

may differ, they are all representative of human rights abuses around the world, and especially by the Chinese Government.

For too many years, Mr. President, these courageous individuals have been deprived of the opportunity to exercise the right to self-determination concerning fundamental human and political aspirations. I say again, for too many years, they have been denied those rights.

Furthermore, it has been almost 3 years since the United States formally delinked American trade with China from its human rights performance of abuse. I say to my colleagues that much has changed in China, but it has not changed for the better. We now see a human rights situation that is worse by every measure: persecution of Christians, forced abortions, sterilization of the mentally handicapped and kangaroo courts for democratic dissenters.

Mr. President, I am deeply concerned with the mounting campaign of religious persecutions waged by the rulers of China. The Roman Catholic Church has effectively been made illegal in China. Priests, bishops, and people of faith have been imprisoned and harassed.

China's recent moves have menaced Hong Kong, in violation of their agreements with Britain and their assurances to the United States. Forty percent of education and social services in that colony are currently run by church-related agencies. China's action in suspending the Hong Kong Bill of Rights threatens the freedom of speech, the freedom of assembly and the freedom of religion.

I believe that these arguments will come to a boil again in coming weeks, when this Congress votes once more on most-favored-nation status for China. It is the obligation of the American Government to uphold the principles of democracy and freedom for all peoples. We must not turn a blind eye to the oppressed in the interest of expanded trade opportunities. The idea that expanded trade would somehow result in improved human rights conditions in China has been disproved. It simply has not happened.

Today's statements calling for the immediate release of Wei Jingsheng heeds hope for those who are victims of oppression. I look forward to the day when all peoples enjoy the countless freedoms that we have in the United States. I salute the efforts of Wei Jingsheng, Mr. Harry Wu, Dr. Nguyen Dan Que, and I urge my colleagues to stand up and voice their opposition to the treatment of these political dissenters and these defenders of liberty and, furthermore, we should stand against all human rights abuses around the world.

Thank you, Mr. President. I yield the floor.

Mr. SANTORUM addressed the Chair. The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SANTORUM. Mr. President, I ask unanimous consent that I be able

to speak as in morning business for as long as necessary.

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

PARTIAL-BIRTH ABORTION

Mr. SANTORUM. Mr. President, I rise today to begin the debate on the issue of partial-birth abortion. This is an issue that, obviously, has garnered a lot of attention over the past couple of years, both in the House and Senate and across the country. While the bill is not formally before us tonight, the bill will come up tomorrow. I have been informed that it will come up approximately at noon tomorrow, when we can actually begin debate on the bill itself.

So the debate on partial-birth abortion will begin tomorrow in the U.S. Senate. For those who have been following this issue, the questions that I have been asked, and Members are being asked on both sides of this issue, is not whether this bill will pass. I believe this bill will pass. The question is whether we are going to have sufficient votes to override what appears to be an almost certain Presidential veto.

In the House a few weeks ago, the House passed the legislation with 295 votes, more than the 290 needed to override the President's veto. We only need 67 votes in the U.S. Senate to be able to override the President's veto.

At this point, I think by all accounts, we are not there yet. We are still several votes short of the 67 votes committed publicly to supporting this legislation on final passage and supporting it in the face of a Presidential veto.

I will say we are at least four or five votes short at this time, and we are narrowing down the time here in which decisions have to be made.

So while I am not particularly optimistic of our opportunities at this point to get the votes necessary to override the President's veto, I think this is an issue that is going to continue to percolate, not only from the time that we debate in the Senate over the next few days, but also after the vote is taken, during the time that the President is considering it, and when the bill comes back here. So there will be plenty of opportunities for further debate, further evaluation as to whether the votes cast by all the Members are the votes that, in fact, will be the votes on the override vote itself.

What I would like to do in starting the debate is to fill in for those Members who may not have been involved in the partial-birth abortion debate—and we have a lot of new Members this year—to fill in the who, what, when, where, why, how and how many. All of the questions that normally would be asked about anything, let's ask them about the issue of partial-birth abortion.

This has been an interesting topic of discussion only because of the fabrications that have been built around what this procedure is about, when it is used, how often it is used, who it is

used on, where it is used, how many there are. Those have been the subject of a lot of publications and debate about how the people who oppose this legislation have constructed a fantasy, if you will, as to what this procedure is all about.

So today, as I tried to in the previous debate, I am going to attempt to lay out the truth as we know it. I say as we know it, because a lot of the truth is based upon what the opponents of this legislation tell us is the truth. An example of that is how many of these abortions are performed. The Centers for Disease Control do not track how many partial-birth abortions are done. They only track the abortions and when they are done. They do not track the procedure that is used to perform the abortion. The only people who track that, at least we are told the only people who track that, are the abortion clinics themselves who oppose this legislation vehemently. They are the ones that those of us who have to argue for its passage have to rely upon for the number of partial-birth abortions that are done. That is hardly a comforting position when you have to rely on your opponent for the information that you are to use in challenging the procedure.

But let me, if I can, walk through first what is a partial-birth abortion. I caution those who may be listening, this is a graphic description of this procedure. I just want to alert anyone who might be watching who might feel uncomfortable with that.

A partial-birth abortion is, first, an abortion that is used in the second and third trimester, principally in the second trimester. It is used at 20 weeks gestation and beyond by most practitioners of partial-birth abortion. So, by definition, it is later term, you are into the fifth and sixth month of pregnancy.

The procedure is done over 3 days. You will hear comments by Members who come to the floor of the Senate and suggest this procedure needs to remain legal to protect the life and the health of the mother. First, there is a life-of-the-mother exception in the bill. Very clear. It satisfies any definition of what life-of-the-mother exception needs to be.

