

Many people advise, however, that opposing MFN represents a hollow—essentially meaningless—threat. And yet, without a responsible alternative, Members of Congress must choose between voting to revoke MFN or taking no action. Neither option is acceptable. Neither choice is in our Nation's best interest.

So that our children and the children of China do not inherit an adversarial relationship, we must do two things in 1997. First, we must engage in a domestic debate on China; we must get beyond hollow engagement and hollow threats. Second, we must ensure our policy demonstrates to China that their actions have consequences: That they are a member of the world community and actions which violate agreements and norms are not merely internal matters.

As many people know, I had discussed an idea to extend the current MFN status for the PRC for an additional 3 months in 1997. In offering this idea, I sought to accomplish the above two goals. It is too late for the House to take action on the 3-month extension as I had proposed it, but it is not too late for us to unite behind a call for action.

Mr. President, I agree with my distinguished Finance Committee colleagues who believe we must get beyond the annual MFN revocation threat. But the way to do this is not to change the name of MFN; we must address the real problem. We must develop new instruments which address our interests with China.

I fear, Mr. President, that the name change does not accomplish this most important goal; in fact, to the extent that it decreases our resolve to discuss China, this bill jeopardizes our national interests. It is for this reason that I do not join my colleagues today in offering this name-change legislation.

Instead, I invite the Congress and the President to join me in making the best use of this year's debate. We must utilize this time to develop and advance our China policy, not merely put it off for another year.

Mr. SANTORUM. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. SANTORUM. Mr. President, I ask unanimous consent reading of the amendment be dispensed with.

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

PARTIAL-BIRTH ABORTION BAN ACT OF 1997

Mr. SANTORUM. Mr. President, we have heard a lot of talk over the past several days about the issue of partial-birth abortion, about late-term abortion, about the need to have an option available should a pregnancy go awry, and in describing when a pregnancy

goes awry they have described the need to have a health exception in cases where there is a fetal abnormality, where a baby is developing in the womb that is not perfect.

Now we have heard all of the horrible accounts of Dr. McMahon performing partial-birth abortions on children because they had cleft palates or other very minor—Down's syndrome, and other minor, or not life-threatening maladies. That, in my mind, is an indefensible defense for a health exception.

I found it absolutely astonishing that Members would have gotten up yesterday and talked about the need to have partial-birth abortion as an option to dispose of children who were developing in the womb with a defect. They did so at the same time, the same day, we passed IDEA, Individuals with Disabilities Education Act, the same day that people passionately got up on the floor and argued for the rights of the disabled to be educated, to maximize their human potential, and some 30 Senators who voted for that voted today to wipe out the ban on partial-birth abortion.

Now, I find that absolutely incongruous. How can you fight for the rights of the disabled to be educated? How can you fight for the rights of the disabled under the Americans With Disabilities Act, which all of those Members, to my knowledge, those that were here, supported, back in 1990, I believe it was. How can you support that stand and say you care about the disabled, that you want to maximize their potential, that you want to treat them with dignity and give them civil rights, when you will not give them the most basic of civil rights, the right to live in the first place?

If you survive the womb, if you survive Roe versus Wade, which allows you to be destroyed because you are not perfect—yes, Roe versus Wade, Doe versus Bolton, allow you to be destroyed because you are not perfect. I know that may click some sort of memory of people who remember what happened across the Atlantic some 50 and 60 years ago, that just because you were not perfect, you were not deserving to live.

We have Members, standing here, arguing that we need to be able to have the option of killing a little baby because it is not perfect. They say, oh, that history that happened 50, 60 years ago, could never repeat itself. It cannot happen. Oh, how history tends to repeat itself, even here on the Senate floor.

I find it absolutely amazing that people are not shocked by their own words, that they do not understand, as the Bible says, that a house divided against itself, that you cannot stand up on one side and argue for rights of the disabled at the same time saying they do not even have the right to be born in the first place, they are not going to be protected by our Constitution, they are not going to be protected by our laws.

I will share with you tonight some stories, stories of people with disabilities, diagnosed in the womb. I will share with you some happy stories, and I will share with you some sad stories. But even in the sad stories you will find a silver lining, a lining that would not be there if it were not for someone who cared enough to treat their child with dignity and respect, cared enough to love them as fully as they loved any one of their other children.

