

I do not oppose conscience clauses, but I do oppose denying women access to legally prescribed contraceptives simply based on moral objections. This is simply outrageous and once again the threat to women's health is ignored.

Let me end on a positive note. I am appreciative of the subcommittee's work to provide \$5 million in State Department monies for costs related to the World Trade Organization Ministerial meeting which will be held in Seattle, WA. The President requested \$2 million and I am pleased Senator GREGG and Senator HOLLINGS agreed to my request for a significant increase for WTO expenses. I had hoped for some additional language to ensure that the State Department reimbursed localities in Washington State for legitimate WTO police and fire expenses. The WTO Ministerial will be the largest trade meeting ever held in the United States, both the Federal Government and Washington State are bearing significant costs to host the world's trade negotiators. I expect and I will push the State Department to be responsive to the needs of local governments in Washington State in the expenditure of these additional monies.

Mr. JEFFORDS. Mr. President, I thank Senator GREGG for recognizing the need of three Vermont towns to upgrade, modernize and acquire technology for their police departments in this Conference Report. Allowing these police departments to improve their technology will permit them to increase the efficiency and effectiveness of the services they provide.

Reflecting the needs of the police departments, the \$1 million in technology funds for these three towns should be divided on the following basis: one-half (\$500,000) to the Burlington Police Department, one-third (\$333,000) to the Rutland Police Department, and one-sixth (\$167,000) to the St. Johnsbury Police Department. Again, I appreciate his help in addressing the technology problems these towns' police departments are facing. I look forward to working with him to get this important appropriations bill signed into law.

Mr. LOTT. I ask unanimous consent the conference report be agreed to and the motion to consider be immediately laid upon the table.

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

The conference report was agreed to.

PARTIAL-BIRTH ABORTION BAN ACT OF 1999—Continued

Mr. LOTT. The upcoming vote will be the last vote this evening. Senators who wish to debate the partial-birth abortion issue should remain this evening for statements. The next vote will be at 11 a.m. tomorrow morning relative to amendment No. 2321.

I thank my colleagues on both sides of the aisle and both sides of this issue for their cooperation.

I yield the floor.

VOTE ON AMENDMENT NO. 2319

The PRESIDING OFFICER. The question is on agreeing to the Durbin amendment No. 2319.

Mrs. BOXER. I ask for the yeas and nays.

Mr. SANTORUM. I move to table the Durbin amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

The PRESIDING OFFICER. The question is on agreeing to the motion to table amendment No. 2319. The yeas and nays have been ordered. The clerk will call the roll.

The legislative assistant called the roll.

Mr. NICKLES. I announce that the Senator from Arizona (Mr. McCAIN) is necessarily absent.

The result was announced—yeas 61, nays 38, as follows:

[Rollcall Vote No. 335 Leg.]

YEAS—61

Abraham	Fitzgerald	McConnell
Allard	Frist	Murkowski
Ashcroft	Gorton	Murray
Bennett	Gramm	Nickles
Bond	Grams	Reed
Boxer	Grassley	Roberts
Brownback	Gregg	Roth
Bunning	Hagel	Santorum
Burns	Hatch	Schumer
Campbell	Helms	Sessions
Chafee	Hollings	Shelby
Cochran	Hutchinson	Smith (NH)
Conrad	Inhofe	Smith (OR)
Coverdell	Inouye	Stevens
Craig	Jeffords	Thomas
Crapo	Kyl	Thompson
DeWine	Lautenberg	Thurmond
Domenici	Lott	Voinovich
Dorgan	Lugar	Warner
Enzi	Mack	

NAYS—38

Akaka	Edwards	Lincoln
Baucus	Feingold	Mikulski
Bayh	Graham	Moynihan
Biden	Harkin	Reid
Bingaman	Johnson	Robb
Breaux	Kennedy	Rockefeller
Bryan	Kerrey	Sarbanes
Byrd	Kerry	Snowe
Cleland	Kohl	Specter
Collins	Landrieu	Torricelli
Daschle	Leahy	Wellstone
Dodd	Levin	Wyden
Durbin	Lieberman	

NOT VOTING—1

McCain

The motion was agreed to.