Second, health of the mother. I just question anyone, just on its face, not as a medical practitioner, which I am not, but on the face of it, if the health of the mother is in danger, particularly if there are serious health consequences, why would you do a procedure that takes 3 days? That is what this procedure takes. It is a 3-day procedure. You have a mother who is at 20 weeks, or more, gestation, who has to have her cervix dilated. In other words, they have to create the opening through which the baby can come in the womb, in the uterus. And so it takes 2 days of drugs given to the mother. She does not stay at the hospital. It is not an inpatient procedure. She takes the drugs and goes home. If there are complications they happen at home, not anywhere else.

The cervix is dilated. When you dilate the cervix, that opens the womb up to infection, but for a 2-day period, the cervix is dilated. On the third day, after a third day of dilation, the mother comes into the abortion clinic. The procedure then proceeds as follows.

The doctor is guided by an ultrasound, and the abortionist reaches up with forceps and grabs the baby, which is normally in a position head down, grabs the baby by its foot, turns the baby around in the uterus, in the womb, and then pulls the baby out feet first in what is called a breech position. You may have heard of breech birth and the danger of birthing in a breech position. Here we have a doctor who deliberately turns the baby around and delivers it in a breech position.

You may want to ask the question, why do they go through the trouble of pulling the baby out feet first? Why do they not simply deliver the baby head first and do what I will describe later? The reason they pull the baby out feet first and deliver the baby, as the next chart will show, all but the head—they deliver the baby out of the mother, with the exception of the head.

Why do they leave the head? Why do they not take the head out first, which would be a normal delivery, a safer delivery? The reason they do not deliver the head first is because once the head exits the mother, it has constitutional protection and it cannot be killed, because once the head exits the mother, it is considered a live birth and you cannot kill the baby. So they take the baby out feet first so they can then take a pair of scissors, puncture the back of the baby's skull to create a hole, open the scissors up to create a hole large enough for a suctioning tube to be put in the baby's head, and the brains suctioned out, thereby completing the murder of this baby and then having the baby delivered.

I just remind you the reason they do not do it head first is because if they did it head first, which would be safer than reaching in with forceps and grabbing the baby out from a breach position, if they did it head first, they could not do this, because once the baby is outside the mother they could not kill the baby.

Who is this procedure used on? It is used on fully formed babies from 20 weeks on. Now, we will discuss what has been said in the past about who this has been used on. The abortion industry has made claims that this procedure was a rare procedure that was just used—and I will read some quotes—quoting from the Feminist Majority Foundation, "A procedure used less than 600 times a year, and in every case, to protect the life or health of the woman." "The procedure is used only," according to the Feminist News, "600 times a year to save the life, health, or future fertility of the woman and in cases of severe fetal abnormality." Here is another feminist news article, "used less than 500 times a year when necessary to protect the health of the

woman facing severe problems due to the pregnancy." This is the National Abortion Federation factsheet on February 26, 1997: "This particular procedure is used in about 500 cases per year, generally after 20 weeks of pregnancy, and most often when there is severe fetal anomaly or a maternal health problem detected late in pregnancy."

The Alan Guttmacher Institute, as well as Planned Parenthood, the National Organization for Women [NOW] Zero Population Growth Fund, Population Action International, and the National Abortion Federation sent a letter October 2, 1995, to the Congress that said, "This surgical procedure is used only in rare cases, fewer than 500 per year. It is most often performed in the cases of wanted pregnancy gone tragically wrong, when a family learns late in pregnancy of severe fetal anomalies or a medical condition that threatens the pregnant woman's life or health."

Kate Michelman, President of NARAL, on June 2, 1996: "These are rare terminations. They occur very rarely. They occur under the most difficult of circumstances. As I said, these are pregnancies that have gone awry."

Let me tell you what Members of the Congress said. From Pat Schroeder, "There are very, very, very few of these procedures. These procedures are heart-break procedures." Senator KENNEDY, the Senator from Massachusetts, said, "The procedure involved in this case is extremely rare. It involved tragic and traumatic circumstances late in pregnancy, in cases where the mother's life or health is in danger." Senator FEINGOLD, "In fact, these abortions take place only when the life or health of the mother is at risk." Senator DASCHLE, "This is an emergency medical procedure reserved for cases where the life and health of the mother could be endangered or where severe fetal abnormalities are a major factor in the decision made by a woman and her physician." Senator CAROL MOSELEY-BRAUN, "Partial-birth abortion is a rare medical procedure used to terminate pregnancies late in the term of when the life and health of the mother is at risk or when the fetus has severe abnormalities."

That is what we were told over and over. That is what the media bought. That is exactly how they covered this issue. They covered this issue as a very tragic, rare procedure used only in cases of life, health, and fetal abnormality—in only a few hundred cases.

Now, we knew different. I argued it. Check the record from the last debate, that this was not as rare as they suggested. In fact, I entered into the RECORD an article written last fall by the Bergen County Sunday Record in New Jersey, where a reporter who took the time to do something reporters usually do not do on debate, particularly when it has to do with checking people in the abortion industry on their facts. She actually checked the facts. This reporter checked at an abor-

tion clinic in northern New Jersey how many of the procedures were performed, and the reporter talked to two doctors, two abortionists, who said that they performed 1,500 partial-birth abortions every year, and not on fatally defective babies or not on unhealthy mothers or unhealthy babies, but usually in the fifth and sixth month for no health reasons at all—healthy moms, healthy babies, healthy pregnancies.

We had that article already printed. That did not deter the President from saying what he said. We have quotes from the President here. "I came to understand that this is a rarely used procedure, justifiable as a last resort when doctors judge it is necessary to save a woman's life or to avert serious health consequences to her."

