeatedly has come to the floor the last few days and said she has been offended by other Senators characterizing her position. I understand that. Yet, she has repeatedly this morning talked about politics and talked about cynicism and talked about motives that she believes drive Members of the Senate who happen to be on this side, the other side from her in this debate.

Quite frankly, I think that is too bad. I think those assertions are too bad. I think it is too bad when anyone in this debate attempts to look into the heart and mind, the soul of any Senator. And I think it is wrong to do that. Please, please, spare us that argument.

The Senator specifically said that she was going to offer a unanimous consent, which she did, which would add this health exception. Let me assure my colleague and friend from California, those of us who oppose that and who would object, do not do it for political reasons. No. We oppose it because we know, based on court decisions, that an amendment such as that would make the bill useless—useless. I think if the Senator will read the opinions of the Court, Supreme Court decisions, that she will see that. But it is not because of politics. It is because we believe this bill should pass and we believe this bill should pass in a form that accomplishes something.

I will return to that later today.

My friend from California talked about Coreen Costello. I was in the Judiciary Committee when she testified. It was compelling testimony. It was testimony that would break your heart. However, Coreen Costello did not—let me repeat—did not have a partial-birth abortion. Let me read the proposed law, the bill that is in front of us. And then I will turn to Coreen

Costello's testimony. Here is the pertinent part of the legislation. 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."

Coreen Costello testified—again everyone's heart went out to her when she testified—this is what she said.

When I was put under anesthesia, Katherine's heart stopped. She was able to pass away peacefully inside my womb, which was the most comfortable place for her to be.

When I awoke a few hours later, she was brought in to us. She was beautiful. She was not missing any part of her brain. She had not been stabbed in the head with scissors.

Coreen Costello did not have a partial-birth abortion. If she had intended to have a partial-birth abortion, we know—we know—from all the testimony, that is undisputed, that all of the baby's body, with the exception of the head, would have had to have been delivered anyway.

I will quote Dr. Haskell later in regard to the actual procedure. So, although many of the stories that we are going to hear will be compelling, I am not sure, frankly, that they are at all relevant to our discussion.

Let me talk about the essential facts as we really begin this debate. There are, in my opinion, four essential facts that we need to keep in mind, Members of the Senate need to keep in mind, as we debate this.

No. 1. This procedure is not recognized in medical circles. This procedure, Mr. President, is not recognized in medical circles. Dr. Pamela Smith, Medical Education Director at Mount Sinai Medical Center in Chicago testified November 17, 1995, citing the medical textbook "Williams Obstetrics," that this is not a recognized procedure. The term is not even found in medical textbooks.

The American Medical Association Legislative Council voted, without dissent, to recommend that the AMA's board endorse the partial-birth abortion ban. And they did it because they felt, according to the Congress Daily, "This was not a recognized medical technique." I want to point out that the AMA ended up taking no position. They overrode the legislative council. They overrode it because they did not want to take a position on a policy issue, but there is no indication that they disagreed with the statement "This was not a recognized medical technique."

Dr. Nancy Romer, chairman of ob-gyn and a professor at Wright State University Medical School in Ohio said, "there is simply no data anywhere in the medical literature in regards to the safety of this procedure. There is no peer review or accountability of this procedure. There is no medical evidence that the partial birth abortion procedure is safer or necessary to provide comprehensive health care to women.

Finally, Dr. Donna Harrison, a fellow of the American College of Obstetricians and Gynecologists put it most simply:

This is medical nonsense . . . it is a hideous travesty of medical care and should rightly be banned in this country.

That is essential fact No. 1. The procedure is not recognized in medical circles.

Fact No. 2. The procedure is not used to save the life of the mother. We have testimony that a partial-birth abortion takes 3 days to perform. Now, let me just say it again. The testimony is it takes 3 days to perform this abortion. This is not an emergency procedure. Emergency procedures exist to save the life of the mother. This is simply not one of those procedures.

Listen again to the testimony of Dr. Pamela Smith: "So for someone to choose a procedure that takes 3 days, if they are really interested in the life of the mother, that puts the mother's life in further jeopardy." Those are not my words, those are the words of Dr. Pamela Smith.

In his medical paper describing partial-birth abortion, Dr. Martin Haskell—now, this is the doctor who performs the abortions, one of the doctors who performs this procedure—he put it in a medical paper. This is, in part, what he said. He described in great detail the 3-day process for performing this type of abortion.

His paper goes through day 1, which is dilation, day 2, more dilation, and day 3, the actual operation. Let me quote directly from the doctor's paper. Again, this is the doctor's own paper, Dr. Haskell.

Day 1—Dilation.

The patient is evaluated with an ultrasound. . . . Hadlock scales are used to interpret all ultrasound measurements.

In the operating room, the cervix is prepped, anesthetized and dilated 9-11 [millimeters]. . . .

Day 2—More Dilation.

I am going to summarize this. The patient returns to the operating room, and the previous day's Dilapan are removed. The cervix is scrubbed.

Day 3. The patient returns to the operating room, and the previous day's Dilapan is removed, and the procedure begins.

Mr. President, by definition and by description, this is not an emergency procedure used to save the life of the mother. That is fact No. 2.

Fact No. 3. My friends who are opposed to this bill have argued this procedure is usually medically necessary, when, in fact, these abortions are overwhelmingly elective. Here again, the testimony of those individuals who do these abortions is instructive. Dr. Martin Haskell, in a tape-recorded statement to the American Medical News, said the following: "Eighty percent of these abortions are purely elective." Another physician said the following: "We have an occasional abnormality, but it is a small amount. Most are for elective, not medical, reasons."

The Washington Post reports that although no statistics are kept on partial-birth abortion, "Perhaps the majority are not for medical reasons."

President Clinton has said this procedure is necessary "to prevent ripping the mother to shreds and to protect future fertility."

But, Mr. President, Dr. Joseph DeCook, another fellow at the American College of OB-GYNs, says, "Both contentions are, of course, incorrect, and probably merit the adjective 'absurd.'"

Finally, former Surgeon General C. Everett Koop sums up this issue by saying, "In no way can I twist my mind to see that late-term abortion is a medical necessity for the mother."

So that is fact No. 3. These abortions, the vast majority of them, are elective, not medically necessary.

No. 4, a living, fully formed living child is killed. You can use all the language you want to try to hide this fact, but the basic fact is a living child is killed. We need, I think, to understand this procedure. In a partial-birth abortion, the entire body of the baby has been delivered except the head—the entire body is delivered except the head. The only reason the head has not been delivered—the only reason—is because under the law the doctor would have to protect the rights of a fully delivered baby.

Listen to nurse Brenda Shafer's description. Remember that Brenda Shafer had described herself as being pro-choice before she walked into the doctor's office that day, to that clinic. This is what she saw:

The baby's heart beat was clearly visible on the ultrasound screen . . . Dr. Haskell went in with forceps and grabbed the baby's legs and pulled them down . . . Then he delivered the baby's body and the arms—everything but the head . . . The baby's little fingers were clasp and unclasp, and his little feet were kicking. Then the doctor stuck the scissors in the back of his head and the baby's arms jerked out, like a startle reaction . . . The doctor opened up the scissors, stuck a high-powered suction tube into the opening and sucked the baby's brains out. Now the baby went completely limp."

Mr. President, it has been argued that the baby was dead before the procedure was initiated. But listen again to Dr. Haskell, listen again to his own comments. He said in his interview, "No, it is not. No, it is really not." It was argued that the anesthesia given to the woman killed the baby, but the American Society of Anesthesiologists testified this is absolutely untrue. Anesthesia does not kill the child. The baby is alive.

Mr. President, the essential facts about partial-birth abortion are as follows: One, it is not recognized in traditional medical circles. No. 2, it is not necessary to save the life of the mother. In fact, there are safer methods to protect maternal health. No. 3, those who perform these abortions admit they are overwhelmingly done for elective reasons. They are elective. No. 4, this procedure kills a living child. Mr.

President, civilized society simply cannot tolerate this procedure.

How, then, did partial-birth abortion come about? Why was this technique developed? Why are there some doctors—not many, but some—doing this? Why was this particularly gruesome procedure ever developed?

I ask unanimous consent for an additional 5 minutes.

Mr. SANTORUM. I yield 5 minutes.

Mr. DEWINE. I thank my colleague from Pennsylvania.

Mr. President, how did this come about? We know now it has no medical purpose. We heard testimony that partial-birth abortions are not taught in any medical school. The term is not found in any medical text. In fact, the American Medical Association does not recognize it as a medical procedure.

We also know, Mr. President, that mainstream medical doctors would never use this procedure for any medical purpose. We have testimony to that effect. Doctors who do these partial-birth abortions admit that most are "purely elective." Fellows at the American College of OB-GYNs describe the contention of this type of abortion being used for legitimate medical reasons as, "incorrect and absurd." Dr. Koop says, "In no way can I twist my mind to say that late-term abortion is a medical necessity for the mother."

So we know that partial-birth abortion is not a medical term or a medical procedure. How did this come about? I believe the evidence is clear, Mr. President, that it came about as a perversion of the law. Under the law, a child outside the womb is, of course, a fully protected human being. That child has civil rights. That child has rights under the Constitution as a person—rights we all enjoy. However, if the child is almost ready to be born but remains in the womb, the law permits the child to be aborted. The law permits the child to be killed.

Remember the testimony, remember the evidence, when we say, "almost ready to be born." Every part of this child is out, outside the womb, except the head. The head is kept in. The problem for the person doing the abortion is that when a baby is nearly ready to be born, a more traditional style of abortion is uncertain and dangerous, because in a traditional abortion the child is kept totally in and the abortion is performed totally inside the womb. When the baby is ready to be born and is fully developed, it is more difficult to kill the child with certainty, and the abortion may be more dangerous.

Dr. Haskell, an abortion provider who is a self-described "pioneer" in this procedure, was most proud of the fact that partial-birth abortion is the most effective and certain way to kill a child that is legal under the law today. The most effective way to kill a late-term child, a child that is very close to being born, is to use this procedure. That is why it is used.

You could argue, Mr. President, that the safest and easiest way to kill such

a child ready to be born would be to allow complete delivery, allow the head to come out as well as the rest of the body, and then kill the baby. That, of course, is illegal. That is why it is not done. The law does not allow a fully delivered child to be killed. Current law does allow a child that four-fifths of the child's body is out, to be killed. That is what the facts are. No matter how we talk or how we try to gloss over the fact, that is the essential fact of this debate.

Mr. President, those who do partial-birth abortions have done what they think is the best way, the best thing under the law. They nearly fully deliver the baby. Every part of the child is delivered except the head, and they hold the head inside the birth canal. Mr. President, they cannot let the head slip out. As Dr. Haskell says again, the man who does these procedures, "That's the goal of your work, to complete an abortion—not to see how do I manipulate the situation so I get a live birth instead."

Mr. President, the law allows this. This cannot be what the Senate of this country or the American people believe to be good public policy.

What happens, Mr. President, if a doctor makes a mistake, a sneeze, a cough, a knock at the door, or the doctor looks away, is distracted, and by mistake the baby's head comes out? The doctor meant to hold it in, but it slipped out. Can he still kill the child? Well, of course not—not legally, because we now have a fully delivered baby with civil rights.

Mr. President, how can we permit a situation to exist in this country where, if the doctor makes a mistake, it is a child, but if he is coldly efficient, it is not? How do we say that a few inches is the difference between the life or death of this child? Surely, this Senate can stand up for the rights of that defenseless child. Surely, this Senate cannot stand by and allow such a legal absurdity to continue, a perversion of medicine, a perversion of the law.

This is why we are here today. This is not about the right to choose. This is not about the right to abortion generally. This is a question of whether the Senate will permit a legal fiction that says that if you are fully born, you are protected, but if a doctor holds just your head inside the birth canal, you may be killed.

Mr. President, in conclusion, is there no limit to what we will accept in this country? Is there no limit to what we will tolerate as a people? Are we so numb or are we so insensitive that we cannot raise our voice and say, "No, not this. This is just too much"? Mr. President, what are we willing to turn our backs on?

My colleague and friend from Illinois, Congressman HYDE, is a great spokesperson and very eloquent in this area. He was very eloquent in his closing argument in the House. But he is also not only eloquent with regard to

this issue, he is eloquent about the duty each one of us has not just in this country, but the duty we each have as individuals. Many times, he quotes from St. Ambrose: "Not only for every idle word, but for every idle silence must man render an account."

I don't think this is unique to the Christian faith. I do not think this is unique to St. Ambrose. I think this is a universal truth. Let me quote from a book written by HENRY HYDE a number of years ago that speaks, I think, to personal responsibility, because that is what we are about on the Senate floor today:

I believe . . . that when the final judgment comes—as it will surely—when that moment comes that you face Almighty God—the individual judgment, the particular judgment—I believe that a terror will grip your soul like none other you can imagine. The sins of omission will be what weigh you down; not the things you've done wrong, not the chances you've taken, but the things you failed to do, the times that you stepped back, the times you didn't speak out.

"Not only for every idle word but for every idle silence must man render an account." I think that you will be overwhelmed with remorse for the things you failed to do.

Mr. President, this Senate should not fail to do what is right. This Senate should not fail to override the President's very misguided veto.

Thank you. I yield the floor.

Mr. SMITH addressed the Chair.

The PRESIDING OFFICER. The Senator from New Hampshire is recognized.

Mr. SMITH. Mr. President, I yield 5 minutes to the distinguished Senator from Washington, Senator GORTON.

The PRESIDING OFFICER. The Senator from Washington is recognized.

Mr. GORTON. Mr. President, there have been a number of occasions on which this body has debated policy relating to abortion in which I have not found myself on the same side as my friends and distinguished colleagues from Pennsylvania and Ohio and New Hampshire. But this, Mr. President, is not such an occasion.

From the time that I first became involved in national politics, it has seemed to me that, for mature adults, under most circumstances, the law was not an appropriate method of determining what are ultimately moral choices for the people most intimately involved with those choices. But, Mr. President, when we talk about late-term abortion and when we speak specifically about partial-birth abortion, we are not dealing with most cases. We are not dealing with this issue in the way in which we speak about it under most circumstances.

I believe that my views probably reflect those of a majority of the American people who do believe that this should be a matter of an individual woman's choice and that of close family—again, under most cases. But I think it is clear that the majority of the American people, as they come increasingly to understand exactly what this procedure is, are horrified by it.