You heard me talk earlier today, yesterday, about Donna Joy Watts. One of the cases cited over and over again by people who want to create a health exception in the partial-birth abortion bill is that there are times when a baby's head has excess fluid, cerebral spinal fluid, and it is called hydrocephaly, water on the brain. Donna Joy Watts was one of the babies that was diagnosed with hydrocephaly, and another malady where the brain was actually growing outside of the skull.

The doctors diagnosed her condition as fatal and told her mother and father they would have to abort her, and her mother and father said, "At 7½ months we are not going to abort our child. Why not give her a chance to live?" They said, "no, no, we will not give her a chance to live because she will not live. It is best for you. Trust me, you will feel a lot less pain. You need to just get on with it." These were obstetricians, genetics counselors. She had to go four places—four places—to get someone who would deliver her baby. Any of the four would have aborted her baby, but only one of the four would have delivered her baby.

We are reaching the point in this country where it is almost easier to find an abortion than it is to find a doctor to deliver a child that will have complications. The fear of lawsuit, the fear of complications, and the stress associated with it are just creating the impetus to do abortions. Nobody can sue you for doing abortions. You sign a consent form. You give up your rights. You say, "I won't sue. As long as you kill my child, I will not sue." So they don't get sued. No liability there. But if you work with the mother to deliver the child, then if mom believes you didn't tell her everything you should have, you get hit with a wrongful birth suit. In other words, "My child is better off dead than alive" kind of suit.

What kind of society allows that? What kind of society would say we put in legal doctrine a suit that says my child is better off dead than alive? What a misunderstanding of life. Every child is perfect in the eyes of God; I hope in the eyes of the mother, but we have some to go that way. We have lots of people in the medical profession who certainly do not see it that way, and counsel for abortion. In fact, at every single turn, Donny and Lori Watts were hit with "abort, abort, abort. Save yourself the trouble." She said no and he said no.

They finally delivered her. This is what she looked like. It is a little

Donna Joy, named after her daddy, Donna Joy. Oh, her little head is not perfect, and she had problems, serious problems. But she was born alive.

For 3 days Lori Watts told me the medical professional at the hospital referred to her little baby, who weighed about 7 pounds, as a "fetus." For 3 days after her birth, a "fetus." For 3 days they wouldn't feed this baby because it was going to die. For 3 days they wouldn't drain the water from her head and put a shunt in it because she was going to die. And Donna Joy just wouldn't die.

So Lori and Donny decided that they were going to threaten. Lori said in the paper that she would threaten the doctors if they didn't do something. So finally they did.

And through a struggle, which I detailed yesterday, which I will not today, but through an incredible struggle of heroism her mom and her dad fed her. She had 30 percent of her brain.

You often hear so much about you only use a small percentage of your brain. And if there is one place in the body we don't understand, we don't understand the brain very well. We don't understand how it really works and how it compensates for problems, whether it be by stroke or things like this. But Donna Joy had 30 percent of her brain. She had a deformed medulla oblongata which connects the brain to the spinal cord. She had no medulla oblongata. Her left and right side of the brain were not connected. They didn't talk to each other. She fought and she fought and she fought through incredible difficulties.

Today, this is little Donna Joy Watts, who yesterday and today was in my office playing, talking to reporters, writing me notes, playing with my children, coloring books, acting like a little girl, walks with a little bit of a limp. She is a little bit behind for her age. But after eight brain operations and with 30 percent of her brain, she is an amazing story.

Her parents were told to have a partial-birth abortion because her head was so large. They wanted to put those scissors in the base of this little girl's skull and kill her. And Lori and Donny said no. They could have taken the easy way out.

I can tell you. When Lori told me of the times when she was a little baby of having to feed her, which took an hour and a half because she didn't have the muscles to hold the food in—it would just come right back up, she had no muscular control as a baby. So the food would come right back up. They thought she would die of malnutrition until Lori thought it out. She would put this paste, which was real heavy that would stay in her stomach, but it was drop by drop in the back of her mouth. It took an hour and a half to feed her. She would take an hour-and-a-half break, and another hour and a half to feed her, 24 hours a day, setting the alarm in the middle of the night, getting up to feed her child so the child would not die of malnutrition.

It is hard. But little Donna Joy Watts is one of the great stories that ennobles all of us. Had Lori and Donny decided to kill, to let little Donna Joy die by aborting her, our society would be diminished. The inspiration that this little girl and her family has provided ennobles us all, calls us to a greater sense of commitment and love for our children and those who are not so fortunate to be perfect.