Now, the President knew better when he said that. That information was available to the President. It is available to him now. But what happened between now and then that has caused such a stir? Well, I can tell you, unfortunately, the media has not done a very good job of exposing this. I do not know of any other reporters who made calls to their abortion clinics. They will not tell me or National Right-to-Life when they call, but they might. Sometimes they do not. I know of a reporter at the Baltimore Sun who tried to contact abortion clinics in Baltimore, and at least what she related to me was they would not talk to her, they would not tell her. I do not know of any reporters who have taken the time to actually check the facts.

What are the facts as we know them now? Well, thanks to Ron Fitzsimmons, who heads up an organization of abortion clinics—let me repeat this, a man who runs an association here in the Washington area—that represents some 200 abortion clinics all over the country, came out just a couple of months ago and said that he had lied through his teeth and he could not live with it anymore. He had lied through his teeth about what had been said by the abortion industry about the issue of partial-birth abortions. He said that this was not, in fact, a rare procedure, used only in the late term for unhealthy pregnancies and for maternal health reasons or because of a severe fetal abnormality, but this was a procedure used principally in the fifth and sixth month on healthy babies and healthy mothers. In fact, I think the figure 90 percent was used. Then he said, "We estimate the number of these procedures that are done at between 3,000 and 5,000, not 500." He said, "We have known this all along." He said as soon as the bill was introduced he called some of his providers, and he knew this from day one of this debate, of, now, I think, 2 or 3 years ago. Yet the industry, knowing this, up until literally the day before, and in fact on the Web page of some of the abortion rights groups, you still find claims that this is a rare procedure used only in the cases of fetal abnormality. So they

continue to try to perpetrate the lie, and they certainly did until Ron Fitzsimmons blew the whistle.

So what do we know now? I am not too sure we know too much. We know from the Abortion Provider Organization that they are willing to admit to 3,000 to 5,000. There is no check on what that number is. It could be 3,000 to 5,000, 5,000 to 10,000, 10,000 to 20,000, 20,000 to 30,000. There is no independent verification of that number, and we have to rely on the organization that is here fighting this bill to give us the information which we want to fight over. So we know of at least 3,000 to 5,000, but we also know that in one abortion clinic alone 1,500 were performed last year, and the doctors who were interviewed for that story in the Bergen County Sunday RECORD said they had trained other abortion doctors in the New York area who also performed the procedure. The other people who were known to perform the procedure and teach it do not reside in the New York area. And we also have reports from a doctor in Nebraska who said that he has performed 1,000 of these abortions.

So I just caution, as we begin the debate here, that we are debating on some very soft ground when it comes to how many of these abortions are performed, when we make this claim that it is only a few thousand. Maybe I am making too much of the fact that it is a few thousand as opposed to a few hundred. I guess I make the point because it points out the inaccuracy of the opposition's information. Frankly, if it was one, it is as much of a crime, in my mind, and I hope in most Americans' minds. If we subject one baby unnecessarily to this barbarism, is that not enough? Do we need 500? Do we need 1,000? Do we need 3,000 to 5,000? Is that the threshold where Americans will look up and say maybe we should do something about it? One is not enough. It does not stir up moral outrage if it is only 1, 2, 200, or 500.

Why is this procedure used? As I said before, they suggested that this procedure was used to protect the life and health of the mother. That was the argument being used. As I said before, 90 percent of the abortions, according to the people who oppose this bill, 90 percent of the abortions, are performed electively, for no reason other than the mother decides late in pregnancy that she does not want to carry the baby.

The question is, is it ever medically necessary to use this? Because that is the argument, that we need to keep this procedure legal because it is medically necessary to protect, as the amendment from the Senator from California, Senator BOXER, which we anticipate being offered, it is necessary to keep this procedure legal to protect the life and health of the mother. But we have the life-of-the-mother exception in the bill. So we have taken care of the first issue. Although, as I said before, I cannot imagine—and I have asked on the floor this question, and I ask it again—any circumstance where

a mother presents herself in a life-threatening situation where you would then conduct a procedure that takes 3 days in which to abort the child. Again, I am a lay person here, not a physician. I have talked to physicians, and they say there is no such situation. But as a lay person, you don't have to be a doctor to figure this one out. You are rushed and presented to a doctor with a life-threatening situation and they say, let me give you medicine and come back, and then give you medicine again and come back, and they give you more medicine and send you home. That isn't going to happen. But to take care of those who have an objection, we put a life-of-the-mother exception in there.

Now they want a health-of-the-mother exception. Let's first look at whether this would be used to protect the health of the mother. I have talked to a lot of physicians, obstetricians who have stated very clearly to me that a partial-birth abortion is never necessary to protect the life or health of a mother. That is a group of more than 400 obstetricians, principally obstetricians and gynecologists, and some other physicians, including C. Everett Koop, former Surgeon General of the United States, who, prior to his fame as Surgeon General, was a well-respected and well-known pediatric surgeon who dealt with children shortly after birth, trying to fix some of the problems that they were born with. So we have clear medical judgment that this procedure is never necessary to protect the health of the mother. In fact, they make the argument that it is contraindicated, that it, in fact, threatens the health of the mother for a variety of different reasons. So we have doctors who say that this is not necessary to protect the health of the mother.

Now, I will ask—and I have asked Members on the other side of this issue—when would this procedure be used to protect the health of the mother? Remember, it is a 3-day procedure. I have talked to physicians who say there are times when the life of the mother is in danger or the health of the mother is in danger and they need to separate the child from the mother. But in none of those cases is it necessary to deliberately kill the baby. They can induce labor, deliver the child vaginally and give it a chance to live. They can do a Cesarean section and deliver the child that way and give the child a chance to live. At no time is an abortion necessary that kills the baby in order to protect the health of the mother. And so why is it performed?