This isn't most cases, Mr. President. This is a practice that is not necessary. This is a practice that is not compassionate. This is a practice that is not within the bounds of civilized or humane behavior. My colleagues have described it in detail, and I don't need to repeat that detail. But I do think that it is significant that those who would uphold the President's veto, generally speaking, talk in circumlocution, disguise the language, resist and object not only to a description of the procedure itself, but even to the title—partial-birth abortion. They speak about slippery slopes rather than the procedure itself and attempt to avoid the true brutality and extreme nature of the procedure.

It is significant also, I think, Mr. President, as this has become a greater issue of consequence to the American people, that few, if any, of the Members of this body—I think none—who voted for this bill the first time are even remotely considering switching their votes to uphold the President's veto. Several who voted against the bill the first time are likely to vote to overturn the President's veto. I am convinced, even from private conversations, that many others would like to, but they feel bound by their former vote.

Finally, many of them simply wish the issue would go away, and that they would not have to vote at all. But that vote will be a defining issue about our own society, about our feelings for indifference to brutality, about violence, about uncivilized, inhumane behavior.

For all of those reasons, Mr. President, I am convinced that we should override the President's veto, and I deeply hope that a sufficient majority of my colleagues will vote to do that.

Mr. SMITH addressed the Chair.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mr. SMITH. Thank you, Mr. President.

While the Senator from Pennsylvania is still on the floor, I would like to compliment the Senator for his compassion, interest, and involvement in this issue. I know that during the previous debate, he was, by his own admission, not very much involved in it but came down to listen and was so overwhelmed by what he heard and what the details of this procedure were that he became involved, and he has now become the leader in his own right on this issue. We certainly welcome his support, his compassion, and his commitment. I just want to say it is an honor to serve with Senator SANTORUM.

Mr. President, there has been a lot said about this issue. I do not know what else could be said. But I want to, in as quiet and as compassionate a way as I can, urge my colleagues to vote to override President Clinton's veto of H.R. 1833—not necessarily to listen to my words, or to listen to anyone's words in particular, but to look into your own consciences as deeply as you can and examine the facts.

This vote that we will face this afternoon, Mr. President, has presented this Congress with an issue that transcends abortion. I want to repeat that. It transcends abortion. We have had our differences here on the floor on abortion, and I respect those who differ with me, and I hope they respect me for differing with them. It is an issue that we debate over and over again—both here and sometimes in our personal lives, as well as our political lives. That is not the issue today. It transcends abortion. The reason we know that is that there is a long list of very distinguished Members of the House and the Senate and the medical profession who identify themselves as pro-choice who have courageously stepped forward and supported the Partial-Birth Abortion Ban Act.

Last week, the House of Representatives voted 285 to 137 to override President Clinton's veto. That is the people's House. I served in it. The distinguished occupant of the chair served in the House of Representatives. That is the people's House. They are elected every 2 years. They are very close to their constituents. They heard from their constituents, and they listened. That bipartisan, overwhelming two-thirds supermajority included the two Democratic leaders of the House, RICHARD GEPHARDT, DAVID BONIOR, as well as some of the leading pro-choice Representatives, such as PATRICK KENNEDY of Rhode Island, JAMES MORAN of Virginia, and SUSAN MOLINARI of New York—Democrats, Republicans, liberals, moderates, and conservatives.

To be perfectly frank with my colleagues, I know we face an uphill struggle in this Senate. I know that. I know what the numbers are. We all do. But every time we come down on a vote that is this close, we come down with hope and optimism.

I might say that 6 or 7 votes on the floor of this Senate today will determine as many as 900—perhaps 1,000, 1,500—lives a year; 6 votes, 7 votes, hundreds of lives. That is what it really comes down to.

When the Senate passed this ban last year, last December, it did so by a vote of 54 to 44. We know the numbers. You all know the numbers. To override the President of the United States, you need two-thirds. That is 67, if we have 100 Senators, and two-thirds of whoever is here to vote.

So it is an uphill struggle to win. I know that. We all do. But I am optimistic, Mr. President, I am optimistic that people are going to listen to the facts here who can be available.

There has been some very emotional testimony here. But it is not emotion that should guide us in our decision. It is the facts. Let me say again. This issue transcends abortion. It is not about a pro-choice and pro-life. It is not about the abortion debate.

One of the most distinguished and respected Members of this Senate on either side of the aisle is a man that I have the utmost respect for and immense admiration for—an honest man,

a man of integrity—DANIEL PATRICK MOYNIHAN, the Senator from New York. He didn't vote when the Senate considered this last December, but subsequently, and after a lot of soul-searching, the distinguished Senator from New York announced that he would vote to override the President's veto. Voting against the President of your own party—I have had to do it. That is not easy. But this isn't partisan politics. This has nothing to do with Democrats or Republicans—nothing at all.

If you want to write "a profile in courage," you can write it about DANIEL PATRICK MOYNIHAN, who had the courage to look at the facts and not get into the debate about pro-choice and pro-life. Senator MOYNIHAN is pro-choice. He and I differ. But he looked at the facts.

Another Democrat, President Clinton's own Ambassador to the Vatican, the former Democratic mayor of Boston, Ray Flynn, was courageous enough to criticize the President who appointed him to one of the world's most coveted ambassadorial posts, was quoted in April 1996 in the Washington Post, saying, "I think that the Catholic Church and the Holy Father are absolutely right in condemning President Clinton's veto of the partial-birth abortion ban."

I also urge my colleagues who are rethinking—hopefully some are—their position to consider the words of another very, very respected individual. I think one of the most respected individuals in all of the United States, perhaps second only to Billy Graham, is the U.S. Surgeon General, C. Everett Koop. Here is what Surgeon General Koop told the American Medical Association's American Medical News in an interview published on August 19, 1996:

I believe that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction in reference to late-term abortions. Because in no way can I twist my mind to see that late-term abortion as described—you know, partial birth, and then destruction of the unborn child before the head is born—is a medical necessity for the mother. It certainly can't be a necessity for the baby. So I am opposed to . . . partial-birth abortions. C. Everett Koop."

Mr. President, if there is any physician who would be known as America's doctor or the conscience of America's doctors, it is C. Everett Koop. He is widely admired. He is revered all across the Nation. He is not a partisan man. I do not even know what his position is on abortion; I have no idea. He is not an ideological man. He is a doctor. He is a doctor first. He is an honest, plain-speaking doctor in whom Americans have learned to have a great deal of trust.

So consider again what Dr. Koop said:

. . . in no way can I twist my mind to see that late-term abortion . . . partial-birth . . . is a medical necessity for the mother.

Those are not my words. Those are not my words. They are the words of a doctor, Dr. Koop. I wish President Clin-

ton had listened to Dr. Koop before he vetoed this bill.

Mr. President, at this point I ask unanimous consent that an excerpt from the American Medical News interview with Dr. Koop be printed in the RECORD immediately following my remarks.

The PRESIDING OFFICER. Without objection, it is so ordered.

(See exhibit 1.)

Mr. SMITH. Mr. President, let me emphasize that H.R. 1833 includes the life-of-the-mother exception. I know because I put it in there. I wrote it. Senator Dole and I offered it as an amendment, and the Senate approved it by a vote of 98 to 0.

Given his consistent portrayal of himself as someone who is a moderate on the abortion issue—Mr. Clinton said in 1992 that he wants abortion to be safe, legal, and rare—then one would think President Clinton would have signed this bill. I thought that the President might well sign it.

In fact, after the Senate passed the bill, I twice—on two separate occasions—sent President Clinton personal notes, personal messages. And in those personal messages, Mr. President, I asked the President of the United States for 15 minutes, 15 minutes of his time, 15 minutes of his time to sit down with me anywhere he wished—the Oval Office, library, wherever, in his car, on the way to the airport, anything—he does not usually go to the airport—on the way to the helicopter or whatever, face to face, one on one, no staff, no advisers, no press, and no comment afterward. My pledge: I say nothing about the meeting. You say nothing about the meeting, if you wish. All I want to do is sit down and say to you listen to the facts as I would like to present them to you, not screened by staff, one on one.

No response, not even the courtesy of a response from the President of the United States. Even after he vetoed it, no response.

Your learned and respected colleague, for those of you who think it might be partisan, Senator MOYNIHAN, has already indicated he is going to vote to override. If you are concerned about medical aspects, then listen to Dr. Koop. Listen to him the way you would listen to him when he speaks about the dangers of smoking. I have heard so many people in the Chamber quote Dr. Koop, especially on smoking and other medical issues. He opposes these partial-birth abortions. He denies that they are ever medically necessary. Dr. Koop supports the bill.

I urge my colleagues to consider the words of one of their House colleagues shortly after he voted in favor of H.R. 1833 last year, liberal Democrat, pro-choice, Virginia Congressman JAMES MORAN. He said he knew his vote would anger some pro-choice supporters but he could not put his conscience on the shelf. That is a man of courage right there, to say that and do something like that.

Mr. President, I want to close by making a couple of points on the individual women who participated in the press conference with President Clinton. These women went through terrible ordeals. I admire them. I respect them. My heart goes out to them for what they went through. We have three children, my wife and I. We were lucky; our children were born with no problems. This is not about the problems that these five women had. This is not about that.

None of those five women had a partial-birth abortion. The Senator from Ohio has made that point. And it is interesting. At the April 10 veto ceremony concerning this bill President Clinton displayed, if you will, or had stand by his side these five women whom he initially said had the kind of abortion procedure that would be banned.

Later in the ceremony—and this is very interesting about Bill Clinton and pretty consistent—later in the ceremony Mr. Clinton said that the H.R. 1833 description of the procedure did not cover the procedure that these women had. Let me repeat that. The President of the United States in the press conference on the veto with five women standing there that he indicated had such procedure said the description of the procedure did not cover the procedure that these women had. None of the five women had a partial-birth abortion.

I know that there are tremendous differences between the two sides on the issue of abortion. We have debated it, as I said before. Whatever I feel personally about abortion is not the issue here. Under H.R. 1833, a partial-birth abortion is 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.

Coreen Costello, a wonderful, brave woman who went through a horrible ordeal, who was shown in the photograph with another child in this Chamber by the Senator from California, conceded during her testimony before the Senate Judiciary Committee that she did not have a partial-birth abortion. Her baby was able to pass away peacefully.

We do not stop the doctor in this legislation from stopping Ms. Costello from having the procedure that she had. That is not a partial-birth abortion. I could go through the cases of the other four women because it is the same situation.

Let me just close, Mr. President, by saying reach into your hearts, my colleagues. Ask yourself, no matter how you feel on abortion, whether you are pro-choice or pro-life, whether or not a baby held in the hands of a physician, all but the head being allowed to enter this world and killed for whatever reason, is that really what we are about in America?

That does not have a thing to do with interfering with the medical procedure

or interfering with a doctor and a patient, not a thing. That is a child. That is not an abortion. That is a child. That is a child in the hands of a doctor. As the Senator from Ohio said, that child has rights under the Constitution, civil rights.

So reach into your hearts. Think carefully about this vote because, as I say, 6 or 7 votes are going to determine hundreds of lives.

I yield the floor, Mr. President.

EXHIBIT 1

[American Medical News, Aug. 19, 1996]

THE VIEW FROM MOUNT KOOP

Q: Clinton just vetoed a bill to ban "partial birth" abortions, a late-term abortion technique that practitioners refer to as "intact dilation and evacuation" or "dilation and extraction." In so doing, he cited several cases in which women were told these procedures were necessary to preserve their health and their ability to have future pregnancies. How would you characterize the claims being made in favor of the medical need for this procedure?

A: I believe that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction in reference to late-term abortions. Because in no way can I twist my mind to see that the late-term abortion as described—you know, partial birth, and then destruction of the unborn child before the head is born—is a medical necessity for the mother. It certainly can't be a necessity for the baby. So I am opposed to . . . partial birth abortions.

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

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

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

Q: And live normal lives?

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

Mrs. BOXER addressed the Chair.

The PRESIDING OFFICER (Mr. KYL). The Senator from California.

Mrs. BOXER. I am going to yield to Senators at this point. I know the other side has had a chance to yield to a few people. Before I yield to Senator MURRAY, I want to just yield myself 3 minutes to respond specifically to the remarks of the Senator from New Hampshire.

Mr. President, everyone involved in this debate opposes late-term abortion. Let me repeat that. Everyone involved in this debate opposes late-term abortion. All we are saying, along with the President, who outlawed late-term

abortion when he was Governor of Arkansas, is that in the most tragic of circumstances where pregnancies take a tragic turn, where there is no healthy viable child—in many cases the brain is outside the baby's skull or there is no brain and the skull is filled with fluid and the situation presents a danger, a high level of danger to the woman's long-term health or to her life—there be an exception.

A little while ago I made a unanimous-consent request to set aside the pending bill, the pending veto and craft such a bill together. It was objected to by the Senator from Pennsylvania. I am going to offer that later again and again to make the point that we could walk down this aisle together and just keep those abortions to those crisis pregnancies. That is what the President wants. Again, in his letter he says send him a bill in a bipartisan manner and he would sign it with those tightly drawn exceptions. There has been reference made to a life exception in this bill. The Senator from New Hampshire said he wrote it. Well, it is clear it is not the usual Hyde exception which just says an exception "to save the life of the mother." That is not in this bill. What is in this bill is a very narrowly crafted life exception which only triggers if the woman has a preexisting condition and that preexisting condition threatens her life, not the pregnancy itself.

That is why the New York Times, in its editorial today, says the life exception "is drawn so narrowly as to make the technique * * * unusable." Unusable.

So the fact is, there is no Hyde life exception here. What we want to see is a life exception, the Hyde life exception, plus a narrowly drawn exception for health.

The last point I would make before yielding to my friend from Washington is this. I talked about the arrogance of politicians who think they know better than a physician. I pointed out that we have a lot of self-confidence. You have to in this political life that we lead. But how could we ever know more than a physician? Why would we want to take away a tool that many say they need?

Then we have the arrogance of colleagues on the other side of the aisle, saying that Coreen Costello, whom I talked about and will talk about some more, did not have this procedure. They think they know better than Coreen Costello and her doctor. Coreen Costello writes us just yesterday, "Some who support this bill state I do not fit into the category of someone who had this so-called procedure. This is simply not true."

So, I hope we could work together, craft a bill that makes a life and health exemption, and take this out of the political arena. For anyone who thinks it is not in the political arena, why did it take 5 months to bring this override right here, into the last week of this session? Let us be honest with one another. It is a political issue.

I yield to my colleague from Washington, Senator MURRAY, as much time as she may consume.

The PRESIDING OFFICER. The Senator from Washington is recognized.