Mr. DEWINE addressed the Chair.

The PRESIDING OFFICER (Mr. HAGEL). The Senator from Ohio.

PRIVILEGE OF THE FLOOR

Mr. DEWINE. Mr. President, I ask unanimous consent that Brittany Feiner be granted the privilege of the floor for the duration of Senate consideration of S. 1692.

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

Mr. DEWINE. Mr. President, I rise this evening to, once again, strongly urge my colleagues to vote to ban partial-birth abortion. Three times Congress has voted to pass legislation to ban the barbaric practice of partial-

birth abortion—but tragically, at every opportunity, the President of the United States has vetoed the act of Congress to ban this needless and horrific procedure.

The words of Frederick Douglass uttered more than 100 years ago I believe are very applicable to this discussion. This is what Frederick Douglass said:

Find out just what any people will quietly submit to and you have found out the exact measure of injustice and wrong which will be imposed upon them, and these will continue till they are resisted. . . .

We must continue our struggle to ban partial-birth abortion in this country. We are debating a national question that in my ways, is not unlike the issue of slavery, in part, because opponents of this legislation are truly using artificial arguments to justify why certain people, in their opinion, have no legal status and no civil, social, or political rights. Those opposing the partial-birth abortion ban imply that the almost-born child has no right to live. Clearly, the vast majority of the American people, and a majority of Congress disagree.

Every year the tragic effect of this extreme indifference to human life becomes more and more apparent. We must ban this procedure. We must simply say that enough is enough.

In my home State of Ohio, two tragic cases of partial-birth abortions did not go "according to plan." Each reveals, in its own way, the unpleasant facts of this horrible tragedy of partial-birth abortion.

On April 6, in Dayton, OH, a woman went into the Dayton Medical Center to undergo a partial-birth abortion. This facility is operated by Dr. Martin Haskell, a pioneer of the partial-birth abortion procedure. Usually this procedure takes place behind closed doors, where it can be ignored—its morality left outside.

But, this particular procedure was different. Here is what happened.

The Dayton abortionist inserted instruments known as laminaria into the woman, to dilate her cervix, so the child could eventually be removed and killed. This procedure usually takes 3 days.

This woman went home to Cincinnati, expecting to return to Dayton for completion of the procedure in 2 or 3 days. But, her cervix dilated too quickly and so shortly after midnight, she was admitted to Bethesda North Hospital in Cincinnati.

The child was born. A medical technician pointed out that the child was alive. But apparently her chances of survival were slim. After 3 hours and 8 minutes, this baby died. The baby was named Hope.

On the death certificate is a space for "Method of Death." And it said, in the case of Baby Hope, "Method of Death: Natural." That, of course, is not true. There was nothing natural about the events that led to the death of this poor innocent child.

Baby Hope did not die of natural causes. Baby Hope was the victim of

this barbaric procedure—a procedure that is opposed by the vast majority of the American people. It is a procedure that has been banned three times by an act of Congress—only to see the ban overturned by a veto by the President of the United States.

The death of Baby Hope did not take place behind the closed doors of an abortion clinic. The death of this baby took place in public—in a hospital dedicated to saving lives, not taking them. This episode reminds us of the brutal reality and tragedy of what partial-birth abortion really is, the killing of a baby—plain and simple.

And, almost to underscore the inhumanity of this procedure—4 months later, in my home State of Ohio it happened again. This time, though, something quite different occurred.

Once again, the scene is Dayton, OH. This time on August 18, a woman who was 25-weeks pregnant, went into Dr. Haskell's office for a partial-birth abortion. As usual, the abortionist performed the preparatory steps for the barbaric procedure by dilating the mother's cervix. The next day, August 19, the mother went into labor, and was rushed to Good Samaritan Hospital. This time, however, despite the massive trauma to this baby's environment, a miracle occurred. By grace, this little baby survived, and so she now is called "Baby Grace."

I am appalled by the fact that both of these heinous partial-birth abortion attempts occurred anywhere, but particularly because in my home State. When I think about the brutal death of Baby Hope and then ponder the miracle of Baby Grace, I am confronted with the question—a haunting question that we all face—Why can't we just allow these babies to live?