The answer is very simple. It was given by the person who designed the procedure, who is not an obstetrician. He is a family practitioner who does abortions. He designed this procedure, very candidly, because this was a procedure that he could do on an outpatient basis. The woman would present herself after 3 days of having

her cervix dilated, and he would be able to quickly do this procedure, so that he could do more in one day. It is done for the convenience of the abortionist. That is why. It is not done to protect anybody's life or health. It is done to make it easier on the abortionist. And it is used, again, on healthy moms, healthy babies in the fifth and sixth month of pregnancy, in almost all cases.

(Mr. BROWNBACK assumed the chair.)

Mr. SANTORUM. Where is this procedure done? Will you find this procedure done in the finest hospitals in this country? Will you find it even described in a medical book? Will you find it taught at any school in this country? The answer to all of those questions is "no." This is not taught anywhere. This has not been peer-reviewed anywhere. This is not used in any major medical center. It is used in abortion clinics exclusively. No hospital will get near this procedure. It is not a peer-reviewed procedure. It is not an accepted medical procedure. It is not in any textbooks or in any kind of educational literature. It is a fringe procedure by someone who wanted to make it easy on themselves to do more late-term abortions and do more of them in 1 day.

So that sort of sums up the who, what, when, why, where, and how many of this procedure. Now, why do we think it is important to outlaw this procedure? Well, there are lots of reasons why I think we should outlaw this procedure. No. 1, because it is a barbaric procedure. I hope that it would shock the consciousness of every Member of the Senate that we would allow innocent human life to be treated in such a deplorable fashion, to be manhandled and destroyed, as we would not even allow a dog to be destroyed. So, on the surface of it, the obvious reason is that this goes beyond the pale of what should be acceptable in our society. I can't imagine a Senator from the United States of America standing on the floor of the U.S. Senate 30 years ago with these charts and having to argue—argue—that this should be illegal in our country. Absolutely incomprehensible. Yet, 30 years later, as a result of Roe versus Wade, we have become so desensitized to the humanity of a baby inside the mother that we will allow this to occur—and defend it, defend it, vehemently defend it as a right.

The abortion debate in this country since Roe versus Wade has focused on the issue of rights, of choice. The reason I think the abortion industry and abortion rights advocates are so upset about this debate is because, in a partial-birth abortion, you can't miss what is at stake here. This is not about a right. It is about a baby. You can't miss the baby here. It is right here before your eyes. It is right there where you can see it. It is outside of the mother and you can't avoid it. That is why they just cringe when this bill

comes to the floor, because now we are talking about the dirty little secret we have had in this country for a long, long time, that abortion—and I will use the words of Ron Fitzsimmons—“One of the facts of abortion is that women enter abortion clinics to kill their fetuses. It is a form of killing. You’re ending a life.” Bravo for Mr. Fitzsimmons for stating the obvious. But that is something that the abortion industry has steadfastly avoided. He is talking about what abortion really is. It is about ending a life. And in this case, you can’t miss the life. It is right here, right before your eyes, fully formed. The argument about just a blob of tissue or some protoplasm doesn’t hold up at this late stage of a pregnancy. This is a baby. It is a fully-formed little baby. In many cases, it’s a viable little baby.

I mentioned Roe versus Wade. There are some people who will argue that this goes over the line, that this violates the provisions of Roe versus Wade. Let me address that issue very briefly and I will refer not only to the committee report in the House, the House Judiciary Committee report, but also the remarks made by my colleague from Pennsylvania, Senator SPECTER, on this issue. It was one of the reasons he supports the ban. When the baby is here in the mother’s uterus, Roe versus Wade applies. Roe versus Wade says that, basically, for the first two trimesters, the woman has the right to do whatever she wants to do with that child in her womb. That is what Roe versus Wade says. They said, in the third trimester—it is definitely implied if not stated—because of the fetus’, the baby’s, potential viability, the rights of the baby come into play and there are limitations on abortion.

Well, see, we have an interesting case here because this procedure takes the baby outside. The baby is not only outside of the uterus, except for the head, but outside of the mother almost completely, and is in the process of being born. In fact, the baby is almost completely born, hence the procedure’s name, “partial birth.” So the baby is no longer completely within the domain of the uterus and then ruled by Roe versus Wade. By leaving the uterus, the baby gains rights that it didn’t have inside.

As an aside, don’t you find it an interesting irony that inside the mother’s womb this little baby, surrounded by fluid and warmth, is the most vulnerable to be killed and has no protection against someone who wants to kill it. Once it leaves what would be seen by the baby as a safe environment, then it could be protected. But in the place where you would think that the baby would be most secure is the one place where it is the most vulnerable to being killed, and only because this procedure involves partial birth, only because the baby leaves the mother does Roe versus Wade not apply. And so those who argue that we banned second-trimester abortions by banning

this procedure—and we would because most do take place in the second trimester—that we violate Roe versus Wade, they don’t understand Roe versus Wade. That child is no longer in the uterus and that child, now that it is born and still alive, still feeling, able to feel pain, cannot be killed; or at least we can ban it under Roe versus Wade because it has rights. The baby has rights.

So we very strongly believe that these spurious arguments that somehow or another Roe versus Wade is being violated—by the way, there is nothing more I would rather see than Roe versus Wade being violated, but it doesn’t do it here. This procedure does not do it. This procedure falls well within the constitutional boundaries of Roe versus Wade and Doe versus Bolton.

Another issue that is being charged against this procedure—or it comes out in favor of this procedure—is the issue of a fetal abnormality. I am going to have a lot to say about the issue of fetal abnormality. But let me just say this for now. We have had Members of the U.S. Senate stand here in some of the finest hours of the U.S. Senate, and argue forcefully, gallantly, to protect the rights, the health, the safety, the security of disabled children. We passed the Americans With Disabilities Act. We are debating ironically—the irony is not lost—IDEA, which has the rights of disabled children in our discussion today. That bill is actually the bill before us as I speak. You will hear such passion. You should listen to some of the debate—those of you who did not—the passion of the Senators defending the right for children with disabilities to have access to educational opportunities so they can maximize their human potential. Yet, unfortunately some of the most passionate speakers on that issue—turn around and passionately argue that because of their disability we should be able to kill them before they are born.