Another story: This is a story I just got the other day. It is a letter written to me by Sandra and Joseph Mallon from Upper Darby, PA. I will read the story as she writes it to me.

DEAR SENATOR SANTORUM: My name is Sandra Mallon. I live in Upper Darby, PA with my husband, Joe, and our 5 month old daughter, Kathleen. Both Joe and I work outside the home—but Kathleen is the most important thing in our lives. I am writing in reference to the H.R. 872 and S. 5 bill currently being considered. This issue is very near to my heart; and I feel this is a crisis issue that I must discuss.

My daughter was diagnosed with hydrocephalus, an abnormal accumulation of cerebrospinal fluid around the brain, at 23 weeks gestation.

You may have heard the debate earlier about viability. At 22 weeks' gestation, a baby can survive. About 24 or 25 percent of babies survive outside the womb.

At that time we were not given a positive outlook for our little girl. We were told first to abort—but that was out of the question. Then we were told the best case would be to expect a shunt operation and retardation; worse case would be death before or shortly after delivery. We decided to give our child every chance we could. We went to many doctors for the next four months—the news got a little better as the pregnancy went on.

Kathleen was born on December 6, 1996—and she is our miracle baby. Though she has hydrocephalus, she is showing no symptoms. One month ago she underwent an operation to place a shunt, a tube which helps the fluid to pass through the brain in a safe and effective way. This is the most widely used treatment for hydrocephalus, and even so, most patients have to have their shunt revised (replaced) several times in their lifetimes. The alternative in most cases is death.

Joe and I have many hopes and dreams for Kathleen—but mostly we want her to be a healthy, happy child. We want her to be given every chance in life to experience her world. Right now I want her to be able to play, jump, swim and maybe even ride horses. Unlike most families these every day activities could cause Kathleen to need a shunt revision. This scares me to death!! Right now there is technology and materials to help Kathleen should there be a reason. But if these bills do not pass my child could be in for pain and suffering which would slowly and painfully kill her. Don't let this happen to my Kathleen Marie. Silicone is the only material available which the body does not see or reject to make these lifesaving shunts.

I can't stress how important this issue is to me and my family. Besides our immediate need to know Kathleen can continue to grow up as any other child. But the silicone is also used in many other biomedical devices (i.e. ear tubes, and pacemakers). So the S5 in the Senate and HR872 in the House would seek to control my access to raw material for shunts. I understand there are other issues wrapped up in the bill, and I believe person-

ally that Product Liability and Tort Reform are important measures. If S5 and HR872 are not passed, it is a certain death sentence for Kathleen and every other person affected by hydrocephalus.

I ask you to look at the picture of Kathleen. Tell me that you will help her. Don't wait too long Senator, people will die. I am looking forward to your response to this issue of life and death importance to me and my family.

These are two wonderful stories of children who would not be termed "viable," could be aborted late-term because it was a medical complication, and these children were deformed.

This is the kind of health exception that many want to allow so we can kill children just like this. But we know there is another way, a way suggested by even people who perform abortions like the doctor at the Medical College of Pennsylvania who says that after 23 weeks, the second or third trimester, it is not necessary to kill a baby. It may be necessary to separate the mother from the child. But it is never necessary to kill a baby, even one that has an abnormality.

In fact, doctors have told me they are not aware of any abnormality in and of itself that is a threat to the woman's health or life that cannot be remedied by a separation—not an abortion, not the deliberate killing of the baby, but by separation. In fact, most abnormalities don't require separation. You can deliver later in term, at term.

Not all stories end as happily. I want to share some stories with you of people that went through very tough decisions, and some that, frankly, didn't have very tough decisions but went through heartaches when it came to a child who had a problem in the womb.

Let me first share the story of Jeannie French. Jeannie has been very outspoken. I shared her story last year, but it bears repeating.

My name is Jeannie Wallace French. I am a 34 year old healthcare professional who holds a masters degree in public health. I am a diplomat of the American College of Healthcare Executives, and a member of the Chicago Health Executives Forum.

In the spring of 1993, my husband Paul and I were delighted to learn that we would be parents of twins. The pregnancy was the answer to many prayers and we excitedly prepared for our babies.

In June, five months into the pregnancy, doctors confirmed that one of the twins, our daughter Mary, was suffering from occipital encephalocele—a condition in which the majority of the brain develops outside of the skull. As she grew, sonograms revealed the progression of tissue maturing in the sack protruding from Mary's head.