Opponents of the ban on this "procedure" say that this procedure is necessary to protect the health of women. We know from testimony that we heard in our Judiciary Committee that that simply is not true. The American Medical Association says that this procedure is never—never—medically necessary. In fact, many physicians have found that the procedure itself can pose immediate and significant risks to a woman's health and future fertility. Clearly, the babies did not have to be killed in the Ohio cases I just cited. No. The babies were both born alive. One survived; one did not.

Why does the baby have to be killed?

Opponents of this legislation say that this procedure is only used in emergency situations, when women's lives are in danger. Again, from the testimony that we heard in the Judiciary Committee, we know this is absolutely not true. It seems strange that a 3-day procedure would be used and the mother sent home if, in fact, we were dealing with an emergency. Nevertheless, even abortionists say that the vast majority of partial-birth abortions are elective. Dr. Haskell, the Ohio abortionist, stated as follows: "And I'll be quite frank; most of my abortions are elective in that 20-24 week range."

Why? Why? Why does the baby have to be killed?

Opponents of this bill say that this procedure is necessary when a fetus is abnormal. Now, I do not believe the condition of the fetus ever warrants killing it. But, even abortionists and some opponents of this ban agree that most partial-birth abortions involve healthy fetuses. The inventor of this procedure himself, the late Dr. James McMahon, said "I think, 'Gee, it's too bad that this child couldn't be adopted.'"

So, again, the question: Why does the baby have to be killed?

Opponents of this bill say that this partial-birth procedure is rare. But, again, that is not true either. Even the director of the National Coalition of Abortion Providers admitted that there are up to 5,000 partial-birth abortion procedures in the United States.

Why? Why does the baby have to be killed?

Opponents say that this ban violates Roe v. Wade, and so it is unconstitutional. But, anyone who has read the case knows that Roe declined to consider the constitutionality of the part of the Texas statute banning the killing of a child who was in the process of delivery. And, the Supreme Court again declined to decide this issue in Planned Parenthood v. Casey.

Again, we must ask, why does the baby have to be killed?

Opponents say this bill is unconstitutional because it doesn't have a "health exception." First, the "health exception" is defined by Doe v. Bolton so broadly as to make the ban unenforceable—effectively gutting the bill. We know that is how the courts have defined the "health exception" in abortion legislation. Both sides of this debate fully understand that.

The American Medical Association itself has stated:

There is no health reason for this procedure. In fact, there is ample testimony to show that all of the health consequences are more severe for this procedure than any other procedure used.

Further, the AMA concluded:

The partial delivery of a living fetus for the purpose of killing it outside the womb is ethically offensive to most Americans and physicians. (New York Times, May 26, 1997).

I ask my colleagues who wish to continue to allow this heinous procedure by upholding the President's veto, why? Why does the baby have to be killed? Why do babies, inches away from their first breath, have to die? Something is terribly wrong in this country when these babies continue to be killed.

With the advent of modern technology, we can sustain young life in ways we could not have just a few short years ago. Those of us who have had the privilege of going into neonatal intensive care units in our States have seen the miracles being worked today with precious, tiny children. Medical science can keep babies alive who are only 22 weeks, 23 weeks, children who before would simply not have survived.

While we have this great technology, while we have made such great advances, while we are saving so many innocent children, at the same time we have also perfected and created more and more savage ways of killing other children, other babies who are the same level of development.

I think we are destroying ourselves by not admitting as a society that partial-birth abortion is an evil against humanity. I believe there will be more and more horrible consequences for our Nation if we do not ban this cruel procedure. As a friend of mine reminded me, no culture can be demolished without the voluntary cooperation of at least a number of its own members. We must stop and ask, to what depths has the American conscience sunk? When it comes to abortion, is there nothing to which we will say no? Is there nothing so wrong, so cruel that we will not say, as a society, we will not tolerate this; we will not put up with this; this is going simply too far?

Partial-birth abortion is a very clear matter of right and wrong, good versus evil. It is my wish that there will come a day when my colleagues and I no longer have to come to the floor, to debate this issue. I hope we have the votes this year to not only pass the partial-birth abortion ban, but also to override the President's veto. We have to do it. It is the right thing to do, because innocent children are dying every day in America because of this horrible, barbaric procedure.