Mrs. MURRAY. Mr. President, I have listened to my colleagues on the floor discussing this issue over the last several days, and over the last several months, as it has increasingly become an inflammatory issue both here and across this country. I found myself going home last night feeling more and more angry. I asked myself, why is it that I feel so angry listening to this debate? I realized it was because I feel that we have really offended the women and the families who have had to make this decision, and they probably are sitting at home watching this debate in tears. Because none of us were there when they had to face a horrendous decision, women and men, young families, who wanted very much to have a baby, who found themselves at the end of a long pregnancy, after months of people coming up to them and telling them, "Oh, how exciting. When is your baby due?" Of planning for that baby, of having the furniture ready in the baby's room. Only at the end of that pregnancy to find out there were tragic circumstances involved, that perhaps their baby's brain was not formed, that their baby would not survive. Not only that, but to be told by their doctor that if this baby were to be delivered at the end of 9 months, the woman's life would be in serious jeopardy, or perhaps her ability to have future children.

I feel so sorry for those families who have had to live through this tragic experience, who now have to watch an inflammatory and divisive debate on this floor in this Senate by people who are not medical doctors, who have not been there, who do not know the circumstances surrounding that horrendous decision they had to make, now try to make it a criminal offense for them to go through that. I apologize to those families. I apologize to them for having to listen to this debate. For us to be sitting here second-guessing them and their doctors—I find it offensive. Again, I thought about it—why am I so angry? Mr. President, I am angry at the arrogance of those who sit out here on this floor and describe to us the joys they have had in being with their wives when their babies were born under wonderful circumstances. And I have had that opportunity twice in my life. But there are some on this floor who have had to live through similar experiences, and I think it is arrogant of people to be on this floor talking about it who have not been through the same thing. It is extremely difficult to sit in a doctor's office, when you have been pregnant for many months, and be told that your baby is not going to live. It is a tragic, horrendous experience that no one can understand unless they have been there.

Mr. President, I am offended that Members of this body know, or think

they know, what that would be like. If you have not lived through it, you do not know. This Senate, this Congress, should not be deciding the lives of those women, their families, or their future. It should be up to the doctor and the husband and the wife, as it has in the past and it better well be in the future, for my daughter and the other women around this country.

Mr. President, this is an emotional, distorted debate. We are using the lives of a few women to create divisions across this country. I know that many women are offended, as I am. Again, I extend my apology to the women in this country who have been through this experience and who know. I commend our President for having had the strength and the courage to stand up and say that he will veto this bill. I commend my colleagues who have the courage as well, despite the often offensive comments that we have heard, and the horrendous articles that we have seen written, and the divided doctors' opinions we have read. If we can be smart today and not override this veto and have courage to vote what is right, we will leave it up to women in the future to make their own decisions. That is extremely important for us to do.

Mr. President, the New York Times today had an extremely important editorial. I hope my colleagues who are sitting back, thinking about this debate and what their vote will mean, will take the time to read it. It states the case very well, in a very cognizant manner. I remind my colleagues, despite what you hear, if we can save the life of one woman and we can save the tragedy of one family not being able to make the decision that is good for the mother's health, then we have done the right thing today.

I urge my colleagues to sustain the veto of the President of the United States, and I yield my time back to Senator BOXER from California.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SANTORUM. Mr. President, I just need to restate, we have quoted physician after physician, obstetrician after obstetrician, pro-life, pro-choice, people who have performed abortions—this is not RICK SANTORUM or JAMES INHOFE or MIKE DEWINE or BOB SMITH—these are physicians, obstetricians, who are saying that this procedure is never, never, never medically necessary to save the health or life of the mother. Never. Never.

So, when we suggest we are doing this and we are denying something to women, let me also state that Dr. Hern, whom the Senator from Colorado quoted just yesterday, performs late-term abortions and will continue to perform late-term abortions if this bill passes. He believes that this is an unsafe procedure. It is not a medically recognized procedure. There is no literature on it, there is no peer review on it, there is nothing anywhere that says that this procedure is a proper

procedure to use. This is not RICK SANTORUM talking. I wish the Members who argue would at least argue the facts. I am not speaking for me. I am quoting doctors.

So let me quote doctors and describe this, because no one has described this procedure. I know, I will warn people, this is not something that I want to do. But I think the American public has to know what this procedure is and who it is performed on and at what time in the pregnancy it is performed.

Guided by ultrasound, the abortionist grabs the baby's leg with forceps. This baby is anywhere from 20 weeks, into the third trimester, 30 weeks or more old. At 23 weeks, babies can survive with the new surfactant drugs and the like. It is not a high probability.

Just remember a couple of years ago when that young girl in Texas was down in that well, and for 80 hours the American public was just riveted on what was going to happen to that little girl. People cried and wept when we saved that little girl.

Well, these are little girls and little boys. They are not inch blobs of tissue. These are little girls and little boys. These are viable babies, not tissue—viable babies.

The doctor grabs the legs and pulls it into the birth canal feet first. That is a breech delivery. It is a dangerous delivery. No physician would ever deliver a baby deliberately breech if there was an alternative. So they deliver the baby breech. It is dangerous to the mother to deliver a breech baby.

The baby's entire body is delivered, with the exception of the head. Nurse Brenda Shafer, who testified here, talked about the arms and legs of the baby moving outside of the mother.

At that point, the abortionist takes a pair of scissors and, by feel, jams the scissors into the base of the skull for one purpose, to kill the baby, and creates a hole and takes a suction catheter, a powerful one, and suctions the baby's brains out until the head collapses, and then the rest of the baby is delivered.

This is the procedure that people say they are outraged that we are trying to stop? Can you imagine? Can you imagine that people are outraged that we want to stop this? It is outrageous that we want to stop this? I have seen many reasons for outrage, justifiable outrage. Stopping this, people are outraged? What have we become when we become outraged?

I yield 10 minutes to the Senator from Oklahoma.

The PRESIDING OFFICER. The Senator from Oklahoma is recognized.

Mr. INHOFE. Mr. President, I regret that we are so short on time, that we have a time agreement. I had planned, as I announced yesterday when I spoke on this subject, to speak for at least 30 minutes. So I will not be able to use all the material I have. It is such a critical issue, I deeply regret that. I think it is probably appropriate that I speak, in that tomorrow at this time my daugh-

ter-in-law will be presenting me with my fourth grandchild. I plan to be there at the birth of that child. I am hoping to name it Perry Dyson INHOFE III. I don't know that will happen for sure.

I think if you just wrap up some of the things that were said here that are very significant, No. 1, we are not talking about abortion. We are talking about, in many cases, the normal birth process.

When I stood here before I spoke yesterday, I heard Senator HANK BROWN from Colorado, a guy who has always been pro-choice—I have disagreed with him; I have always been pro-life—but he stood up and recognized the fact that we are not talking about abortions. I wish they never named this "partial-birth abortion." Maybe people would wake up. I agree with the senior Senator from New York who characterized it as "infanticide."

So we are talking about now a third-trimester type of a treatment. I was going to elaborate on some of the comments that were made. I have here with me 17,601 signatures on petitions that I got this weekend as I was doing town meetings. They were given to me from all over Oklahoma. I haven't heard from anyone on the other side of this issue.

One of the things that they fail to talk about, because it is painful to talk about, is the pain that a baby feels when the baby is eliminated using this partial-birth-abortion procedure.

There is a paper I was going to read, but I will paraphrase it. It is a paper that was produced by a British research group, that a Dr. White, a neurosurgeon in the United States, agrees with, where they say it is now proved that a child in the second trimester or third trimester feels the same type of pain that is felt by any of us in this room, in this Chamber.

So we are not talking about something that is painless for a child that is being aborted, being destroyed in the process that was described by the Senator from Pennsylvania.

I ask unanimous consent that this paper be printed in the RECORD.

There being no objection, the paper was ordered to be printed in the RECORD, as follows:

FETAL PAIN AS IT RELATES TO THE PARTIAL-BIRTH ABORTION METHOD

Partial-birth abortions are most commonly performed on fetuses between the 20th and 24th weeks and beyond. Studies by British researchers and a Cleveland neurosurgeon have found that the fetus at this stage feels pain.

Dr. Robert White, Neurosurgeon, Case Western Reserve University School of Medicine, testimony given before the House Subcommittee on the Constitution, June 15, 1995:

1. The neuroanatomical pathways which carry the pain impulses are present in fetuses by the 20th week of gestation.

Also, the neurosystems which would modulate and suppress these pain impulses are either not present or immature during this stage of fetal development.

2. The classical cardiovascular responses associated with stress and pain are found in

fetuses of this age who experience painful incidents such as the introduction of a needle in the abdomen.

His summary: "The fetus within this time frame of gestation, 20 weeks and beyond, is fully capable of experiencing pain."

British study *Journal: "The Lancet"*; "Fetal Plasma Cortisol and Beta-Endorphin Response to Intrauterine Needling" July 9, 1994:

Study: The study was on the effects of fetal blood sampling.

Conclusion: When the fetus is subjected to an abdominal injection, it reacts with a hormonal stress response, characteristic of a pain response.

Mr. INHOFE. Mr. President, I had occasion to talk to a Dr. Mary Ballenger this morning. Dr. Mary Ballenger was called to do a very unpleasant thing about a year ago. My kids' dog, a Labrador, was 16 years old. She came out and had to put it to sleep because the dog had cancer and was beyond any help and was in pain.

She described and wrote down the procedure that she used to destroy the dog. It was necessary. She first injected a drug into the dog, which puts the dog into a euphoric state and is completely relaxed, and then, of course, sodium pentothal to put the dog to sleep.

I thought it was ironic, when I look at this procedure. We are so humane in the procedure that we use in putting someone to death who has committed a heinous crime for which he must be destroyed. It is the same procedure, because we are so humane in this country. Yet, we have no concern over the pain that is inflicted on a small person who is a victim of this type of a termination.

If I were to suggest that the procedure that was described by the Senator from Pennsylvania were to be used on dogs or cats, the same people who are promoting this procedure would be out there picketing.

Something has happened. Perversion has taken place in this country where we put a higher value on critters than we do human life. In fact, under our laws, it is a criminal violation if you were to kill a gray bat that is endangered. It would be a \$50,000 fine or 1 year in prison.

I have a testimonial from a young lady in my State of Oklahoma. I will only use her first name. This is the testimony of Nancy. I would like you to listen very carefully, Mr. President:

TESTIMONY OF NANCY, SENT TO FRANK
PARONE OF PRIESTS FOR LIFE

I am twenty-one years old and a native of southwest Oklahoma. Five years ago, I had a partial birth abortion. I was 36 weeks pregnant.

I was sixteen at the time I got pregnant. I hid my pregnancy from my mother. It wasn't hard for me to do that because I was somewhat over weight and wearing large, baggy clothes was already in style. My mother had always told me that if I got pregnant, the baby would be gone. It was just as simple as that. I knew that I had to protect my baby.

One day, my mother accidentally saw me in the shower, and I think it was at that point, it dawned on her that I was pregnant. My mother took me to see a friend of hers

who was a doctor. He said that the baby and I were both healthy and doing fine. We did a sonogram, and I got to see my little boy for the first and only time. It was so exciting. I had been able to feel him kick and turn in my belly for a long time, but it touched my heart to get to see him face to face. My heart melted as the doctor pointed out him sucking his thumb.

My mother didn't speak to me for two days. I knew that my mother was a very determined woman who would do anything to accomplish what she wanted. Her silence really frightened me.

Then we got the call from her friend. The doctor said that I had a hernia in my abdominal wall. If I wanted to have any chance for a normal delivery, I had to have surgery which wasn't easy for a pregnant woman. He recommended a doctor in Wichita, Kansas. Little did I know that my mother, through the doctor, had just handed my baby the death sentence.

We drove to Kansas the next day. The doctor said it wouldn't be too painful for me because I would be asleep. All I remember about the time just before going to sleep was a feeling that this wasn't right. Waves of fear kept washing over me. My mother sat there and kept saying that we had to do what we had to do. What comforting words.

I woke up several hours later. The first thing I did was reach for my belly. I remember screaming a lot and I couldn't stop. My belly was flat and my baby was gone. I ripped the IV out of my arm. The doctor ordered the nurse to restrain me. I then remember them giving me a shot to calm me down. To this day, I still remember the cold pain and horror I felt when I realized what had happened.

It took several months after the abortion for the fights to begin. Every time I wanted to talk about the situation, my mother just turned stone silent. When she did speak, she flipped off clichés like, "What was done was done." and "Don't cry over spilt milk." More comforting words.

After one major fight, she finally did tell me that the abortion procedure that was done was the D and X, dilation and extraction, a partial birth abortion. I just couldn't bear to look at my mother anymore. She had lied to me and killed her own grandson. I just don't see how anyone could have looked at that sweet face on the ultrasound screen and have that baby brutally and cold-bloodedly murdered. I left my mother's house that day, and I have never been back.

Because of the damage of the abortion, I can no longer have any more children. I failed my children, I really failed my little boy, I failed to protect him. And he died.

My life hasn't been the same. I cry so much for my little boy. I never got to hold him in my arms. People made decisions for me and took him away. I am not sure that the hurt will ever go away.

Mr. President, this is not just someone who has talked about, third hand, the agony that is experienced by so many people. When I hear people say that this is a rare procedure, and it is not used very often, I remember the testimony of Dr. Haskell who has performed, he said, over 1,000 partial-birth abortions. And he said, "In my particular case"—I don't know about all of them nationwide, but "In my particular case probably 20 percent are for genetic reasons. And the other 80 percent are purely elective . . ."

Since my time is about up, I would like to repeat something that I heard this morning, Mr. President, that per-

haps puts a sense of urgency on this. At a prayer breakfast this morning there were a number of people who prayed. One was Rev. Herb Lusk from Pennsylvania who described this procedure as "an unrighteous act." The next was Cardinal Belivacqua. He said, "If we don't respect life, then what is left to respect?" Then Rabbi Daniel Lapin said, "We must defy this monstrous evil."

But it was when Dr. James Dobson said his prayer that it first occurred to me, when he said, "You know, you folks on the floor are going to be speaking for those who are not here today and cannot speak for themselves. You will be speaking in their behalf."

That is what we are looking at right now, Mr. President. I do agree with Charles Colson who said on his prison fellowship broadcast, "The vote is the most significant of my lifetime, and is about life itself, about who will live and who will die."

I honestly believe, Mr. President, this is the most significant character vote in the history of this institution.

Mrs. BOXER addressed the Chair.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. Mr. President, I am going to yield to the Senator from Illinois and then the Senator from Massachusetts, as we have discussed with my colleagues on the other side. But first I will yield myself just 2 minutes to respond to some of the statements that have been made here.