We were devastated. Mary's prognosis for life was slim, and her chance for normal development non-existent. Additionally, if Mary died in utero, it would threaten the life of her brother, Will.

Doctors recommended aborting Mary. But my husband and I felt that our baby girl was a member of our family, regardless of how "imperfect" she might be. We felt she was entitled to her God-given right to live her life, however short or difficult it might be, and if she was to leave this life, to leave peacefully.

When we learned our daughter could not survive normal labor, we decided to go

through with a cesarean delivery. Mary and her healthy brother Will were born a minute apart on December 13, 1993. Little Will let out a hearty cry and was moved to the nursery. Our quiet little Mary remained with us, cradled in my Paul's arms. Six hours later, wrapped in her delivery blanket, Mary Bernadette French slipped peacefully away.

Blessedly, our story does not end there. Three days after Mary died, on the day of her interment at the cemetery, Paul and I were notified that Mary's heart valves were a match for two Chicago infants in critical condition. We have learned that even anencephalic and meningomyelocele children like our Mary can give life, sight or strength to others. Her ability to save the lives of two other children proved to others that her life had value—far beyond what any of us could every have imagined.

Mary's life lasted a total of 37 weeks 3 days and 6 hours. In effect, like a small percentage of children conceived in our country every year, Mary was born dying. What can partial birth abortion possibly do for children like Mary? This procedure is intended to hasten a dying baby's death. We do not need to help a dying child die. Not one moment of grief is circumvented by this procedure.

In Mary's memory, as a voice for severely disabled children now growing in the comfort of their mother's wombs, and for the parents whose dying children are relying on the donation of organs from other babies, I make this plea: Some children by their nature cannot live. If we are to call ourselves a civilized culture, we must allow that their deaths be natural, peaceful, and painless. And if other preborn children face a life of disability, let us welcome them into this society, with arms open in love. Who could possibly need us more?

I will now share a more personal story. A comment was made in this Chamber on several occasions in the last debate and unfortunately again in this debate that Members who speak on this issue have no right to speak on this issue because they cannot experience what the women who stood with President Clinton when he vetoed this bill experienced.

Well, that is not true. I will read from an article I wrote about what happened to me and my wife and our family.

On September 26, 1996, the Senate voted to sustain President Clinton's veto of the Partial Birth Abortion Ban. I led the fight to override the veto on the floor of the Senate.

Central to the debate was the assertion by opponents of the ban that this procedure was necessary later in pregnancy in cases when a severe fetal defect was discovered. I was told that I could not understand what these women, who experienced this procedure, had gone through. "It had never touched your life," one Senator said.

This is a story of how just one week after that vote, it did.

We had been through the joyous routine before—the technician would turn out the lights, spread gel on Karen's growing midsection, and then right there on the screen in front of our eyes we would get the first glimpse of our baby—a fuzzy, black and white picture that told us all was well.

This time, however, was different. Sitting in the darkened room, listening to the background buzz of the machine, we saw a large, dark circle on the screen, and we saw the technician's demeanor change. Everything seemed fine—arms, legs, head, spine—but the woman with the instrument was strangely

quiet, examining and re-examining the dark circle.

We had brought along our three children, ages 5, 3, and 1—Elizabeth, Johnny, and Daniel—to this appointment because we wanted them to be able to have a glimpse into the still, perfect world of their unborn baby brother. We now feared that they might get a glimpse into something else.

The technician left, giving way to a doctor who repeated the earlier routine, mumbling something about a "bladder." Finally, we were coldly given the verdict: "Your child has a fatal defect and is going to die."

It's not that the world stopped, nor that it moved in slow motion, it was just that the world had changed. Suddenly, our child whom we loved, prayed for, dreamed about, and longed to meet was diagnosed with a life threatening condition. Through our tears erupted the most basic of all parental instincts and emotions—we were going to save our child.

After the initial shock, I took the kids out into the hallway to the phone and called Dr. Scott Adzick. Six months earlier, I had gone to Children's Hospital of Philadelphia and seen a world I never knew existed—a world of Dr. Adzick's creation—a world of surgery and care for children still in their mother's womb. I remembered his amazing skill and how I sensed an aura of peace and a certainty of purpose surrounding his mission.

I frantically described what had transpired and asked if he could help. Before he peppered me with questions, he calmly reassured me that all was not lost. He had seen cases like this before and knew immediately that it had to be post-urethral valve syndrome.