Let us ban this procedure which kills our partially born children, and let's do it for our children.

I thank the Chair, and thank my colleagues. I congratulate Senator SANTORUM for bringing this matter to the floor, and Senator SMITH, who has so long been a proponent of doing away with partial-birth abortion.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. SESSIONS. Mr. President, I thank the Senator from Ohio, Senator DEWINE for his eloquent remarks that were delivered in such a way as to touch the conscience of all of us. I join him in also thanking Senator SANTORUM for his insightful, intelligent, and passionate commitment to ending this horrible procedure which, by any definition, is not good for this country.

I also appreciate the leadership of Senator BOB SMITH, who is here tonight. Senator SMITH started this debate a number of years ago. I don't know if people thought he was even telling the truth about it or not. They didn't know it was really going on. But as time has gone by, we have seen more and more that this procedure is horribly true and much more common than we knew.

This is a bipartisan effort, Republicans and Democrats. We have joined together, and I think it is important we work together to not just talk about this problem but to end it.

Some, I think, would prefer not knowing about it. They do not want to be told the gruesome details of this procedure; how a child, a baby, just 3 inches from birth, is deliberately and systematically killed. That is not something people want to talk about. They cringe and wish it would go away. I wish the procedure would go away. Unfortunately, it has not. It is so cruel, so inhumane, and so unnecessary, I believe this legislation is justified and necessary to prevent it.

A number of people during this debate have expressed concern about the life of the mother. I have heard this argument during my time on the Senate Judiciary Committee, serving with Senator DEWINE and others. We have had a number of hearings on this subject.

The bill, crafted by Senator SANTORUM, provides for this contingency. It would permit this procedure, partial-birth abortion, but only “to save the life of a mother whose life is endangered by physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from pregnancy itself.”

These are the kinds of exceptions that are in this bill. Some may say, as most physicians do, that these exceptions are not necessary. It is never the kind of occurrence that would justify this procedure. But it is in this bill. It makes me wonder why those who are concerned about the health of the mother are not able to read those words and understand them. The truth is clear. This bill will not endanger the life of the mother.

The fact is, the American Medical Association has noted that this procedure is never medically necessary. It is not the kind of procedure we need to use. It is a convenient procedure that abortionists have found they like to use. I don’t think it is necessary and it should be outlawed.

So there is broad bipartisan support for the bill from both pro-life and pro-choice people. I think that shows what we are debating goes beyond the traditional debate on abortion. This support exists because the partial-birth abortion procedure deeply offends our sensibilities as human beings and as a people who care for one another, who know that life is fragile and believe that people need to be treated with respect and dignity and compassion. The Declaration of Independence notes life, liberty, and the pursuit of happiness, those are ideals of American life. A child partially born has those rights ripped from them in a most vicious way.

This is a dangerous policy. It is a thin line, a thin thread that we are justifying a procedure that is so much and, I think, in fact is infanticide. It is an unjustifiable procedure we are dealing with.

There has been a tremendous amount of debate on the number of partial-birth abortions performed each year.

The pro-abortion groups and others have emphatically insisted that the total number of partial-birth abortions performed was small, and they were only performed in extreme medical circumstances. Therefore, they say the Federal Government should not pass laws about it. But now we know the truth. It has come out in dramatic form. Their issue, that this procedure is rare and only for extreme circumstances, has plainly been established to be false.

These claims were either manufactured or disseminated in an attempt to minimize the significance of the issue.

As reported in a 1997 front-page article in the Washington Times, Mr. Ron Fitzsimmons, executive director of the National Coalition of Abortion Providers—let me say that again, the executive director of the National Coalition of Abortion Providers, who has been traveling the country and saying these procedures were rare—admitted, that he had “lied through his teeth” about the numbers of partial-birth abortions performed. Mr. Fitzsimmons estimated “that up to 5,000 partial-birth abortions are performed annually and that they’re primarily done on healthy women and healthy fetuses.”