I want to comment on the statement of my colleague, PATTY MURRAY. I think that every Senator should have been here to listen to her. She talked from the depths of her soul about what it is like for a family to be faced with this extraordinary circumstance. For a baby you have craved, you have wanted, you adore, is suddenly in grave danger with a severe anomaly, such as no brain or a cranium filled with fluid, putting the mother's life at risk. And here we are in the U.S. Senate with some of my colleagues in essence sounding like doctors, saying that the procedure that they want to ban in all cases is not necessary.

Mr. President, I ask unanimous consent to have printed in the RECORD a series of statements by medical groups and doctors who oppose this bill and support the President's veto. They include the American College of Obstetricians and Gynecologists, the California Medical Association, the American Nurses Association, the American Medical Women's Association, the American Public Health Association, and numerous individual doctors who basically say that this politically motivated bill is going to lead to irreparable harm to women.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

MEDICAL GROUPS AND DOCTORS OPPOSE H.R.
1833, SUPPORT PRESIDENT'S VETO

American College of Obstetricians and Gynecologists:

"The American College of Obstetricians and Gynecologists (ACOG), an organization representing more than 37,000 physicians dedicated to improving women's health care, does not support HR 1833, the Partial Birth Abortion Ban Act of 1995. The College finds very disturbing that Congress would take any action that would supersede the medical judgment of trained physicians and criminalize medical procedures that may be necessary to save the life of the woman."

California Medical Association:

"When severe fetal anomalies are discovered late in 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."

American Nurses Association:

"It is the view of the American Nurses Association that this proposal would involve an inappropriate intrusion of federal government into a therapeutic decision that should be left in the hands of a pregnant woman and her health care provider . . . The American Nurses Association is the only full-service professional organization representing the nation's 2.2 million Registered Nurses."

American Medical Women's Association:

"On behalf of the 13,000 women physicians . . . we encourage the Senate to actively oppose S. 939 . . . this legislation represents a serious impingement on the rights of physicians to determine medical management for individual patients."

American Public Health Association:

"APHA opposes [HR 1833] because it prevents women from receiving medical care which ensures their safety and well-being."

Individual Doctors:

"[HR 1833] is not good public health policy, it is not good medical care, and it harms families."—Philip G. Stubblefield, MD, Chairman, Department of Obstetrics and Gynecology, Boston University School of Medicine.

"This legislation represents an unprecedented intrusion into the practice of medicine and the doctor/patient relationship. The bill . . . eliminates a therapeutic choice for physicians and imposes a politically inspired risk to the health and safety of a pregnant woman."—Allan Rosenfield, MD, Dean, Columbia University School of Public Health.

"One concept that seems to be lost on the general public is that these pregnancies can have a significant health risk to the mother. Often fetuses that have physical abnormalities will have increased amniotic fluid that can cause uterine agony and severe maternal bleeding at birth. Fetuses that have fluid in their lungs and bodies can cause mothers to experience 'mirror syndrome,' where they themselves become bloated and dangerously hypertensive. Abnormal fetuses often require operative deliveries, and this puts the mother at increased risk of infection and death. The usual type of termination of pregnancy is a traumatic stretching of the cervix that then increases a woman's chance for infertility in the future. The procedure that is up for 'banning' allows very passive dilation of the cervix and allows gentle manipulation to preserve the very much desired fertility of these distraught women."—Dru Elaine Carlson, MD, Director, Reproductive Genetics, Department of Obstetrics and Gynecology, Cedars-Sinai Medical Center, Assistant Professor, UCLA.

"Sometimes, as any doctor will tell you, you begin a surgical procedure expecting that it will go one way, only to discover that the unique demands of the case require you to do something different. Telling a physi-

cian that it is illegal for him or her to adapt his or her surgical method for the safety of his patient is, in effect, legislating malpractice, and it flies in the face of standards for quality medical care."—J. Courtland Robinson, MD, MPH, Division of Gynecologic Specialties, Johns Hopkins Medicine.

CALIFORNIA MEDICAL ASSOCIATION,
San Francisco, CA, October 24, 1995.

Re: H.R. 1833.

Representative SAM FARR,
Washington, DC.

DEAR REPRESENTATIVE FARR: The California Medical Association is writing to express its strong opposition to the above-referenced bill, which would ban "partial-birth abortions." We believe that 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 an 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.

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 stage 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.

CMA recognizes that this type of abortion procedure performed late in a pregnancy is a very serious matter. However, political concerns and religious beliefs should not be permitted to take precedence over the health and safety of patients. CMA opposes any legislation, state or federal, that denies a pregnant woman and her physician the ability to make medically appropriate decisions about the course of her medical care. 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. It would set a very undesirable precedent if Congress were by legislative fiat to decide such matters. 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.

CMA urges you to defeat this bill. The patient who would seek the IDE procedure are already in great personal turmoil. Their physical and emotional trauma should not be

compounded by an oppressive law that is devoid of scientific justification.

Sincerely,

EUGENE S. OGROD, II, M.D.,
President.

AMERICAN NURSES ASSOCIATION,
Washington, DC, November 8, 1995.

Hon. BARBARA BOXER,
U.S. Senate,
Washington, DC.

DEAR SENATOR BOXER: I am writing to express the opposition of the American Nurses Association to H.R. 1833, the "Partial-Birth Abortion Ban Act of 1995", which is scheduled to be considered by the Senate this week. This legislation would impose Federal criminal penalties and provide for civil actions against health care providers who perform certain late-term abortions.

It is the view of the American Nurses Association that this proposal would involve an inappropriate intrusion of the federal government into a therapeutic decision that should be left in the hands of a pregnant woman and her health care provider. ANA has long supported freedom of choice and equitable access of all women to basic health services, including services related to reproductive health. This legislation would impose a significant barrier to those principles.

Furthermore, very few of those late-term abortions are performed each year and they are usually necessary either to protect the life of the mother or because of severe fetal abnormalities. It is inappropriate for Congress to mandate a course of action for a woman who is already faced with an intensely personal and difficult decision. This procedure can mean the difference between life and death for a woman.

The American Nurses Association is the only full-service professional organization representing the nation's 2.2 million Registered Nurses through its 53 constituent associations. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

The American Nurses Association respectfully urges you to vote against H.R. 1833 when it is brought before the Senate.

Sincerely,

GERI MARULLO, MSN, RN,
Executive Director.

AMERICAN MEDICAL WOMEN'S
ASSOCIATION, INC.,
March 4, 1996.

President WILLIAM J. CLINTON,
The White House,
Washington, DC.

DEAR PRESIDENT CLINTON: On behalf of the American Medical Women's Association, I would like to commend you for reiterating your support of Roe v. Wade in your letter to Congress dated February 28, 1996. However, we are dismayed that you have agreed to support H.R. 1833 if it is amended as you requested in your letter to Congress. Our association opposes any efforts to erode the constitutionally protected rights guaranteed by Roe v. Wade. AMWA objects to laws and court rulings that interfere with the doctor-patient relationship, either in requiring or proscribing specific medical advice to pregnant women. Further, we oppose any measures that limit access to medical care for pregnant women, particularly the poor or underserved and measures that involve spousal or parental interference with their personal decision to terminate pregnancy. This bill would not only restrict the reproductive rights of American women but also

impose legal requirements for medical care decisions.

The American Medical Women's Association strongly opposes H.R. 1833 in its current form on several grounds. We continue to support a woman's right to determine whether to continue or terminate her pregnancy without government restrictions placed on her physician's medical judgment and without spousal or parental interference. This bill would subject physicians to civil action and criminal prosecution for making a particular medical decision. We expect that the provisions for prosecutions of physicians would generate considerable litigation if this bill becomes law. We do not believe that the federal government should dictate the decisions of physicians and feel that passage of H.R. 1833 would in effect prescribe the medical procedures to be used by physicians rather than allow physicians to use their medical judgment in determining the most appropriate treatment for their patients. The passage of this bill would set a dangerous precedent—undermining the ability of physicians to make medical decisions. It is medical professionals, not the President or Congress, who should determine appropriate medical options.

We will continue to press the White House and Congress to protect the provisions of *Roe v. Wade* and support a woman's right to continue or terminate her pregnancy.

Sincerely,

JEAN L. FOURCROY, M.D., Ph.D.
President.

AMERICAN PUBLIC HEALTH ASSOCIATION,
Washington, DC, April 10, 1996.
President CLINTON,
The White House,
Washington, DC.

DEAR PRESIDENT CLINTON: Thank you for expressing opposition to H.R. 1833, legislation banning certain late term abortion procedures, and for urging Congress to include legislative protections for the life and the health of the woman. The American Public Health Association urges you to veto this bill because of the potential deleterious effects it could have on the health of American women.

APHA opposes this legislation because it prevents women from receiving medical care which ensures their safety and well-being. APHA recognizes that in certain cases when a wanted pregnancy results in a tragic outcome for the fetus or places the woman in harms way the procedure banned by H.R. 1833 may be appropriate. This procedure is used rarely but should remain legal and available to ensure that women who face life and health threatening conditions due to their pregnancies are protected and that their health is preserved.

The bill passed by both chambers of Congress fails to include acceptable life exception language. As it reads, if any other procedure is available, regardless of the risks or injurious long-term effects it could have on the woman, a physician is required by law to utilize the other option. This precludes a physician from employing the dilation and extraction procedure when it would prove less harmful and be more likely to preserve a woman's life and health.

We urge you to veto this version of the legislation and return it to Congress with a request for the inclusion of broader life exception language which truly protects the lives and health of American women.

Sincerely,

FERNANDO M. TREVIÑO, Ph.D. MPH,
Executive Director.

BOSTON UNIVERSITY
MEDICAL CENTER HOSPITAL,
Boston, MA, July 22, 1996.

Representative OLVER,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE OLVER: Thank you very much for your past opposition of H.R. 1833, the so called partial birth abortion bill. Please vote against the attempt to override President Clinton's veto of this legislation.

This attempt to prevent women with malformed pregnancies from obtaining late abortion services is not good public health policy, it is not good medical care, and it harms families. Please vote against the override attempt.

Sincerely,

PHILLIP G. STUBBLEFIELD, M.D.,
Chairman.

COLUMBIA UNIVERSITY SCHOOL
OF PUBLIC HEALTH,
New York, NY, June 26, 1996.

Hon. DANIEL PATRICK MOYNIHAN,
U.S. Senate,
Oneata, NY.

DEAR SENATOR MOYNIHAN: I write to you to express my concern about an attempt to override President Clinton's veto of H.R. 1833, a bill that would allow for the criminal prosecution of physicians who perform certain kinds of abortions.

This legislation represents an unprecedented intrusion into the practice of medicine and the doctor/patient relationship. The bill targets an abortion method used only in rare and tragic circumstances, eliminates a therapeutic choice for physicians, and imposes a politically inspired risk to the health and safety of a pregnant woman.

I have attached a copy of the editorial I wrote for the *New York Times* that outlines my concerns. I went on record on this issue to respond to the overwhelming misinformation surrounding this legislation. As a physician, I am trying my best to counter the religious political extremists who are purposely distorting the facts.

I have also attached for your review a fact sheet compiled by the American College of Obstetricians and Gynecologists to outline some of the medical realities surrounding these medically necessary abortions. I hope you find it helpful, and that you will reconsider your intention to override President Clinton's veto of H.R. 1833.

I stand ready to provide any information you may need. I can be reached at (212) 305-3929.

Sincerely,

ALLAN ROSENFIELD, M.D.

CEDARS-SINAI MEDICAL CENTER,
Los Angeles, CA, June 27, 1995.
Hon. PATRICIA SCHROEDER,
Washington, DC.

DEAR ———: This is a letter to encourage you to defeat bills H.R. 1833 and S. 9392. These bills aim to ban the surgical procedure of second trimester abortion known as intact D & E.

I am the Director of Reproductive Genetics and a perinatologist and geneticist at Cedars-Sinai Medical Center in Los Angeles. My practice consists primarily of pregnant women who are referred to me by their Obstetrician for an ultrasound and/or genetic evaluation of their ongoing pregnancy. Sometimes I am asked to see women who have a possible abnormal finding on a prenatal ultrasound done by another practitioner. I am usually the final diagnostician in these cases and I spend a tremendous amount of my time counseling families about what I see, how we can approach this problem, how we can clarify what is wrong, and sometimes, how we can fix the fetal ab-

normality. Often nothing can be done and we are left with an abnormal fetus that is in the late second trimester and a devastated family. With the help of their private doctor, other geneticists, and genetic counselors, we advise parents that we will support them in whatever decision they choose. If they continue the pregnancy, we will be there with them. If they choose to end the pregnancy or wish to explore that option, I refer them to Dr. James McMahon, a practitioner of the type of abortion that is being singled out to be banned in H.R. 1833 and S. 9322.

Dr. McMahon provides an unusual expertise in the termination of late in gestation flawed pregnancies. Without his help, these women would have to go through a pregnancy knowing their child will be born dead, or worse, will live a horribly damaged life. One concept that seems to be lost on the general public is that these pregnancies can have a significant health risk to the mother. Often fetuses that have physical abnormalities will have increased amniotic fluid that can cause uterine atony and severe maternal bleeding at birth. Fetuses that have fluid in their lungs and bodies can cause mothers to experience the "mirror syndrome", where they themselves become bloated and dangerously hypertensive. Abnormal fetuses often require operative deliveries, and this puts the mother at increased risk of infection and death. The usual type of termination of pregnancy is a traumatic stretching of the cervix that then increases a woman's chance for infertility in the future. The procedure that is up for "banning" allows very passive dilatation of the cervix and allows gentle manipulation to preserve the very much desired fertility of these distraught women. To put it mildly, this is not just a "fetal issue", it is a health care issue for the mother as well.

Who is served by having malformed children born to families that cannot financially or emotionally support them? I know that these decisions are not taken lightly by these families. Some do continue; and they are always back in my office for prenatal diagnosis in their next pregnancy. Raising a damaged child is a sobering experience. Why should families have to go through this once, much less again and again? For those who believe this is "God's will" I would challenge them to be that child's caretaker for a day, a week, a month, a lifetime. Frankly, I have the religious conviction that fetal malformations are not "God's will" but the devil's work. I cannot believe the Good Lord wants little babies to suffer in this way. And I can't believe the United States of America's Congress is interested in causing families to undergo suffering and pain when they don't have to experience this nightmare. Undergoing a late gestation termination of pregnancy is a terribly heart-wrenching and soul-searching process. Since I refer Dr. McMahon a large number of families, I have gone to his facility and seen for myself what he does and how he does it. The emotional pain that these families suffer will be life-long. But they are comforted by the fact that Dr. McMahon is caring, and gentle, and ultimately life-affirming in his approach to the abortion procedure. Essentially he provides analgesia for the mother that removes anxiety and pain and as a result of this medication the fetus is also sedated. When the cervix is open enough for a safe delivery of the fetus he uses ultrasound guidance to gently deliver the fetal body up to the shoulders and then very quickly and expertly performs what is called a cephalocentesis. Essentially this is removal of cerebrospinal fluid from the brain causing instant brain herniation and death. There is no struggling of the fetus; quite the contrary, from my personal

observation I can tell you that the end is extremely humane and rapid. He provides dignity for all of his patients: the mothers, the fathers, the extended families and finally to the fetuses themselves. He does not "mangle" fetuses, rather they are delivered intact and that allows us (a team of physicians at Cedars) to evaluate them carefully, and for families to touch and acknowledge their baby in saying goodbye. We work with Dr. McMahon in evaluating many of the malformed fetuses with careful autopsy, molecular studies, and dysmorphological examinations to try and provide the clearest and most precise diagnosis we can for our families as to why this happened to them. Often we can reassure them that this won't happen again; too frequently we must advise them that they carry a genetic mutation that does have a risk of recurrence.