Scott's principal concern had to do with the absence of fluid in the amniotic sac. What he told us failed to lift our hopes. The absence of fluid meant that the baby likely had a complete obstruction of the urinary tract—in short, a very rare, severe, and extremely problematic condition.

Not typically understood is that the element comprising the amniotic fluid encompassing the baby during development is the baby's urine. The fluid not only provides a barrier of protection from outside trauma, but it is necessary in the development of the baby's lungs. Without it its lungs would not develop enough for him to survive outside the womb.

In addition, the baby's enlarged bladder would so compress the internal organs—particularly the kidneys—that they would cease to function. Kidney failure would mean near-certain death shortly after birth.

Dr. Adzick arranged for tests to be done the next day in Philadelphia at Pennsylvania Hospital. The initial results did not look good. Seated in front of our second sonogram machine in as many days, Dr. Adzick and Dr. Alan Donnfeld described our son's kidneys as not positive. Dr. Adzick told us that though he, too, was discouraged, there were one or two occasions where he had seen bad kidneys have sufficient levels of function, enabling a baby to survive until a transplant soon after birth.

We adjourned to a supply room next to the treatment area. The purpose of the meeting was to discuss options. Dr. Donnfeld took the lead, saying that things were grave, and presenting us with three options. "Your first option is to terminate the pregnancy." As the word pregnancy left his lips the room instantly went dark. The doctor quickly reached up and turned on the light that was on a timer. Through nervous and awkward laughter I said, "I guess that answers your question."

We knew that abortion was a legal option, it just wasn't a sane one. It was inconceivable to us as parents to kill our baby because

he wasn't perfect or because he might not live a long life. While we couldn't look into his eyes or hold him in our arms, he was no less our child than our other three children. And we loved him every bit as much. He was our gift from God from the moment we found out Karen was pregnant. In our mind, from that time on our job as parents of this tiny life was to do everything we could to nurture him through life. Karen and I have this saying, "life is about being there," and this was our chance to be there for our baby.

The second option was to do nothing. In this case our son would live only as long as he was in the womb. While in the womb our baby's lungs and kidneys were not necessary for him to survive—Karen was performing those functions for him. There was no increased threat to Karen as a result of his defect.

The third option would entail several tests and testaments that could put Karen at risk. Karen's immediate response was to do whatever it took to save our son, no matter what the risk to her.

Our son went through two days of tests to determine kidney function. If there was very poor or no kidney function there would be no point in proceeding further—he would not develop enough in the womb to survive outside. The first day the results were so bad that we discussed whether it was worth going through a second painful day of tests for Karen. Dr. Adzick said we needed a miracle to get those kidneys to work better.

We prayed more than I can remember for our son, who we named that day Gabriel Michael, after the great archangels. The next day our prayers were answered with a miraculous improvement; the chances for success were not just okay, but kidney function very good. We could now do the surgery that would save his life.

For both of us, this crisis was not so much a "faith check" as it was a time of reassurance. No matter what happened, we knew that God held us—and held Gabriel Michael—in his hands. What that knowledge there is a peace beyond human understanding.

The bladder shunt procedure, to drain the urine into the amniotic sac in an effort to create the proper fluid environment for Gabriel, was scheduled for Tuesday with Dr. Bud Wiener at Pennsylvania Hospital. Dr. Wiener had done more of these procedures than anyone else on the east coast and had pioneered the plastic tube that would be used to drain the urine.

Next came the surgery. The idea that surgery on a child in only its 20th week of life inside the womb could work boggles the mind. And watching Dr. Wiener at work was something to behold. He guided the shunt into place, though more slowly than he would have liked, but it was a success. As we left the hospital, we worried about whether the shunt had worked, and whether the longer than usual procedure might have put Karen more at risk.

Two days later, Karen began feeling both chills and cramping—the cramping was the beginning of labor and the chills were a sign of an infection in her womb. Our worst fears had become a reality.

Hoping desperately that it was food poisoning or the flu, Karen fought desperately to hold it all together. A call to the doctor was met with an order to rush to the hospital. We were in Pittsburgh at home. There another doctor performed another sonogram. What we saw was perhaps the single worst and single best things of our lives. The fuzzy picture on the screen showed an active baby—arms and legs moving freely in a sac of amniotic fluid. But the infection persisted.