Abraham Lincoln used a Biblical verse. “A house divided against itself cannot stand.” How can you with any kind of reflective conscience argue that the right to be so that children with disabilities have the ability to maximize their human potential and the Government should be there to ensure that their rights are not trampled upon and then not be willing to give them the most precious of all rights, the right to live in the first instance? How can you be a champion of the disabled when you will use fetal abnormality as an excuse to kill them in the first place?

It is a shocking realism in this country that goes back to what I suggested before, which is we have become so desensitized to human life to kill a little baby, that unseen, unborn child, that because it is unseen you can just put it out of your mind, it is not really seen. That desensitization has consequences. We are seeing the consequence right now. We are debating this procedure. It

is incredible to me that we even have to debate this. But it is here because people just have forgotten what life is all about, and what life means.

We have across the street, at the Supreme Court, the issue of doctor-assisted suicide. We have had lower courts say that doctor-assisted suicides are OK. We have massive organizations—I do not know how massive—at least organized organizations that advocate for allowing people to kill themselves and to have doctors help them. Again, I look back at 20 or 30 years ago and wonder whether that debate could have occurred at this time. But do not be surprised, particularly if this bill is unsuccessful, if we send the message out to the country that says human life isn’t really that valuable, that we can in fact brutalize the most innocent children who have done nothing wrong to anybody.

It is amazing. You can describe this procedure. I saw a television commercial put out by one of the groups who showed a prisoner shackled, both arms and legs, walking down death row and being put in a chair. While he was walking and he was led to the chair, what if a voice describes the procedure, describes taking the scissors and puncturing the base of the skull and sticking a vacuum tube in the base of the skull and suctioning the brain out? The courts would clearly find that cruel and unusual punishment and violative of the Constitution. But you can do that to a little baby who hasn’t killed anybody. It hasn’t robbed, raped, stolen, nor harmed a soul. And then we wonder what is happening to our culture. We wonder, as we sit at home and we listen to the news, and we listen and we read the papers, and we see the young people out there, and we wonder. Why have they gone astray? What is happened to the fabric of our culture? Why don’t they have respect for our country, for people’s goods, for other people’s lives? Why, indeed? You need to look only this far: 1.5 million abortions a year, as public, and as customary, and as usual, and, as a matter of fact, as any number you will hear on the U.S. floor—1.5 million abortions.

OK, what is next? You will hear it discussed in the news: Abortion. It is a matter of choice. It is someone else’s decision. I do not want to get involved. It has nothing to do with me. Look around you. Things are coming to roost in this country. When you have such disdain for human life that we are seeing exemplified, magnified, by allowing this procedure to go forward, by allowing this innocent little baby to be mutilated, butchered in such a way. People who vote for this to remain legal have answered their own question as to why our culture is the way it is, because the great, great leaders of our country, the role models—that is what we are, whether we like it or not. Every Senator who goes into a school—and I go into a lot of them—particularly young kids. I am sure the Presiding Officer now sees this as a new Member of the Senate. Oh, they would love

to have your autograph. They want to have your picture taken with them because you are someone to look up to. You are someone who has achieved a level of excellence that we admire in this country. You are in a position of authority. What you say and think matters. And they look up to us.

Is this what you want them to see? Is this what you want to teach the next generation, that this kind of brutality is OK, and then you wonder why you see random acts of violence and you wonder why you see no respect for human life? The consequences are real. They are here. We don't have to speculate as to what the consequences of this are. They are here, and we are living with it.

All we want to do here is to take one little step in creating some decency again, one meek little message for the people in this country that life should be respected, that children should not be brutalized unnecessarily. That is what this procedure does.

You will hear arguments that this will not stop abortions. It may be true. I wish I could say this would stop hundreds and thousands of abortions. But I am not too sure that it will.

What I am sure of is that this brutality will stop and we will send a very clear, positive message to Americans and to the world that this kind of barbarism has no place in American culture, certainly no place in the laws of our country.

So I hope that as Members come tomorrow and we begin the formal debate on this bill that they will come with open minds and open hearts, that they will seek the truth. This debate has been surrounded by lies from those defending the procedure. Hopefully those admissions of lies will give people the opportunity to look anew at what the facts are, not just the facts of when this is used, but how it is used. I went through all of those things—but what the ramifications are for this country and for our society.

The abortionists are probably right. We are not going to stop a lot of abortions. There are other methods of abortion available if we outlaw this. Abortions unfortunately on babies this age will continue. But we send a signal, as small as it is.

That is why I guess I am so shocked at the vehemence of the opposition, the opposition that says this will not stop abortions, the opposition that admits that this is rare and that this is a fringe procedure. They admit it is not a commonly used procedure, that it is not in the medical literature. They know all of that. Yet, they stand here, backs to the wall, fighting for every last inch of not defendable territory. Folks, this is not defendable territory.

We may not win this time. I don't know what God has planned for this debate. But we may not win this time. That is OK. We will be back.

This is wrong. So when people in the U.S. Senate who believe something is wrong don't stand up and fight to over-

turn that wrong, we will be in for very serious, even more serious, consequences for this country.

So I hope that my colleagues, enough of my colleagues, would share my concern, would look at the new evidence. There are new facts that are accurate to the degree they can be accurate relying on the other side. There are more accurate facts available now on this debate. There is ample reason to reconsider this vote.