If Dr. McMahon did not exist I will assure you that most of these families would simply not have children. The divorce and emptiness that would bring is something that, thankfully, is not necessary now. Certainly we all pray that this does not occur again; but if it does the family knows that they can end that pregnancy and try again until finally they achieve what we all want: a healthy, happy, whole baby. That is the essence of family values and I implore each and every person to see beyond their own prejudices and walk in that family's shoes. What would you do if you, your wife, your daughter, or your son's wife had a fetus with half of a brain; a hole where its face should be; a heart malformation so complex that it will require years of painful and ultimately unsuccessful surgery; a lethal chromosome abnormality where your child would never recognize you or itself? Most people are thankful there is another option besides just enduring this.

My goal is for no family to have to experience abortion. I am working as hard as I know how to understand malformation and the wrong signals of our genes. But until my lofty goal is realized, we need individuals like Jim McMahon to provide the competent services to help these families. This is not just an individual freedom issue, it is a basic issue of society. There is enough tragedy in ordinary life; why make more of it if there are clear and safe alternatives? If you decide that Dr. McMahon and his colleagues should no longer be allowed to practice medicine as they know how, you will be denying women and their families the basic right of freedom of choice and the pursuit of happiness. And you will be condemning a generation of malformed newborns to a life of very expensive pain and suffering. The payment due on that bill is going to be very, very costly to the Government because eventually you and I are going to be maintaining these children. But the payment due on the personal grief this will cause can never be adequately paid. I can't imagine that any of you want to contribute to that debt and you don't have to. Just leave Dr. McMahon alone to do what he does best and let us all work toward the day when he isn't needed anymore.

Thank you for allowing me to express my opinion.

Sincerely,

DRU ELAINE CARLSON, M.D.,
Director, Reproductive Genetics.

Mrs. BOXER. Mr. President, the President of the United States has offered us today in his veto message a way to pass a bill that makes an exception for these narrow cases that Senator MURRAY talked about, for the cases of these families whose faces you will see on this floor. We could walk together and do this.

I made a unanimous-consent request that we set aside this veto message, that we pass the bill with a true Hyde life exception and an exception for serious adverse health consequences to the woman, and it was objected to by the Senator from Pennsylvania. I claim, Mr. President, this is politically motivated. Why would they hold this veto override for 5 months and bring it up on the last week?

I urge my colleagues to be courageous. We know what polls show, but I am convinced that when people understand that this bill as it is crafted will lead to the death of women, to the devastation of families, that the American people will side with this courageous decision of the President of the United States of America and those of us who are willing to stand up and fight for these women and their families. I pray to God that we will sustain. Yes, we may have a few people who change. That is inevitable in this controversial issue. But I think we have enough Democrats and Republicans to sustain this veto.

At this time I yield 10 minutes to my colleague from Illinois, Senator SIMON, immediately followed by Senator KENNEDY for 15 minutes.

The PRESIDING OFFICER. The Senator from Illinois is recognized.

Mr. SIMON. Mr. President, I thank my colleague for yielding. One of the things I think all of us who are here ought to consider is the Members of the U.S. Senate who could face this problem are the female Members of this body. If the women in the U.S. Senate were to cast the decisive votes, this bill would never pass. I think that is just one thing to keep in mind.

But these are very practical problems. I would like to read to you, Mr. President, a letter from a woman in Naperville, IL. She and her family have their picture right in back of me.

My name is Vikki Stella. I am writing to thank you for opposing this bill, and courageously standing by families like ours. My husband Archer and I have two daughters, Lindsay and Natalie, as well as a beautiful baby boy named Nicholas Archer. Two years ago I had the procedure that H.R. 1833 would ban when I found out my unborn son Anthony was dying.

I was in the third trimester of a pregnancy my doctor called "disgustingly normal" when, at 32 weeks, our world turned upside-down. After amniocentesis and five ultrasounds, the sixth ultrasound found grave problems which had not been detected before. Ultimately, my son was diagnosed with at least nine major anomalies, including a fluid-filled cranium with no brain tissue at all; compacted, flattened vertebrae; congenital hip dysplasia; and skeletal dysplasia; and hypertelorism eyes. He would never have survived outside my womb.

My options were extremely limited because I am diabetic and don't heal as well as other people. Waiting for normal labor to occur, inducing labor early, or having a C-section would have put my life at risk. The only option that would ensure that my daughters would not grow up without their mother was a highly specialized, surgical abortion procedure developed for women with similar difficult conditions. Though we

were distraught over losing our son, we knew the procedure was the right option (the very procedure that would be outlawed by H.R. 1833).

And, as promised, the surgery preserved my fertility. Our darling Nicholas was born in December of 1995.

Nicholas is the little boy that she is holding, in the picture.

In our joy over Nicholas' birth, my husband, my daughters and I remember Anthony. The way his short life ended made it possible for this new baby to be born. This beautiful child would not be here today if it were not for Dr. McMahon and the safe and legal surgical procedure he performed.

I have shared Anthony's story to help you understand that the procedure I underwent helped temper my family's sorrow. Thank you for listening to Anthony's story, for understanding the danger of H.R. 1833, and for supporting President Clinton in his veto of this horrible bill.

I think we have to listen to women like Vikki Stella. We are not talking about abstractions. We are talking about real people, people who do not take a baby to that third trimester without the expectation of delivering the baby, but something horrible happens like in this case.

I do not think the U.S. Senate or the Federal Government ought to sit in judgment. That is a decision for the Stella family, their physicians, their spiritual counselors to make. Some people, because of conviction, would not have made that decision.

What I am unwilling to say is the physician who helped them is a criminal and should be sent to prison for 2 years. I am unwilling to say that Vikki and her husband, Archer, are accessories to a crime. I think that decision ought to be made by women and their physicians and their spiritual advisers.

It is interesting that the National Association of Obstetricians and Gynecologists, who are interested in preserving life and having happy families, oppose this legislation.

I think we need to draw down the emotional temper that is here and say, what is happening and why do families feel they are in these desperate straits? The one woman I remember who testified, who faced a more horrible situation, who chairs her local Roman Catholic Church council, just told of her experience.

These are practical things. If this veto is overridden, this will have a practical effect on the lives of a great many people. If this bill had passed, little Nicholas, the happy little boy in this picture, would not be alive today. We are talking about saving lives. We are talking about saving lives like little Nicholas' life. I hope the President's veto is not overridden.

Mrs. BOXER. The Senator from Massachusetts is to immediately follow.

Mr. KENNEDY. Mr. President, I hope our colleagues listened very carefully to our friend and colleague from the State of Washington, Senator MURRAY. She gave one of the finest presentations I have heard in the Senate regarding this subject. She spoke about this issue in such moving terms.

Many of us have seen, over the course of the past days, the real appeal to emotionalism. Attempts to try and portray individual Senators as being more concerned about life or about children or about women's health or other issues than other Senators. I think—having listened to a good many of those statements and comments and being a member of the Judiciary Committee who attended the hearings—Senator MURRAY's very clear and eloquent statement powerfully summarized the very dramatic challenge this issue presents to the Senate. I hope her words and her recommendations and her support of the President's veto will be adhered to.

I thank the Senator from California for her leadership during this debate, her work on this issue, and all of her efforts with regard to women's and children's health issues and health care reform. Although others have shown leadership on these issues, I think no one is more concerned and more diligent in ensuring good health policy for expectant mothers, children, and all Americans, as our friend from California. When she addresses these issues, she brings enormous credibility to her argument. I commend her for it and for her leadership.

I oppose this legislation, and I urge the Senate to sustain the President's veto. The President was right to veto this bill, because it fails to include adequate safeguards for the life or the health of the mother.

It makes no sense to criminalize a medical procedure that has saved the lives and preserved the health of many women. If our Republican colleagues are serious about this difficult and complex issue, they would have included a full exception for the life of the mother instead of the inadequate exception in this bill. They would also have included an exception for serious threats to the health of the mother.

This bill is too harsh and too extreme in both of these areas. Without good faith exceptions for the life and health of the mother, the bill, in addition to being too harsh and too extreme, is unconstitutional under *Roe versus Wade*.

Because of these serious deficiencies, this bill imposes an unacceptable burden on women and their doctors. Congress should not criminalize a medical procedure needed to deal with cases that threaten the life or the health of the mother. In these difficult and traumatic and heart-rending cases, Congress should not second-guess the judgment of the doctor, let alone threaten the doctor with prison.

Our actions on this issue are not abstract or theoretical as we have heard so eloquently from both Senator MURRAY and Senator BOXER. They have real consequences for real families. Listen to the words of Richard Ades. Richard and his wife Claudia were expecting a baby boy when they discovered the baby had a severe chromosomal abnormality and would not live. Claudia's health and life were at risk if the preg-

nancy continued, and their physician recommended this procedure. Now, Mr. Ades says,

I have major concerns with this legislation and what it will mean to our wives, our sisters and our daughters. This is not a woman's issue. This was my baby too. This is a family issue. This is not a choice issue. This is a health issue for everyone * * * The procedure under assault * * * protected my wife's health and possibly saved her life. It allowed my son's suffering to end. It allowed us to look forward to a growing family. It was the safest medical procedure available to us.

It is a fact that this procedure may well be the safest procedure for women whose pregnancies have gone tragically wrong and whose life or health is in danger. Women in this tragic situation may have other options, but those options involve alternative procedures that are permitted by this legislation yet are more dangerous for the mother. This bill does not stop late-term abortions. It does make such abortions more dangerous to the mother. As Prof. Louis Michael Seidman testified during the Judiciary Committee hearings, "All this bill does is to channel women from one less risky abortion procedure to another more risky abortion procedure."

Consider the case of Coreen Costello, who testified before the Senate Judiciary Committee. She told us that when she was 7 months pregnant, her doctor discovered that her baby had a lethal neurological disorder. She still wanted to have her baby. She consulted several specialists. She was told that natural birth or induced labor were impossible, and that a caesarean section would put her health and possibly her life in danger. As she said, "There was no reason to risk leaving my children motherless if there was no hope of saving the baby." And so she had the procedure that this bill would criminalize.

Mrs. Costello's testimony was powerful and moving. In an attempt to undermine it, some of our Republican colleagues questioned whether Mrs. Costello actually had the procedure at issue in this legislation. As she and other women at our committee hearing testified,

We are shocked and outraged at attempts by you and other members of the Senate to dismiss our significance as witnesses against the partial birth abortion bill. We are not doctors * * * but we do know that the surgical procedure we went through is the method that is insultingly parodied on your charts and in the ads of the Right-To-Life groups.

No major medical association supports this legislation. It is specifically opposed by many leading medical organizations, including the American College of Obstetricians and Gynecologists, the American Public Health Association, the American Medical Women's Association, the American Nurses Association, and the California Medical Association.

The American College of Obstetricians and Gynecologists, which represents 35,000 physicians, opposes this

legislation. According to their statement of opposition, they "find it very disturbing that Congress would take any action that would supersede the medical judgment of trained physicians and criminalize medical procedures that may be necessary to save the life of a woman. Moreover, in defining what medical procedures doctors may or may not perform, H.R. 1833 employs terminology that is not even recognized in the medical community—demonstrating why congressional opinion should never be substituted for professional medical judgment."

If this bill is enacted into law, Congress will be violating sound medical practice and adding to the pain and misery and tragedy of many women and their families.

I urge the Senate to vote to sustain the President's veto.

Mr. SANTORUM. Mr. President, I yield 10 minutes to the Senator from Vermont.

The PRESIDING OFFICER. The Senator from Vermont is recognized.

Mr. LEAHY. Does the Senator from Utah want to go forward first?

Mr. HATCH. If the Senator will yield briefly, yes.

Mr. SANTORUM. I yield, first, to the Senator from Utah.

Mr. HATCH. Mr. President, I rise today to express my disappointment at the President's decision to veto the Partial-Birth Abortion Ban Act. The President's veto was a shocking act. For this President, there are apparently no limits.

While I was very pleased that the House was able to override the President's veto, I know that it will be very difficult for the Senate to muster the two-thirds supermajority needed to override the veto.

That makes the President's veto all the more discouraging, because he has succeeded in preventing Congress from outlawing an indefensible late-term abortion procedure which is disturbingly close to infanticide.

The partial-birth abortion bill received thoughtful consideration in the House and the Senate and was the subject of an informative and in-depth hearing that I chaired in the Judiciary Committee last December.

The bill is a very limited measure and bans one particularly brutal method of late-term abortion that has been performed by only a handful of doctors and that is never medically necessary.

Frankly, I still find it very difficult to believe that anyone could oppose this bill. In fact, even pro-choice Members of Congress supported this bill. One need not be anti-abortion to oppose this particularly gruesome procedure.

In the partial-birth abortion procedure, the doctor partially delivers a living fetus so that all but the baby's head remains outside the mother's uterus.

The doctor then uses scissors to make a hole in the baby's skull, inserts a suction catheter into the baby's head, and sucks out the brains. This kills the baby.

The doctor then completes what would otherwise have been a live delivery and removes the dead baby.

I find this procedure indefensible.

The President indicated that he would support this bill if it was amended to provide an exception for the health of the mother.

I would like to point out how illusory that exception is.

As testimony at our Judiciary Committee hearing demonstrated, this procedure is not performed primarily to save the life of the mother or to protect her from serious health consequences.

Instead, the evidence shows that this procedure is often performed in the late second and third trimesters for purely elective reasons.

I acknowledge that there may have been rare cases where this awful procedure was performed and where there was a possibility of serious, adverse health consequences to the mother.

However, even in those cases, a number of other procedures could have been performed. In fact, other procedures would have been performed had the mothers gone to any other doctor than one of the handful of doctors who perform these awful partial-birth abortions.