Karen was seized with horrible chills. Huddled under nearly a dozen blankets her body temperature soared to 105. By this

point there was little that could be done. Intra-uterine infections are untreatable as long as the source of the infection—the amniotic sac—is in place. Unless the sac and thereby the baby were delivered, Karen would eventually die, and Gabriel Michael with her. Here again the doctors told us that abortion was a legal option, but we knew there was another way. This way gave our son the love and respect he deserved and to Karen and me the gift of a precious few hours with our son.

Karen was given an antibiotic which reduced the fever and made her comfortable. She clung to the baby with all her might, but nature was relentless. Soon the labor intensified—the body had identified the source of the infection. She did everything she could to delay the inevitable. I tried calling everyone I knew to see if there was something else that could be done. There was no answer to be found. I thanked God for the presence of Karen's father, Dr. Ken Garver, a physician whose specialty is in genetics counseling, prenatal diagnosis of birth defects, and Monsignor Bill Kerr who helped guide us through this time.

We knew the end was near so we tried to pack a lifetime of love into those few hours. I put my hands on Karen's abdomen—we prayed and we cried. We also talked to Gabriel to let him know how much we loved him—how much we will miss him, how much we will miss mothering and fathering him and how his brothers and sister will miss his presence.

Within hours of 12:45, our son was born. He was a beautiful creation—a small, pink, package of joy and sorrow, hope and questions. We bundled him up, put a little hat on his head, we held him, sang to him, cried for him. He was too small to make a sound but he spoke so powerfully to our hearts. His eyes never opened to see his mommy and daddy, but he allowed us to see, in him, the face of God. Two hours later, he died in my arms.

We tried to make Gabriel's short life, short time on Earth, filled with love, only love. And we told him that soon he would be experiencing something that we are striving for. God would be bringing him to be with Him in heaven. Finally, we pledged to him that we would rededicate ourselves to joining him someday.

The next days were no less of a blur than the ones that led up to them. We buried our son later that day, next to other members of our family, and we prayed to God to give us understanding.

This is our story, the irony finding ourselves confronted with a baby with a fetal defect when only the few days before, the absence of such had disqualified me from the debate on partial-birth abortion. It was in the eyes of many truly overwhelming. On two occasions we, too, could have chosen the option to abort. We knew that Gabriel's life would probably be measured in minutes and hours, not in years and decades. We chose to let Gabriel live and die in the fullness of time—being held and loved and nurtured by two parents who loved him dearly.

We wouldn't have traded those 2 hours with our son for anything in the world. And we know he wouldn't have either.

In the midst of the debate that fall, disgusted by and worried about the gruesome descriptions of abortion, one of the Senators said that a medical procedure was bloody and that it was just the nature of the event. The Washington Post described what happened next:

Republican Senator Rick SANTORUM turned to face the opposition and, in a high, pleading voice, cried out, "Where do we draw the line? Some people have likened this procedure to an appendectomy. That's not an appendix," he shouted, pointing to a drawing of a fetus. "This is not a blob of tissue. It's a baby. It's a baby."

And then, possibly, in an already hushed gallery, in one of those moments when the floor of the Senate looks like a stage set, with its small wooden desks somehow too small for the matters at hand, the cry of a baby pierced the room, echoing across the chamber from an outside hallway.

No one mentioned the cry. But for a few seconds no one spoke at all.

Maybe it was a freak occurrence. It was a baby, a visitor's baby that was crying in the hallway as the door to the floor opened and a few seconds later closed. A freak occurrence, perhaps, or maybe a cry from a son whose voice we never heard but whose life has changed ours forever.

Mr. President, I am using the words of my wife:

Accepting partial-birth abortion as our only alternative to a difficult birth or a potentially disabled infant is to thwart two of our strongest human impulses: the impulse of love and the impulse of memory. All of us are united by our need to love and by our need to remember and be remembered. Giving life to and caring for a sick infant—for however brief a period—allows us to express these uniquely human impulses. Rick and I were blessed with the time to offer the fullness of our love to our baby, and we have the peace of knowing that he felt that love. Gabriel Michael joined our family forever. He has not been obliterated. Gabriel was known and will always be remembered. His memory will live with us forever. I believe that every human being should be remembered by somebody. Memory helps to anchor us to each other; it locates us not only within a certain time and place, but within a family and within a community. It is one of the measures of the value we place on each other. And the tragedy of infants who are destroyed and forgotten should haunt us all.

There is another way. You heard me quoting doctors all day about the other way, that there is no need to kill a baby. You may need to separate the mother from the baby, but there is no need to kill the baby. I do know that. I have experienced that. And I, as I said, would not trade one moment, one second.