I hope that they would be led by both their hearts and their minds because on both scores we win. There is no medical reason for this procedure to occur. You will not find any physician anywhere describing any condition where this procedure is necessary and is the only one available to be used for whatever situation. In fact, as I said before and I will say over and over again, this is a 3-day procedure. Why would it ever be used in a life-threatening situation when there is imminent health damage? It would not be used. We have hundreds of physicians who have testified via letters that this procedure is never medically indicated.

So on the facts, on the medical facts, using their brain only, this is not only unnecessary, unwarranted, but unhealthy.

I will share one other statistic from the Alan Guttmacher Institute, one of the signatories of the letter I referred to earlier with NOW and NARAL. This is an organization which is very much proabortion. This is a very, very radical group. And here is what their numbers say. After 20 weeks gestation, after roughly 4 and a half months, abortion is twice as dangerous to maternal health as delivering a baby. So to even suggest that abortion is necessary in cases of whatever, fetal abnormality or just because you do not want to have the child, that that is safer for the mother than delivering the baby either via Cesarean section or by vaginal delivery, the pro-choice institute, Alan Guttmacher Institute, says that it is twice as dangerous to the life of the mother to have an abortion after 20 weeks as it is to deliver the baby.

So if you are really wrapped up on this issue of health, abortions are more dangerous than delivering the baby. There is no health reason to do this procedure. In fact, because it is a blind procedure—the abortionist cannot see the base of the skull, and so they have to feel—as you see, they have to feel with their hands and then take a blunt instrument and puncture the base of the skull, which can cause bone fragments. This is a very blood-rich area, a lot of veins exposed. There can be damage done by doing this blind procedure. This is not a procedure that protects the health of the mother.

So using your brain, looking at the facts, this is a no. We should not allow this. This is dangerous. This is wrong. And I would think—I cannot speak to the heart, but I would think that your heart and that your conscience and the

reason that so many Members have struggled so hard with this—and I know they have, people who I know believe deeply in this right of privacy and the right to abortion as enumerated in Roe versus Wade, that they have made their moral judgment that this is OK, but even to those Members this stirs a disquiet. This stirs some uncomfortableness in them. Follow your heart. Your brain is there. If you look at the facts, the brain is going to be there. The only thing stopping you is your heart. Open your heart to these babies. Do not let this kind of barbarism continue. Stop the murder, stop the infanticide, and you will not be violating Roe versus Wade, not one word of it.

So as we start this debate tomorrow, I intend to debate the facts. I intend to stand up and go through all of the arguments not only on this procedure but on Senator DASCHLE's amendment, Senator BOXER's amendment, and talk about why those two amendments, particularly the Daschle amendment, I might add, not only is a sham in the sense it is just political cover, which is exactly what it is, it does not accomplish anything. The Daschle amendment which we will debate, I am sure, tomorrow will not stop one partial birth abortion, not one. The Daschle amendment will not stop any abortion. In fact, I will argue tomorrow, and I think I can point out clearly from the language of the text, the Daschle amendment expands Roe versus Wade. Yes, this amendment which is supposed to be a compromise—interesting we use the term "compromise" when the Democratic leader never talked to anybody on our side of the issue. You would think when you are trying to compromise with someone you would talk to the other side in reaching a compromise.

That did not happen. I did not receive one phone call or even the hint of a phone call. No one else that I know of who supports the bill—of the 42 cosponsors of the bill, it is my understanding none of them received a phone call. And so this compromise, which was drafted by people who oppose this bill to give political cover by saying things like, well, we are going to ban all postviability abortion, then leaves it to the abortionist to decide what is viable and what is a health exception because they have a health exception—we will ban all postviability abortions except for life and health. Who determines health? The person performing the abortion.

Wait a minute. Let me get this straight. You have someone performing an abortion. They are doing it. They are performing an abortion on a client. They are killing a baby. After they finish killing the baby, then they have to certify whether this baby was either viable or there was an exception for the life or health of the mother.

Put yourself in the position of the abortionist. Are you going to say the baby was viable and I killed it? There

was no health exception and I went ahead and killed the baby. Raise your hands. How many people think that the abortionist is going to claim that they violated the law? Because they are the only ones who certify to it. No one else can. Many times I have seen in the paper this debate has been analogized to the debate on the second amendment, the right to bear arms.

Let me give you this analogy. It is like passing a piece of legislation on assault weapons. That was a very popular topic. It is like passing a piece of legislation on assault weapons and saying that the gun dealer will define what an assault weapon is for purposes of whether they break the law.

That is exactly what this bill does. It allows the doctor to define what the law is, in other words, what the exceptions to the law are, and no mentally competent abortionist who has just aborted a baby is going to claim they broke the law, just like no mentally competent arms dealer is going to sell a howitzer and say it is an assault weapon. They are not going to say it is an assault weapon. I broke the law. You let me certify it. A howitzer is not an assault weapon. And under the Daschle bill, if we could apply it to guns, the arms dealer is OK. Wait a minute. We have the certification here. No problem. He certified it is not a howitzer. He said it is not an assault weapon. He said it is something else.

Again, just remember the people offering this amendment have a 100 percent voting record against pro-life issues. They have vehemently opposed this bill from day one. You can always tell the validity of this kind of legislation by who supports and who opposes.

Now, you would think that an industry—and that is what abortion, unfortunately, has turned into with 1.5 million a year. It is an industry. You would think that an industry that has gone to tremendous lengths and expense to oppose a ban on a procedure which they admit is infrequent, that does not happen very often, that is only an alternative and others could be done in place of it, that they argue is not going to stop one abortion, that they would fight vehemently against this that will not, in their own words, stop one abortion, they argue against this, yet they support Senator DASCHLE's proposed amendment.