The former U.S. Surgeon General, C. Everett Koop, recently described his opposition to the partial-birth abortion procedure in an interview with the American Medical News, which was published in its August 19, 1996 issue. Dr. Koop stated:

I believe that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction in reference to late-term abortions. Because in no way can I twist my mind to see that the late-term abortion as described—you know, partial birth, and then destruction of the unborn child before the head is born—is a medical necessity for the mother. It certainly can't be a necessity for the baby. So I am opposed to . . . partial birth abortion.

That is the view of one of this nation's most distinguished Surgeon Generals ever.

And the fact of the matter is—and this is something that the President has not acknowledged—this reprehensible procedure is being performed primarily where there are only minor problems with the fetus and for purely elective reasons.

It is not the worthy, necessary procedure the President paints it to be.

Dr. Martin Haskell, one of the few doctors who perform this procedure, admitted in testimony given under oath in Federal district court in Ohio that he performs the procedure on second trimester patients for "some medical" and "some not so medical" reasons.

Transcripts from a 1993 interview with the American Medical News reveal that Dr. Haskell stated "most of my abortions are elective in the 20-24 week range * * * In my particular case, probably 20 percent are for genetic reasons [and] the other 80 percent are purely elective."

Dr. Nancy Romer, who is a practicing ob-gyn, a professor in the department of obstetrics and gynecology at the Wright State University School of Medicine, and the vice-chair of the department of obstetrics and gynecology at Miami Valley Hospital, both in Dayton, OH, testified before the Senate Judiciary Committee that she has cared for patients who had received a partial-birth abortion from Dr. Haskell for reasons that were purely based on the woman not wanting a baby—as she put it, for social reasons.

This procedure is simply not being done to protect the health and safety of women. After reviewing all of the evidence that came out of the hearings in the House and Senate on this bill, I don't think there can be any question about that.

However, some of the doctors who perform this procedure disingenuously claim that they do it for the health of the mother.

That is why a health-of-the-mother exception—even one that is, as the President now characterizes it, for "serious, adverse" health consequences—would gut this bill and would be easily exploited by the few selected doctors who do this procedure.

Those doctors would be able to justify it under any circumstances—particularly since, under the President's suggestion, they would be the ones to determine what constituted a "serious, adverse" health consequence.

Just look at how the doctors who have performed this procedure have already mischaracterized essentially elective reasons for an abortion as health-related reasons.

Dr. McMahon—one of the other doctors who admitted performing this procedure—indicated in a 1995 letter submitted to Congress that although all of the third trimester abortions he performed were "non-elective," approximately 80 percent of the abortions he performed after 20 weeks of pregnancy were "therapeutic."

But Dr. McMahon then provided the House Judiciary Committee with a listing of the so-called therapeutic indications for which he performed the procedure. That list is astonishing.

It shows that the single most common reason for which the partial-birth abortion was performed by him was maternal depression.

He also listed substance abuse on the part of the mother as a therapeutic reason for which he performed the procedure.

In terms of so-called fetal abnormalities, Dr. McMahon's own list indicates that he performed the procedure numerous times in cases in which the fetus had no more serious a problem than a cleft lip.

Dr. Haskell has similarly acknowledged that he is not performing the procedure in critical instances of maternal or fetal health.

In Dr. Haskell's testimony in Federal district court in Ohio, Dr. Haskell stated: "Patients that are critically ill at

the time they're referred for termination, I probably would not see. Most of the patients that are referred to me for termination are at least healthy enough to undergo an operation on an outpatient basis or else I would not undertake it."

When asked about the specific health-related reasons for which he performed the partial-birth abortion procedure, Dr. Haskell specified that he has performed the procedure in cases involving high blood pressure, diabetes, and agoraphobia—fear of going outside—on the part of the mother.

Would we want to entrust these doctors with determining when a "serious, adverse" health consequence existed?

Is it any wonder that those who really want to see this horrifying procedure ended see the President's proposed exception for the giant loophole that it really is?

The evidence has shown that in no case is this particularly gruesome procedure necessary for the woman's life or health. Medical testimony in the committee's hearing record indicates that, even if an abortion were to be performed in late pregnancy for a variety of complications, a number of other procedures could be performed, such as the far more common classical D&E—or dilation and extraction procedure or an induction procedure.

When asked whether the exact procedure Dr. McMahon used would ever be medically necessary, several doctors at our hearing explained that it would not. Dr. Nancy Romer stated that she had never had to resort to that procedure and that none of the physicians that she worked with had ever had to use it.

Dr. Pamela Smith, the director of medical education in the department of obstetrics and gynecology at the Mount Sinai Medical Hospital Center in Chicago, stated that a doctor would never need to resort to the partial-birth abortion procedure.

Further, the hearing record refutes the claim that in some circumstances a partial-birth abortion will be the safest option available for a late-term abortion.

An article published in the November 20, 1995 issue of the American Medical News quoted Dr. Warren Hern as stating, "I would dispute any statement that this is the safest procedure to use." Dr. Hern is the author of "Abortion Practice," the Nation's most widely used textbook on abortion standards and procedures.

He also stated in that interview that he "has very strong reservations" about the partial-birth abortion procedure banned by this bill.

Indeed, referring to the procedure, he stated, "You really can't defend it. I'm not going to tell somebody else that they should not do this procedure. But I'm not going to do it."

In fairness to Dr. Hern, I note that he does not support this bill in part because he feels this is the beginning of legislative efforts to chip away at abortion rights. His opinion on the this procedure, however, is highly informative.

I think Dr. Nancy Romer's testimony explained it best. She said:

If this procedure were absolutely necessary, then I would ask you, why does no one that I work with do it? We have two high-risk obstetricians, and a medical department of about 40 obstetricians, and nobody does it. We care for and do second-trimester abortions, and we have peer review. We are watching each other, and if we truly were doing alternative procedures that were killing women left and right, we would be out there looking for something better. We would be going to Dr. Haskell and saying, please, come help us do this. And we are not. We are satisfied with what we do. We are watching each other and we know that the care that we provide is adequate and safe.

In short, this procedure cannot be justified as needed for the health or safety of women. The President's attempt to characterize it as such is misleading and disingenuous.

Let me be clear that this bill does not penalize the mother if a partial-birth abortion is performed in violation of the bill. Moreover, there is a life-of-the-mother exception in the bill.

President Clinton came into the White House pledging to take a moderate, mainstream course on the abortion issue. But his veto of this legislation reveals his extreme views for what they are.

This veto does not even represent the thoughtful pro-choice position. It represents the abortion anytime, anywhere, under any circumstances, position.

We should be very clear that this horrifying procedure, which is never medically necessary for the life or health of the mother, will continue because of the actions of the President.

He could have taken a compassionate position on this issue, determined that even as a pro-abortion President, this procedure is beyond the pale, and signed this legislation.

Instead, he chose to preserve this procedure. I agree with our colleague Senator MOYNIHAN, who observed that this procedure was "as close to infanticide as anything I've ever seen."

The victims of late-term partial birth abortions are children. There can be no question about that.

Thanks to this Presidential veto, if the Senate fails to override it, this procedure will continue to be performed in this country. And that is a sad commentary on just how immune we have become to blood and gore, even when it is performed on innocent babies.

I urge my colleagues to vote to override this veto.

The PRESIDING OFFICER. The Senator from Vermont is recognized.

Mr. LEAHY. Mr. President, I remember the first time I visited Washington. I was 18 years old and came here with my mother and father and my sister, Mary. It was in the spring and I was a young college student. I remember visiting the Capitol and seeing for the first time the Chamber that we are now in—a memory I have never lost. I came back here 3 years later as a law student.

During my years at Georgetown, I visited the Congress, especially the U.S. Senate, over and over again. I heard so many of the great debates, from civil rights, through Supreme Court nominations, to what the Senate would do following the tragic change of Presidents in 1963.

In those debates, the Senate upheld its role in the continuity of our country and the Senate helped shape the conscience of the Nation.

After law school I went back to Vermont and was fortunate to become a prosecutor in our State's largest county. To many, it may appear that a prosecutor faces cut-and-dried questions. One either broke the law or one didn't.

I quickly learned that it was not quite that easy a choice. The greatest thing a prosecutor possesses besides his or her integrity is prosecutorial discretion. The prosecutor always has to ask if the law is just and does the penalty fit the crime. In 1972 I was faced with a question about Vermont's abortion statute. I long felt that this was a case where the law, even if constitutional, carried a punishment that did not reflect the crime. The law said that there would be significant penalties of 10 years and not less than 3 years for anybody who brought about an abortion at any time during a pregnancy for any reason except to save the life of the mother. To me, such a statute was unrealistic, apparently unconstitutional, and far too strict. I felt this even as one who wished there never would be abortions.

This matter became a Vermont Supreme Court issue in the case of *Beechem v. Leahy* (130 VT 1164) decided on February 8, 1972.

The Vermont Supreme Court actually used my argument and said:

We hold that the legislature, having affirmed the right of a woman to abort, cannot simultaneously, by denying medical aid in all but the cases where it is necessary to preserve her life, prohibit its safe exercise. This is more than regulation, and an anomaly fatal to the application of this statute to medical practitioners.

The court spoke of the statute being not regulative but prohibitive and in doing that they were a remarkable prelude to *Roe versus Wade* decided 11 months later.

We Vermonters said the question of having an abortion was a difficult and personal question and one to be decided between a woman and her doctor. The law stepped in only in extraordinary circumstances.

I am proud of the Vermont Supreme Court and proud of my role in their decision because it did protect a woman's right to choose. That has to be one of the most difficult decisions any woman can make.

Today, it is still the most difficult decision, and no legislator and no legislation should interfere, except in the most extreme cases, because a woman must make that decision for herself and for her conscience.

To this day, I recall the awe I felt walking on the Senate floor for the first time. I knew I walked where the giants of all parties who served here had walked. Today, like every day since, I remember the emotion of that first day in the Senate. I also recall the days as a young law student, sitting in the visitor's gallery, and thinking "This truly is the body where our Nation's conscience resides."

When I first ran for the Senate, I quoted Edmund Burke when I asked my fellow Vermonters to trust me with this office.

Burke said:

*** it ought to be the happiness and glory of a representative to live in the strictest union, the closest correspondence, and the most unreserved communication with his constituents. Their wishes ought to have great weight with him; their opinions high respect; their business unremitting attention. It is his duty to sacrifice his repose, his pleasure, his satisfactions, to theirs—and above all, ever, and in all cases, to prefer their interest to his own.

But his unbiased opinion, his mature judgment, his enlightened conscience, he ought not to sacrifice to you, *** These he does not derive from your pleasure *** no, nor from the law and the Constitution. They are a trust from Providence, for the abuse of which he is deeply answerable. Your representative owes you, not his industry only, but his judgment; and he betrays, instead of serving you, if he sacrifices it to your opinion.

When the issue before us came up for a vote, I saw a poorly drafted statute; in fact, the suggestions contained in the letter from President Clinton to Senator DASCHLE demonstrate how much better the statute could have been drafted, and I wish this body had followed the suggestion of the distinguished Senator from California, Senator BOXER, who asked that we introduce and pass—as we would almost unanimously—legislation similar to what was suggested by the President. I was also offended by some—although not all—in the debate who looked only to politics and not the protection of a viable fetus. While President Clinton's veto may not be overridden today, I would ask both sides to put politics aside and consider writing legislation similar to what the President suggested. It would get broad bipartisan support.

As I have thought, and rethought that vote, I believe I reacted to a poorly drafted statute and a political debate. Instead, I should have asked, what for me is the ultimate question, what does the conscience of PATRICK LEAHY say?

The Senate can only be our Nation's conscience if we Senators follow ours on these matters. I respect all my constituents and all the Senators who will vote on this override. But on this issue my conscience, and my conscience alone, must determine my vote. I will vote to override.

Mr. President, I yield the floor.

Mr. SANTORUM. Mr. President, I yield 3 minutes to the Senator from Texas.

The PRESIDING OFFICER. The Senator from Texas.

Mr. GRAMM. Mr. President, the issue before us is not about the right of a woman to choose. It is not even about the right to life for unborn children. This debate is about a repulsive procedure which should not be condoned in any civilized society. We are talking about banning a late-term abortion that is carried out through a gruesome procedure where a living baby is delivered through the birth canal feet first—everything except the head—and then the life of the child is terminated. The child is literally 3 inches away from the full constitutional protection of the law.

This is an issue about how civilized our society is and what practices we will allow to be conducted on human beings.

So I hope my colleagues, no matter where they stand on the issue of right to life or the right of a woman to choose, will recognize that this is a special case. This is a gruesome, uncivilized procedure, and this procedure should be banned.

I hope each of us will think through this issue and ponder it—not only in our minds but in our hearts. I believe, if Senators will do that, we will override this veto, and that we will ban this practice that no civilized society should condone.

I yield the remainder of my time.

Mr. SANTORUM. Mr. President, I yield to the Senator from Alaska 3 minutes.

Mr. MURKOWSKI. I thank the Chair. The PRESIDING OFFICER (Mr. ASHCROFT). The Senator from Alaska.

Mr. MURKOWSKI. Mr. President, on December 7, 1995, this body passed S. 939, a bill that would place a national ban on the partial-birth abortion procedures, except in cases in which the procedure is necessary to save the life of the mother. On April 10, 1996, President Clinton vetoed that bill. Mr. President, I rise today to urge my colleagues to override the Presidential veto and put an end to the tragic procedure known as a partial-birth abortion.

President Clinton defended his act of vetoing this bill by stating that a partial-birth abortion is a procedure that is medically necessary in certain "compelling cases" to protect the mother from "serious injury to her health" or to avoid the mother "losing the ability to ever bear further children."

President Clinton was misinformed. According to reputable medical testimony and evidence given before this Congress by partial-birth abortion practitioners, partial-birth abortions are: more widespread than its defenders admit; used predominantly for elective purposes; and are never necessary to safeguard the mother's health or fertility.

Mr. President, my Alaskan office has received more mail in the last week on this issue than any other issue this

year—over 1,900 calls and letters—imploping the Senate's help to end this tragic procedure.

Mr. President, I note the extraordinary effort by many of our Members to try to take the emotion out of this procedure, and I was particularly moved by statements made by our colleague from Tennessee, who is a medical physician. In his statement, Senator FRIST was specific relative to the reality that this was not a necessary procedure. His statement certainly supports other experts.

Former Surgeon General C. Everett Koop stated that he "believed that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction in reference to late-term abortions." Dr. Koop went on to say, "In no way can I twist my mind to see that the late-term abortion as described as * * * partial birth * * * is a medical necessity for the mother."