What we are debating here is infanticide, not abortion. We should have the moral courage to stop infanticide in the U.S. Senate. We should be able to muster up enough support out around America to send a message, loud and clear, to every Member in this Senate, that we will not stand for it any longer.

The children who are victims of partial-birth abortion are not here to speak for themselves. So we must do that. And so I ask you on their behalf

that you don't subject anyone else in America to this procedure. I plead with you on their behalf to stop the murder. I ask the President to look into his heart and see if he can't understand and feel the disruption that this procedure is causing to our culture and to our civilization. I ask every Member of the Senate to do the same. I think, if you do, the decision will be easy.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. DEWINE. Mr. President, I congratulate and thank my colleague from Pennsylvania, not only for bringing this bill to the floor, for working on it for so many months, but also for that very eloquent statement about the tragedy that occurred in his family.

I think his statement was the statement about the value of life and how precious human life really is. Each one of us, at different times in our lives, are reminded of the value of life, and sometimes how brief that life can be. As I look around the Chamber of the Senate this evening, I see three of my colleagues who have lost children, three of us who have lost children, who understand maybe more than we did before how precious human life is.

Really, that is what this debate is about tonight, what it has been about today. One of the things that we do in this Senate, as we have the luxury, if you want to use the term, of unlimited debate, is to thoroughly discuss issues. And as we do that, this tradition that is over 200 years in this body, as we do that, many times we do, in fact, educate ourselves and understand things better. Maybe, as we try to educate ourselves, we help educate the American people.

We have been at this debate for a long time because we had this debate last session of Congress. I would like, tonight, to talk about some of the things we have learned. I entered this Chamber, as my colleague from Texas, PHIL GRAMM, said earlier this evening, entered the Chamber a few months ago—I say now over a year ago—with not a whole lot of knowledge about partial-birth abortion. I think we all have become educated, not just from the debate here on the floor, but also we have been educated by the hearings. We have learned what partial-birth abortion is.

I think the most telling description was given by Brenda Pratt Shafer, of Franklin, OH, when she testified in front of the Judiciary Committee. Let me, if I could, share with my colleagues in part what she said:

Mr. Chairman and Honorable Members of the Judiciary Committee, I am Brenda Pratt Shafer. I am a registered nurse, licensed in the State of Ohio, with 13 years of experience. In 1993, I was employed by Kimberly Quality Care, a nursing agency in Dayton, OH. In September 1993, Kimberly Quality Care asked me to accept an assignment at the Women's Medical Center, which is operated by Dr. Martin Haskell. I readily accepted this assignment because I was at that time very pro-choice.

She continues:

So, because of the strong pro-choice views I held at that time, I thought this assignment would be no problem for me.

But I was wrong. I stood at the doctor's side as he performed the partial-birth abortion procedure—and what I saw is branded on my mind forever.

I worked as an assistant nurse at Dr. Haskell's clinic for 3 days—September 28, 29, 30, 1993.

She continues:

On the third day, Dr. Haskell asked me to observe as he performed several of these procedures that are the subject of this hearing. Although I was in the clinic on the assignment of the agency, Dr. Haskell was interested in hiring me full-time, and I was being oriented in the entire range of procedures provided by that facility.

I was present for three of these partial-birth procedures. It is the first one that I will describe to you in detail.

The mother was 6 months pregnant, 26½ weeks. A doctor told her that the baby had Down Syndrome, and she had to have an abortion. She decided to have this abortion. She came in the first 2 days and have the laminaria inserted and changed, and she cried the whole time she was there. On the third day, she came in to have the partial-birth abortion procedure.

Dr. Haskell brought the ultrasound in and hooked it up so that he could see the baby. On the ultrasound screen, I could see the heart beat. As Dr. Haskell watched the baby on the ultrasound screen, 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 into the birth canal. Then he delivered the baby's body and arms—everything but the head. The doctor kept the head right inside the uterus.

Senators this is a baby that was a little bit smaller than the baby that I actually saw that day.

She held something up.

This is a mechanical model of a baby.

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, like a flinch, like a baby does when he thinks he is going to fall.

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

I was really completely unprepared for what I was seeing. I almost threw up as I watched Dr. Haskell doing these things.

Next, Dr. Haskell delivered the baby's head. He cut the umbilical cord and delivered the placenta. He threw the baby in a pan, along with the placenta and the instruments he had just used. I saw the baby move in the pan. I asked another nurse, and she said it was just reflexes.