Now, wait a minute. If Senator DASCHLE's proposal actually stopped abortion, do you think they would support it? I think you can answer that for yourself. The people who oppose it are people like myself who understand what it is. It is a sham. The proposal does nothing except one potentially very dangerous thing. By giving the abortionist the right to determine what health and viability is, you expand Roe versus Wade because under Roe versus Wade at least third-trimester babies are somewhat protected. Under the DASCHLE proposal, there is no protection, none. It is whatever the abortionist wants to do and the mother

agrees to do at any time. Oh, you can probably string the viability issue along to 35 or 36 weeks and you probably have to admit that after 35 weeks that baby is viable. But the health, there is all sorts of health things that can go on even at that late time.

So I would just caution my colleagues who are considering this legislation that this is a real change in the law. This will have an impact on stopping a procedure that has no place in American society. The Daschle proposal not only does not change the face as far as the existing rights of abortionists and abortion, I have argued and will continue to argue that it expands the right to abortion. Anyone voting for the amendment of the Senator from South Dakota will vote to strike this procedure—in other words, vote against this procedure because his amendment which will be offered tomorrow strikes this procedure from the bill. In other words, cuts it, amends it out and replaces it, substitutes it with his phony ban which not only does not ban anything but expands the right to an abortion.

So I would just caution Members when they vote on Senator DASCHLE's amendment that they are doing two things, one of which they will admit they are doing. They are getting rid of this legislation. That is No. 1. So they will be voting against this procedure being banned. And No. 2, they will be expanding the rights of abortionists and abortion beyond what Roe versus Wade currently does by allowing the abortionist to have complete authority over what is a health exception, what is viability.

So, this is really a very clear debate, and we will commence tomorrow in formality between those who want to at least take a procedure and say this goes too far, that the right to an abortion is not so absolute as to allow this kind of barbarism to occur, and others who believe that Roe versus Wade did not go far enough. In spite of all the rhetoric we will hear tomorrow, the bottom line, with the amendment of the Senator from South Dakota, is that he will be arguing in fact—not by his words, because I am sure he will not agree with that—but in fact—read the language, his amendment will loudly say that Roe versus Wade is not broad enough, that we need more access to abortion than we have today.

I think, of anything that I have learned in dealing with this issue, particularly when it comes to children who are in utero, with disabilities, that the issue is not the ability to get an abortion in this country. If you have a child with a disability, and it is diagnosed in utero, I guarantee not only will the abortion option be made available to you, because they are legally required to do that, but if they see a badly deformed baby, they will do everything, most of the physicians, most genetic counselors, will do everything to encourage you to have an abortion.

I will talk about one such instance tomorrow. For those Members I spoke

about earlier who can come to terms with this debate on the intellectual level and have trouble crossing the threshold of the heart, I will put a face on partial-birth abortion. It will put a face on what is going on out in our country, with doctors who are so afraid of malpractice, so afraid of difficult and complicated deliveries that they choose the easy way out. "Let's get her to abort the baby now so we don't have to deal with this."

Many of you are thinking, "Oh, I can't believe that." Believe it. Believe it. It happens every day. You do not see any wrongful death suits, do you, against abortionists for terminating a pregnancy? I am not aware of any. But you will see wrongful birth suits for children born, and their parents, incredibly, believe that their child was better off dead than born.

So, for doctors, as normal human beings, risk averse, it is easier to abort. You can't get sued when you abort. They sign all these waivers and consents. We will be fine. But they can sue us if we do not do everything we can to get them to abort beforehand and we have a complicated delivery and things happen, or the baby is deformed and we did not explain maybe well enough how deformed the baby was.

I would argue it is easier to get an abortion in this country when you are carrying a child with a fetal abnormality than it is to find a doctor who will deliver it. I will tell you a story tomorrow of exactly that case. I am sure there are other cases out there. In fact, I know there are other cases out there.

It goes back to the point I was making. Not only do we as a society, but unfortunately the people who are most responsible for delivering our children become so callous, many of them—not all of them. Certainly not all of them. I hope most would understand the significance of a human life and protect it and honor it and dignify it. But, sadly, that is not the case in far too many instances with the professionals in the field of genetics counseling.

My father-in-law, Dr. Kenneth Garver, went into genetic counseling when he was a pediatrician in Penn Hills, PA. He decided to go into genetic counseling and medical genetics. I know one of the reasons that drove him to do so was not only the fascinating developments in medical genetics, which were certainly a lure to someone as bright as he and as interested as he was in the subject, but a fear, that has been borne out to be a legitimate fear, that the people who have been drawn to that field are people who do not believe that that baby has a right to life, who very much believe in abortion and counsel for it and, in far too many cases, encourage it. It is a field that he got into because he wanted at least someone—someone—where men and women who are going through a difficult pregnancy could come and not be browbeaten into having an abortion.

You say, "Oh, Senator, you are being extreme here." I will tell you the story

of little Donna Joy Watts and you tell me how extreme I am. And I will tell the stories of people who have written to me and talked to me and called me and e-mailed me about situation after situation where those same set of facts have come forward. What have we come to when we encourage people who desperately want to hold onto their children that this is the only way?

Some will say it is by ignorance. I suggest in many cases it is ignorance, but in many cases it is ignorance of convenience that a lot of these physicians would just rather not have to deal with the situation. So the first knee-jerk reaction is, "Well, the baby is not going to live long. Abort it." Or, "The baby is going to have all sorts of complications. Abort it."

All we are trying to do here is to say stop the infanticide. That is the term used by the Senator from New York, Senator MOYNIHAN, and I believe the Senator from Pennsylvania, Senator SPECTER—both of whom are generally on the opposite side of the issue on the issue of abortion. But they recognize that when a baby is outside the mother's womb and, as nurse Brenda Shafer said, moving its arms and legs, in the case that she described, the partial-birth abortion she described, the baby had the face of an angel. It was a perfectly healthy, normal baby.