In an editorial in today's New York Times, C. Everett Koop, added,

With all that modern medicine has to offer, partial-birth abortions are not needed to save the life of the mother * * *. Recent reports have concluded that a majority of partial-birth abortions are elective, involving a healthy woman and a normal fetus.

Mr. President, I ask that the remainder of Dr. Koop's editorial be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the New York Times, Sept. 26, 1996]

WHY DEFEND PARTIAL-BIRTH ABORTION?

(By C. Everett Koop)

HANOVER, NH.—The debate in Congress about the procedure known as partial-birth abortion reveals a deep national uneasiness about abortion 23 years after the Supreme Court legalized it. As usual, each side in the debate shades the statistics and distorts the facts. But in this case, it is the abortion-rights advocates who seem inflexible and rigid.

The Senate is expected to vote today on whether to join the House in overriding President Clinton's veto of a bill last April banning partial-birth abortion. In this procedure, a doctor pulls out the baby's feet first, until the baby's head is lodged in the birth canal. Then, the doctor forces scissors through the base of the baby's skull, suctioning out the brain, and crushes the skull to make extraction easier. Even some pro-choice advocates wince at this, as when Senator Daniel Patrick Moynihan termed it "close to infanticide."

The anti-abortion forces often imply that this procedure is usually performed in the third trimester on fully developed babies. Actually, most partial-birth abortions are performed late in the second trimester, around 26 weeks. Some of these would be viable babies.

But the misinformation campaign conducted by the advocates of partial-birth abortion is much more misleading. At first, abortion-rights activists claimed this procedure hardly ever took place. When pressed for figures, several pro-abortion groups came up with 500 a year, but later investigations revealed that in New Jersey alone 1,500 partial-birth abortions are performed each year. Obviously, the national annual figure is much higher.

The primary reason given for this procedure—that is often medically necessary to

save the mother's life—is a false claim, though many people, including President Clinton, were misled into believing this. With all that modern medicine has to offer, partial-birth abortions are not needed to save the life of the mother, and the procedure's impact on a woman's cervix can put future pregnancies at risk. Recent reports have concluded that a majority of partial-birth abortions are elective, involving a healthy woman and normal fetus.

I'll admit to a personal bias: In my 30 years as a pediatric surgeon, I operated on newborns as tiny as some of these aborted babies, and we corrected congenital defects so the could live long and productive lives.

In their strident effort to protect partial-birth abortion, the pro-choice people remind me of the gun lobby. The gun lobby is so afraid of any effort to limit any guns that it opposes even a ban on assault weapons, though most gun owners think such a ban is justified.

In the same way, the pro-abortion people are so afraid of any limit on abortion that they have twisted the truth to protect partial-birth abortion, even though many pro-choice Americans find it reasonable to ban the procedure. Neither AK-47's nor partial-birth abortions have a place in civil society.

Both sides in the controversy need to straighten out their stance. The pro-life forces have done little to help prevent unwanted pregnancies, even though that is why most abortions are performed. They have also done little to provide for pregnant women in need.

On the other side, the pro-choice forces talk about medical necessity and under-represented abortion's prevalence: each year about 1.5 million babies have been aborted, very few of them for "medical necessity." The current and necessarily graphic debate about partial-birth abortion should remind all of us that what some call a choice, others call a child.

Mr. MURKOWSKI. Mr. President, other physicians agree with the former Surgeon General: Three physicians, who treat pregnant women and their babies on a regular basis, submitted an editorial in a September 19, 1996, Wall Street Journal editorial and declared that "Contrary to what abortion activists would have us believe, partial-birth abortion is never medically indicated to protect a woman's health or her fertility."

A partial-birth abortion is not only tragic, it is violent. The procedure is one in which four-fifths of the child is delivered before the abhorrent process of killing the child begins. Sadly, throughout this procedure the majority of babies are alive and able to move and may actually feel pain during this ordeal.

Ms. Brenda Schafer, a nurse who observed a partial-birth abortion, made this moving statement before a congressional committee:

The baby's little fingers were clasping and unclasping, and his little feet were kicking. Then the doctor stuck the scissors in the back of his head, and the baby's arms jerked out, like a startle reaction, like a flinch, like a baby does when he thinks he is going to fall.

The doctor opened up the scissors, stuck a high-powered suction tube into the opening, and sucked the baby's brains out. Now the baby went completely limp.

Mr. President, we have heard much of the brutal reality associated with the

process, but let us not forget this reality: the child is within a few moments or a few inches from being protected by law. The suggestion is that this is a fetus; Mr. President, I suggest that this is a baby.

It is not a fetus. It is a baby.

Mr. President, it's not easy for any here to discuss this topic, but unfortunately, those are the true, stark, and brutal realities of a partial-birth abortion. And Mr. President, I must tell you that as a father of six, I am profoundly affected and disturbed by Ms. Schafer's statement.

I, and others who support this act, sympathize with a woman who is in a difficult and extreme circumstance, but no circumstance can justify the killing of an infant who is four-fifths born. My good friend and colleague Senator MOYNIHAN, who is a pro-choice Democrat declared that this practice of partial-birth abortions is just too close to infanticide.

That is why I hope that this is the one issue that can unite pro-life and pro-choice individuals. Because, Mr. President, the vote today is not an issue of pro-life or pro-choice—it's an issue of putting an end to an abhorrent and inhumane procedure.

Dr. Pamela Smith, in a House hearing on this issue, succinctly stated why Congress must act: "The baby is literally inches from being declared a legal person by every state in the union. The urgency and seriousness of these matters therefore require appropriate legislative action."

We are here with an obligation. Mr. President, this matter is urgent. This procedure cannot be defended medically and cannot be defended morally. I profoundly believe that it is a fitting and proper interest of the Government to protect human life—both of the mother and the child—healthy and disabled. I strenuously urge my colleagues to vote in favor of overriding President Clinton's veto of the partial-birth abortion ban.

Mrs. BOXER addressed the Chair.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. Thank you, Mr. President. I am going to ask that the Senator from Illinois address us for up to 15 minutes, or as much time as she wishes. Before that, I yield myself 2 minutes to respond to a couple of the statements that have been made.

Mr. President, we could reach an agreement by unanimous consent to send a bill to the President that he would sign without all of this procedure but for the life and health of the woman. In fact, I have offered that by unanimous consent, and it was objected to by the Senator from Pennsylvania. He does not believe in that exemption, and he opposes it. He says it is a loophole. We say we can draw it in such a way that it could only be used to save precious lives. And instead of making this a political issue that goes into the election cycle, we could agree today to outlaw this procedure

but for saving the life of the woman or to spare her long-term adverse health consequences.

I agree with the Senator from Texas when he says this is about how civilized our society is. And I would ask all Americans to decide for themselves. Is it civilized to outlaw a procedure that saved this woman's life, Coreen Costello? It is one example of many we will talk about. It ensured her fertility so she could have this little baby, Tucker. It seems to me it is uncivilized, indeed. It is cruel and inhumane to take away a tool from a doctor who feels it is, in fact, the only tool he or she may have to save this little life and to spare her husband and her children the tragedy of this situation.

My friend from Ohio says, "Well, this woman does not know what she is talking about. She didn't have this procedure." Well, she just wrote us yesterday. How arrogant can we get? Some Senators down here think they know more than doctors. They think they know more than the American College of Obstetricians and Gynecologists and the American Nurses Association, the national organization representing 2.2 million registered nurses. They think they know more than the American Medical Women's Association. They think they know more than the American Public Health Association, and now they think they know more than this woman. They are telling this woman what procedure she had and didn't have when she and her doctor know very well that if this bill had been the law of the land, she may not be here.

I ask for order in the Chamber, please.

The PRESIDING OFFICER. The Senator from California may proceed.

Mrs. BOXER. Mr. President, I think this is a test of whether or not we are civilized. I think protecting mothers and babies and families is civilized. I think we can join hands here and outlaw this procedure unless the woman's life is at stake or her health is severely threatened.

I yield as much time as she may consume to the Senator from Illinois.

The PRESIDING OFFICER. The Senator from Illinois is recognized.

Ms. MOSELEY-BRAUN. I thank the Senator from California.

Mr. President, the Senate's job is to be as rational as possible in our discussion of volatile issues like this one and to consider what is really at stake. There are many issues in this debate. What is at stake is a woman's personal liberty as guaranteed by our Constitution. What is at stake is the setting of a precedent by the Members of this Congress in making medical decisions and judgments that are better left to physicians.

What is at stake is a determination whether or not Congress should in good conscience prevent a woman from making decisions regarding her own difficult reproductive choices in consultation with her family, her doctor, and her God.

Personal liberty, Mr. President, is something that every American holds dear. It is woven into the fabric of our Nation and our beliefs and represented in our Declaration of Independence and our Constitution. There are certain aspects of our life in which we encourage Government intervention, where we, the people, wish to provide for the common defense and promote the general welfare as stated in the Constitution. We expect the police to come in when we are in trouble; we want our water to be clean and our medicine to be safe.

There are other aspects of our lives in which, however, we expect the Government to honor our inalienable rights and our personal liberty and to refrain from interfering. Who we vote for, what we believe in, where we live are all choices that we make free from Government intervention. We should hope that these decisions will always be private and personal ones without the dictates of the law telling us what we must do.

The ability of a woman to choose whether or not to terminate a pregnancy is, I believe, one of those instances where the Government must refrain—indeed, is required by our Constitution to refrain—from interfering in our personal lives. It is a central issue of a woman's citizenship and goes to the most private matter of her life. The U.S. Supreme Court in *Roe versus Wade* and *Planned Parenthood v. Casey* said a State may not prohibit postviability abortions to protect the life or health of a woman. It upheld the woman's equality under the law when such personal matters are concerned and said that a woman, in consultation with her physician, could make a decision about her health, about her life and about her pregnancy.

Women do not always have the luxury of making a popular decision regarding termination of a pregnancy. Indeed, it is probably one of the most difficult matters in anyone's family. But women should have the protection of the law in making a decision that is in the best interests of her health and of her family. I would point out that this is probably the most personal decision and should be one of the most private ones.

I also point out—and this is a point that somehow or other gets lost in this debate all the time—no Member of this Senate can face the trauma that is represented by the issue of late-term abortion—no Member of this Senate. The men of this Senate cannot be pregnant, and I daresay for the women of the Senate pregnancy is a hypothetical matter of nostalgia.

This theoretical debate we are having seems to ignore altogether the very personal issues for those who are of childbearing years. I believe that we have an obligation to consider their views even when those views may be unpopular and make certain that their liberties are not eroded by the passion of this debate.

This bill takes a personal decision and makes it a public one, and it provides for an exception in this instance only for life and then only for life as a way of affirmative defense. Reproductive choice is, in the final analysis, about the relationship of women citizens, of female citizens to their Government. Reproductive choice is central to their liberty.

We are charged in this democracy with doing what is right and not simply what is popular. There is no question but that abortion is a highly charged and volatile issue. Our Constitution guarantees the right to hold views and opinions that may not always be popular ones. Protection of those minority views is also central to our liberty. A family in crisis with a late-term pregnancy may not be able to consider the debate that we have here but they will very much consider what is going on in their family, what is going on with their life and the practical effect that it may have on not just the life but the health of the people involved.

I think it is very important for us to take a look at and to consider for a moment what is at stake with regard to those who have gone through the late-term abortion trauma that is reflected in this debate.

One of the issues that was raised by the senior Senator from Illinois had to do with an Illinois woman, Vikki Stella. This is her picture with her family. It has been on the floor for a while. Vikki Stella's story is one of tragedy and of courage. She and her husband were expecting their third child. At 32 weeks, she had her second sonogram. When the technician asked her to come upstairs and talk to the doctor, Vikki thought maybe it was because the baby was a breech. She is a diabetic, and she knew that any complications could be serious. After the second ultrasound, however, Vikki and her husband learned from the doctor that the child she was carrying had no brain. Vikki had to make the hardest decision of her life, and this is how she explains it. She said, I had to remove my son from life support and that was me.

Vikki did the hardest thing that a parent can do. She watched her child abort. She says in a letter which has been read on the floor but I want to have it accepted for the record, and I quote:

My options were extremely limited because I am diabetic and don't heal as well as other people. Waiting for normal labor to occur, inducing labor early, or having a C-section would have put my life at risk. The only option that would ensure that my daughters would not grow up without their mother was a highly specialized, surgical abortion procedure developed for women with similar difficult conditions. Though we were distraught over losing our son, we knew the procedure was the right option (the very procedure that would be outlawed by H.R. 1833).

So I tell the story to my colleagues because it is a true story about a real woman, about a real family handling

an awful situation in the best way that they knew how. This is exactly the kind of case where my colleagues who want to override this veto want to substitute their judgment for the judgment of the family and their doctor.

I have told the story before in the Chamber and I would point out that just yesterday—just yesterday—I had occasion to speak with another woman in my office, Claudia Ades, a woman who lived in Illinois at one point and she now lives in California. This woman described a situation in which she and her husband desperately wanted their baby and learned only at the late term that the baby could not live if born and she would give up any ability she might have to carry a subsequent child to term if she did not abort. So she had to make a similar difficult decision.

She sat in my office with tears in her eyes and she wondered why she had to go through this. She asked the Lord, "Why me?" She had come to the conclusion that she had had to go through that precisely so she could tell the story to help save the lives of other women who would be faced with the same situation, and that her child had been a sacrifice which she hoped would mean that other women would be able to hold on to their personal liberty, would be able to hold on to their right to make their own medical decision regarding a pregnancy.

We are with this attempt to override trying to substitute the judgment of a group of people who do not have to go through this, who do not have to go through this in life, or not have it even touch their lives, and yet we are becoming physicians and we are becoming experts and we are speaking about this issue in terms which frankly appeal to the popular consciousness because this procedure is not an easy one to look at, to hear about, to talk about.

It is almost embarrassing to stand on this floor and talk about the vaginal cavity and the procedure that is performed, but I daresay if we talked about the harm we may well do by stepping in where we have no right, by taking liberties away from people to make their own private decisions, we will do more harm to our country and to women who are faced with this decision and their families than anything else.

Mr. President, I have to tell you, I do not personally, and I have said this on the floor before as well, I do not favor abortion. My own religious beliefs hold life dear, and I would prefer that every potential child have a chance to be born. But the personal, fundamental right of freedom and liberty that we hold dear in this country dictates to me that we must not intervene with the most personal of all decisions, and that is a decision about whether or not to carry a traumatic pregnancy to term.