I have been a nurse for a long time, and I have seen a lot of death—people maimed in auto accidents, gunshot wounds, you name it. I have seen surgical procedures of every sort. But in all my professional years, I had never witnessed anything like this.

The woman wanted to see her baby, so they cleaned up the baby and put it into a blanket and handed it to her. She cried the whole time. She kept saying, "I am so sorry, please forgive me." I was crying, too. I couldn't take it. That baby boy had the most perfect angelic face I think I have ever seen in my life.

I was present in the room during two more such procedures that day, but I was really in

shock. I tried to pretend I was somewhere else, to not think about what was happening. I just couldn't wait to get out of there. After I left that day, I never went back. The last two procedures, by the way, involved healthy mothers with healthy babies.

That was the testimony of the nurse, testimony that has never been controverted. In fact, I will not take the Senate's time to read this in its entirety, but this is the actual paper that Dr. Haskell prepared that has been quoted before in this procedure. It is a paper delivered by Martin Haskell, presented at the National Abortion Federation, Risk Management Seminar, September 13, 1992. You can track in Dr. Haskell's own words exactly what nurse Shafer said.

The doctor uses medical terminology. Part of this has already been read today by Dr. FRIST, Senator FRIST, when he gave his very eloquent comments in opposing the Daschle amendment. I will point out one thing that is very evident when you look at this description by Dr. Haskell of what this partial-birth abortion procedure is, that it takes 3 days, day 1, day 2, day 3. That was confirmed by what Nurse Shafer said. The dilation occurs in the first 2 days. They go in, go back home or go to a motel, and then come back the third day for the procedure itself. But actually the whole procedure takes 3 days.

We have also learned not only what the procedure is, we have learned a lot about why it is done.

Again, maybe the best evidence is to listen to the people who perform the abortions.

Dr. McMahon has told us, he has said that a number of these were done for nothing more serious than cleft palates. Seven, eight, possibly nine, for cleft palates, the life was snuffed out.

Dr. Haskell has told us that 80 percent—80 percent—of the abortions he performs are elective. The evidence is overwhelming of why these are done and under what circumstances.

Mr. President, during the just concluded debate, a number of my colleagues spoke of how this issue has deeply divided this country. One even said that nothing really has divided this country as much as the abortion debate has since the debate over slavery prior to and leading up to and including the Civil War.

I think that is correct. Few issues in our whole country's history have been so divisive. I would argue, Mr. President, this debate over abortion has been so protracted and intense because in a sense in a government of "we the people," we are still trying to figure out who "we"—what that means, who is included.

I say, Mr. President, that the vulnerable babies that we have heard about are us. And whether or not we are willing to speak out, whether or not we are willing to say enough is enough, not only will determine whether some of these babies will live or die, but it also will determine what kind of a people

we are, what kind of a society we want to live in, who we really are, who we are as a people, what do we value and what do we not value, what do we become indignant about, and what do we walk away from.

How bad do things have to be before we speak up and say enough is enough? This is something we simply, even in 1997, this is something we will not tolerate. It is wrong. We will not put up with it. We will not allow it to occur in a civilized society. So, in a sense, not only is this a debate about the babies, not only a debate about who will live, it is also a debate about who all of us are and what kind of a country we have, what kind of a country we want.

I think we have an obligation to speak up. I think that many times the sins that we commit as a people, as individuals, are sins of omission, what we do not do when we do not speak up.

I would like to quote from my friend, HENRY HYDE, from a book that he wrote that I think summarizes what I believe. This is what Congressman HENRY HYDE said:

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 than you can imagine. The sins of omission will be what weigh you down; not the things you've done wrong, 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, let us move to pass this bill. Let us speak out for what is right. And let us hope that the power of the arguments that have been heard on the floor—no, rather the facts that have been clearly disclosed on the floor—will then persuade the President of the United States to rectify a mistake that he made last year when he vetoed this bill. We know more today. Many of the statements that were made by the President in his veto message are clearly, clearly not true. It was clear to many of us at the time they were not true, but now that we have had the opportunity for more debate, more evidence, it is clear that the reasons he gave, the rationales he gave, are simply not there.

So let us pass this bill. Let us send it again to the President. And let us pray that the power of the facts will convince our President to sign the bill.

Mr. President, I thank the Chair and yield the floor.

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mr. Williams, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United