It thought—and yes, thought, because babies have brains; they are human beings—thought as it was leaving this environment that was so warm and protected, little did it know that it would meet with this kind of brutality. Folks, it's not just once, or twice, or 10, or 20, or 100, or 500—thousands. Untold thousands.

I am hopeful that, as a result of all the things that were discussed for the past several months as a result of the statements by Ron Fitzsimmons, Members of this Senate will look again, look at this procedure, look at the consequences, real consequences of what the U.S. Senate and the Government of the United States will convey to the young people of our country, to any person in our country, that we will allow these innocent babies to be murdered like this.

If we send that kind of message, I guarantee I will be down here when one of the Senators who did not support this stands up and beats his breast, complaining about why the crime rate is so high, why there is no respect for property, why there is no respect for life, why there is no respect for—you name it.

Kids aren't dumb. They pay attention. I have a 6-year-old and a 4-year-old and a 1-year-old. It frightens me how much they pay attention to everything you do, whether you know it or not. They pick up so much.

You see yourself. You know. You see yourself in your kids so much you just don't even realize all the little things that you do that they see. They will see this. They will understand what this means. They will understand that

life is not important, that, unless you are big, strong, healthy, able to protect yourself, there is no protection. It is survival of the fittest. We wonder why we have a cynical generation X; everyone believes they are out for themselves, that everyone does things in their own self-interest. What could be more in self-interest than this? What can be more selfish than this? What kind of message are we conveying? This is ultimate selfishness. It was not convenient. I was not ready. I—I—I—I.

This is a baby. It is not "I," it is "we." But we have told the message to the young people, only "I" matters. Then we wonder why they feel the way they do. We wonder why they act the way they do. We wonder what has happened to our culture, what has happened to our society. You need only look this far. You need only look at the selfishness, the individual self-centeredness of this procedure. A procedure we would not do on Jeffrey Dahmer, a procedure we would not do on the worst criminal in America, we will do on a healthy little baby.

I hope the Senate says no. I hope the Senate can just muster the moral courage to say no and live up to the dignity of this place. It is an impressive place. Great men and great women have stood in this hall and fought for noble causes. I cannot think of any more noble a cause than protecting a helpless, beautiful—whether deformed or not, in the eyes of God, beautiful baby.

I ask everyone within the sound of my voice to pray that that happens, that the Senate says no more, this is where we begin to draw the line. I ask you not only to contact your Senators by e-mail or write or call or drop by their offices, I ask you to pray that somehow their eyes will open to what the consequences of our actions are, what it means to us as a society, as a culture. What the reporters are writing today is this bill will fall short of the 67 votes needed to override the President's veto. If you do, those things I have asked, who knows?

Mr. President, I yield the floor.

CONGRATULATIONS TO FATHER THOMAS J. DUGGAN ON HIS 50TH YEAR IN THE PRIESTHOOD

Mr. ASHCROFT. Mr. President, I rise today to congratulate Father Thomas J. Duggan as he celebrates 50 years as a priest. I want to commend him for the outstanding service he provides to the Catholic Church in the central Missouri area.

This historic occasion commemorates Father Duggan's labor both now and in days past. His 50 years of dedication have served many important missions: From caring for young World War II victims in the Manchester-Liverpool area of England to serving, since 1960, the diocese of Jefferson City. The high standards he has been able to maintain are a tribute to his faithfulness. As our Nation looks increasingly for moral guidance in this

period of moral decay, his example provides a standard for others to follow.

I wish Father Duggan a memorable celebration as he renews his commitment to the redemptive mission of Christ. May God bless his ministry with many more years of celebrations.

HONORING THE 200 YEARS OF MARRIAGE OF THE CHILDREN OF MORRIS AND IDA MILLER

Mr. ASHCROFT. Mr. President, families are the cornerstone of America. The data are undeniable: Individuals from strong families contribute to the society. In an era when nearly half of all couples married today will see their union dissolve into divorce, I believe it is both instructive and important to honor those who have taken the commitment of "till death us do part" seriously, demonstrating successfully the timeless principles of love, honor, and fidelity. These characteristics make our country strong.

For these important reasons, I rise today to honor the children of Morris and Ida Miller, who will celebrate together 200 years of marriage:

Son—Dennis and Marcella Miller, married June 7, 1946; Daughter—Eileen and Bill Keehr, married April 8, 1947; Daughter—Melda and Merwin Miller, married July 3, 1947; Son—Loren and Miriam Miller of Bois D'Arc, Missouri, married September 1, 1947.

My wife, Janet, and I look forward to the day we can celebrate a similar milestone. These families' commitment to the principles and values of their marriage deserves to be saluted and recognized.

HONORING THE BARLOWS ON THEIR 50TH WEDDING ANNIVERSARY

Mr. ASHCROFT. Mr. President, families are the cornerstone of America. The data are undeniable: Individuals from strong families contribute to the society. In an era when nearly half of all couples married today will see their union dissolve into divorce, I believe it is both instructive and important to honor those who have taken the commitment of "till death us do part" seriously, demonstrating successfully the timeless principles of love, honor, and fidelity. These characteristics make our country strong.

For these important reasons, I rise today to honor Harold and Helen Barlow of Raytown, MO, who on May 17, 1997, will celebrate their 50th wedding anniversary. My wife, Janet, and I look forward to the day we can celebrate a similar milestone. The Barlows' commitment to the principles and values of their marriage deserves to be saluted and recognized.

LAUREN'S RUN AGAINST PEDIATRIC CANCER

Mr. COVERDELL. Mr. President, it is a great honor for me to draw the attention of my distinguished colleagues