I am not prepared to substitute the Government's judgments for the judg-

ments of women, of their families, and of their physicians in this decision. I am not prepared to say that a woman's life is worth less because she is carrying a pregnancy. I do not believe that the State has a right to intervene in the relationship between a woman and her body, her doctor, and her God. I urge my colleagues to vote to uphold this veto.

This difficult issue has a lot of aspects to it, but one that I hope that my colleagues will consider is the constitutional liberty that is at stake here today, the delicate balance between the rights of a woman to make decisions about her health and her body and the rights of the State.

At the end of the drafting of our Constitution there was a colloquy. At the close of the Constitutional Convention of 1787, Benjamin Franklin was asked, "Well, Doctor, what have we got * * *?" And Benjamin Franklin answered, "A Republic, if you can keep it."

I believe that our Republic stands for the inalienable rights that we enjoy as human beings and, as citizens of this great country, those include the right of a woman and her family to make a decision about her health and her body and whether or not she will carry a difficult pregnancy to term. I do not believe that it is consistent with our constitutional responsibilities, that it is consistent with the scope of our understanding, that we intervene in this very difficult and personal and private decision; that we take the liberty from women to make this decision. I encourage my colleagues to uphold the veto in this emotionally charged case.

I yield the floor to the Senator from California.

Mrs. BOXER. Mr. President, is there any time remaining on the 15 minutes of mine?

The PRESIDING OFFICER. The Senator used about 12 minutes.

Mrs. BOXER. Mr. President, I yield myself the 3 minutes that Senator MOSELEY-BRAUN did not use, to talk about her remarks for a moment. Then I intend to yield 5 minutes to the Senator from New Jersey, Senator LAUTENBERG.

Let me say, before my friend and colleague has to leave the floor, Senator MOSELEY-BRAUN, because I know she has people waiting in her office but I just want to thank her so much for participating at this point. I think both Senators from Illinois did a very special service to this body by bringing the issue out of theory, out of cartoon drawings of women's bodies which, frankly, many of us find offensive on the floor, to the reality of what happens in families today. The story she has told about Vikki Stella is a story that, unfortunately, too many of our families go through.

A loving family, a wanted and loved child, suddenly learning at the end of a pregnancy that something has gone terribly wrong, danger to the woman, danger to her family, and at that point I think what the Senator has put in

such good terms in this debate: Who do we want to make the decision of what is best for her? Do we want that family, that doctor, and their God to make this decision? Or do we want a U.S. Senator to make that decision and take a tool away from a physician, a physician who says he or she needs that tool to save that mother's life?

I think the answer is clearly, if we are a civilized society, we can walk down together on this bill. We can say this procedure should only be allowed in just those circumstances that the Senator described. The President has said that. The President has offered that. He has held out his hand. He has said he would sign such a bill that made a true life exception and a health exception. He, in fact, outlawed late-term abortion when he was the Governor of Arkansas, but for life and health. So I thank my colleague. Before she left, I wanted to thank her so much for her participation.

I also want to say that, again, it seems to me arrogant of some who would, in fact, substitute their own judgment for the judgment of families and physicians. I want to quickly quote, in the time I have remaining, from some of the finest doctors, from some of the finest medical schools in this United States of America.

From Boston University, a doctor says, "This bill eliminates the therapeutic choice for physicians and imposes a politically inspired risk to the health and safety of a pregnant woman."

From Cedar-Sinai Medical Center in Los Angeles, one of the most respected institutions in California. I am going to read this quote much later, but just in part it basically says if you outlaw this procedure you cannot help distraught women.

I yield myself an additional minute.

The PRESIDING OFFICER. The Chair informs the Senator there is a unanimous-consent order we would vacate the Chamber at 12:30.

Mrs. BOXER. I set this aside, and yield the floor to Senator LAUTENBERG.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. LAUTENBERG. Mr. President, I will be brief because I have listened to the debate as it has gone on. I must at the outset say that I hope we will support the President's veto. The case has been made by those with whom I disagree, obviously, I think very carefully, very articulately. I think there is one thing we can agree upon. That is, neither side accepts late-term abortions as something they would like to see done routinely; neither side. Not this side, for sure. I say, this side, I am not talking about the party side of the aisle. I am talking about those on this side of the debate. It is a terrible thing to contemplate. The problem is, this bill is a confrontation of a problem that is very serious, being judged, in my view, by the wrong folks in the wrong place. The decision has to be made in the privacy of a discussion be-

tween a woman, her conscience, and her physician.

President Clinton has, along with many of us here, argued that this bill should be modified to take account of women's health needs. One of the most extreme elements of this bill is the failure to include the exception in which the health of the mother is at risk. My friend and colleague, who is managing the support for the President, has so clearly said so many times: Give the doctors and families a chance to make the decision that includes an analysis of the mother's health requirements and you would not have any problem obtaining support for that legislation. I commend her for her courage, for her determination in leading this effort.

To try to cloak this in terms of whimsical or casual decisionmaking is really unfair. This is not something where a woman carries the fetus 6 months and then, in the later stage, would one think, anyone think, rationally, that she would just like to say, "OK, it's time. I want to get rid of this. I am tired of carrying it." No. Those decisions are not casual or careless. Those decisions are very weighty decisions and they have to be taken in that context. They are about the life and health of women.

My youngest daughter, one of my three daughters, carried her first pregnancy 7 months. We were all elated at the prospect of her having a child. She would have been—all three daughters now have children, this one included. After 7 months she called me up and in very tearful terms said to me, "Daddy, the baby died." Seven months—the child got twisted in the cord and expired.

I know from talking to physicians that there was always the worst possibility, that that child could wind up brain damaged and cause, in fact, a colateral risk to her health.

She has since had the most beautiful child in the whole world, and I know that. None of us who are defending the President's veto are casual about life. It is unfair to cast us that way.

The argument, Mr. President, I think, has unfairly been made in pictorial terms. The most simple operation, the simplest procedure is ugly to witness—ugly to witness—whether it is an appendectomy, or whatever have you. If you are not a professional, to see the blood, to see the tissue torn, et cetera, is a hideous sight to behold.

The picture that ought to be taken for the nonprofessional is the one that is postoperative, the one that shows a woman's health, the one that shows vibrancy, the one that shows the future. That is the picture that has to be taken.

I know time is limited, and we are forced by conditions here to conclude our debate momentarily. I will just say, for goodness sake, don't, in this room where politics dominates the discussion, take away the right of a woman, with her conscience fully in-

cluded in her decision, to make this important decision in consultation with a physician. Let's not interfere in this difficult decision. This bill is not fair to American women and I hope we will stick with the President and his veto of this legislation.

Mr. SANTORUM addressed the Chair.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SANTORUM. Mr. President, I ask the Senator from New Jersey the question I asked the Senator from California.

Mrs. BOXER. Reserving the right to object. Was time to be up at 12:30?

The PRESIDING OFFICER. The Senator is correct.

Mrs. BOXER. If so, I ask unanimous consent that the Senator from Pennsylvania be given a minute and the Senator from California be given a minute and then we close down.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

Mr. SANTORUM. Mr. President, if that baby at 24 weeks was delivered accidentally, just like that, but instead of the head being held in by the physician, the head was accidentally delivered by mistake, would the doctor and the mother have a right to kill that baby?

Mr. LAUTENBERG. My colleague from Pennsylvania can cloak it in any terms. What I support is a ban on late-term, healthy conditions.

Mr. SANTORUM. Answer the question.

Mr. LAUTENBERG. No, frame the question—

Mr. SANTORUM. If the baby was delivered and the head slipped out, would you allow the doctor to kill the baby?

Mr. LAUTENBERG. I am not making the decision.

Mr. SANTORUM. But that's what we are doing here, we are making decisions.

Mr. LAUTENBERG. You are making decisions that say a doctor doesn't—

Mr. SANTORUM. Three inches doesn't make the difference as to whether you answer the question?

Mr. LAUTENBERG. Someone has the knowledge, intelligence, and experience making the decision, as opposed to a graphic demonstration that says this is the way we are going to do it.

Mr. President, I would just like to make a few other comments about this bill. When the Senate originally considered this bill, it failed to pass the Boxer amendment. That amendment would have created an exception to the ban on late term abortions, where necessary to "avert serious adverse health consequences to the woman."

As a result, if a doctor expects that a woman would otherwise become permanently disabled, sterile, or seriously impaired, under this bill, the doctor would still be prohibited from performing this procedure. A doctor would have to feel absolutely certain that carrying a fetus to term would endanger the life of the mother, or the doctor

could not provide the medical services to avoid this consequence.

Mr. President, this issue is a question of trust. Do you trust politicians to make complicated medical decisions affecting women's lives? Or do you trust medical experts consulting with families? This bill says: politicians know best. I say: let's trust the doctors and the families.

Mr. President, let me say that I know there are many Americans who feel very strongly about the issue of abortion. It's a deeply personal and emotional issue, on both sides. I have the greatest respect for many of our citizens who hold different views on this matter. But I would not try to intrude on these complicated decisions, or tell a woman focusing on serious health or fertility risks how to make this difficult decision.

Mr. President, I urge my colleagues to oppose this intrusion into the doctor-patient relationship. Let's give families, not politicians, the right the choose.

Mr. President, during this debate some Members supporting this measure have been citing statistics that appeared in a recent Bergen Record article on late term abortions. I ask unanimous consent to insert a letter from Metropolitan Medical Associates of Englewood, NJ, that directly refutes the accuracy of those figures.

Mr. President, I yield the floor.

There being no objection, the letter was ordered to be printed in the RECORD, as follows:

METROPOLITAN MEDICAL ASSOCIATES,
Englewood, NJ, September 23, 1996.

Mr. GLENN RITT,
Editor, *The Record, Hackensack, NJ.*

DEAR MR. RITT, We, the physicians and administration of Metropolitan Medical Associates, are deeply concerned about the many inaccuracies in the article printed in September 15, 1996 titled "The Facts on Partial-Birth Abortions".

The article incorrectly asserts that MMA "performs 3,000 abortions a year on fetuses between 20 and 24 weeks, of which at least half are by intact dilation and evacuation." This claim is false as is shown in reports to the New Jersey Department of Health and documents submitted semiannually to the New Jersey State Board of Medical Examiners. These statistics show that the total annual number of abortions for the period between 12 and 23.3 weeks is about 4,000, with the majority of these procedures being between 12 and 16 weeks. The intact D&E procedure (erroneously labeled by abortion opponents as "partial birth abortion") is used only in a small percentage of cases between 20 and 23.3 weeks, when a physician determines that it is the safest method available for the woman involved. Certainly, the number of intact D&E procedures performed is nowhere near the 1,500 estimated in your article. MMA perform no third trimester abortions, where the State is permitted to ban abortions except in cases of life and health endangerment.

Second, the article erroneously states that most women undergoing intact D&E procedures have no medical reason for termination. The article then misquotes a physician from our clinic stating that "most are Medicaid patients * * * and most are for elective, not medical, reasons * * * Most are

teenagers." This is a misrepresentation of the information provided to the reporter. Consistent with *Roe v. Wade* and New Jersey State law, we do not record a woman's specific reason for having an abortion. However, all procedures for our Medicaid patients are certified as medically necessary as required by the New Jersey Department of Human Services.

Because of the sensitive and controversial nature of the abortion issue, we feel that it is critically important to set the record straight.

The Management of Metropolitan Medical Associates.

The PRESIDING OFFICER. The Senator from California is recognized.

Mrs. BOXER. Thank you, Mr. President. The Senator from New Jersey has spoken, as he always does, with intelligence and with compassion. He is the proudest grandfather I have ever met. A close second is my husband.

Mr. LAUTENBERG. You haven't seen my grandchildren.

Mrs. BOXER. And I say to my friend, his participation in this debate is welcome. It is a welcome part of this debate, because he went through the trauma that these women have gone through, as far as being in a family where such a circumstance occurred.

I say to my colleague from Pennsylvania who stands up and asks the same question, he got his answer. All of us on this side who support the President oppose late-term abortion. We could pass a bill that would ban this procedure but for life and health. I ask him again to do that. Clearly, he prefers this bill with no real exceptions.

I thank the President for his forbearance, and we will continue this debate after the lunch break.

RECESS

The PRESIDING OFFICER. Pursuant to a previous unanimous-consent agreement, the Senate will now stand in recess until 1:30 p.m.

Thereupon, at 12:34 p.m., the Senate recessed until 1:29 p.m.; whereupon, the Senate reassembled when called to order by the Presiding Officer (Mr. GRAMM).

The PRESIDING OFFICER. The Chair, in my capacity as a Senator from the State of Texas, suggests the absence of a quorum. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. GLENN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. COVERDELL). Without objection, it is so ordered.

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, there will now be a period for the transaction of morning business.

OCTOBER 1996 QUARTERLY REPORTS

The mailing and filing date of the October quarterly report required by the Federal Election Campaign Act, as amended, is Tuesday, October 15, 1996. All principal campaign committees supporting Senate candidates in the 1996 races must file their reports with the Senate Office of Public Records, 232 Hart Building, Washington, DC 20510-7116. Senators may wish to advise their campaign committee personnel of this requirement.

The Public Records Office will be open from 8 a.m. until 7 p.m. on October 15, to receive these filings. For further information, please contact the Office of Public Records on (202) 224-0322.

TWELVE-DAY PRE-GENERAL REPORTS

The filing date of the 12-Day Pre-General Report required by the Federal Election Campaign Act, as amended, is Thursday, October 24, 1996. The mailing date for the aforementioned report is Monday, October 21, 1996, if post-marked by registered or certified mail. If this report is transmitted in any other manner it must be received by the filing date. All principal campaign committees supporting Senate candidates in the 1996 races must file their reports with the Senate Office of Public Records, 232 Hart Building, Washington, DC 20510-7116. Senators may wish to advise their campaign committee personnel of this requirement.

The Public Records Office will be open from 8 a.m. until 7 p.m. on Thursday, October 24, to receive these filings. For further information, please contact the Office of Public Records on (202) 224-0322.

THIRTY-DAY POST-GENERAL REPORTS

The mailing and filing date of the 30-Day Post-General Report required by the Federal Election Campaign Act, as amended, is Thursday, December 5, 1996. All principal campaign committee supporting Senate candidates in the 1996 races must file their reports with the Senate Office of Public Records, 232 Hart Building, Washington, DC 20510-7116. Senators may wish to advise their campaign committee personnel of this requirement.

The Public Records Office will be open from 9 a.m. until 5 p.m. on December 5, to receive these filings. For further information, please contact the Office of Public Records on (202) 224-0322.

FORTY-EIGHT-HOUR NOTIFICATIONS

The Office of Public Records will be open on three successive Saturdays and Sundays from 12 noon until 4 p.m. for the purpose of accepting 48-hour notifications of contributions required by