That is a fact. That is what we are dealing with today. Those who would oppose this procedure, I believe, are not as concerned—or at least are not thinking clearly—when they suggest their opposition is based on their concern for the health and safety of the mother. I say to my colleagues on both sides of the aisle, how can we answer to our children, our constituents, and others if we allow children to be destroyed through this brutal partial-birth abortion procedure? So I think if we are a nation that aspires to goodness, that aspires to be above the course and to reach minimum standards of decency, this legislation is needed.

I find it very puzzling that there is such resistance to the banning of just this one brutal procedure. I ask myself, what is it? I have heard it said that, well, the people who oppose partial-birth abortions do so for religious reasons, as if that is an illegitimate reason. Was it illegitimate for Martin Luther King to march for freedom based on his belief in the Scriptures? It is not an illegitimate reason if you have a religious motivation. But that has been a complaint about those who would question this.

I have analyzed the opposition to this partial-birth abortion bill and I can’t see that it can be founded on law. I can’t see that it can be founded on science; the AMA says it is not necessary. I can’t see that it can be founded on ethics. Certainly, it seems to me that it is so close to infanticide—if not in fact infanticide—that it is difficult to see how it could be argued ethically. Why is it? The only thing I can see is that there is a sort of secular religious opposition to any control whatsoever on abortion—we will never agree to anything, any time, anywhere, no mat-

ter what you say. We are going to allow these procedures to go forward just as long as the abortionists wish to perform them and you, Congress, should never intervene in any aspect of it.

I don’t believe that is a rational argument. It is not justified. This legislation is specific; it is directed to a procedure that all good and decent people, I believe, if they knew the facts and studied it, would know to be an unacceptable procedure. It would ban one procedure and it would not affect other abortions. I think all good Americans should be for it. I will be deeply disappointed if the President of the United States insists once again on vetoing this legislation, which has the overwhelming support of the Members of Congress and the American people. I don’t see how it is possible that we continue to come back to this floor again and again over this issue. But it is going to continue because the procedure continues. Lives are being eliminated in a way that is unhealthy and not good for America. It is below the standards to which we ought to adhere. I thank Senator SMITH, who is here, and Senator SANTORUM for their leadership and dedication to this issue.

I yield the floor.

Mr. GRAMS. Mr. President, I offer my support today of S. 1692, the Partial-Birth Abortion Ban Act of 1999, introduced by my colleague, Senator SANTORUM. Congress has twice passed legislation outlawing partial-birth abortion, only to have it vetoed by the President for fallacious reasons. It is time that we close this shameful chapter in our nation’s history during which we have permitted the destruction of fully-formed, viable human beings in a most gruesome and shockingly cold-hearted manner. If there is a meaningful distinction between this abortion procedure and infanticide, it escapes me.

I know that there is a certain numbing fatigue that sets in when we are forced to once again review the details of the partial-birth abortion procedure. But we must not let our aversion to the particulars of the procedure cause us to turn away from addressing the cruel injustice of it. I commend Senator SANTORUM for his persistence in pursuing this legislation. Congress must keep the pressure on President Clinton to stop opposing the bill and sign it into law.

It is time for President Clinton to abandon the false claim that somehow this bill would jeopardize the health of a mother unless a so-called health exception permitting the procedure is not added to the bill. President Clinton knows that the term “health” in the context of abortion has become so broadly defined by the Supreme Court that it would strip this bill of any force, and would render the entire bill meaningless. Former Surgeon General C. Everett Koop has denounced this false argument, asserting that “partial-birth abortion is never medically

necessary to protect a mother's health or her future fertility. On the contrary, this procedure can pose a significant threat to both." The American Medical Association has also expressed support for the partial-birth abortion ban, noting that the Santorum bill "would allow a legitimate exception where the life of the mother was endangered, thereby preserving the physician's judgment to take any medically necessary steps to save the life of the mother."

The bottom line is, the alternative bill that has been offered by the minority leaders in the past, and which we will likely see again, extends no real protection at all to unborn children. Again, the so-called health exception it adopts essentially renders the bill meaningless, and offers opponents to the Santorum bill only a cosmetic, public relations cover to veil their commitment that abortion should be free of any reasonable restrictions.

To allow this partial-birth procedure to continue to be performed across our land cheapens the value of life at all stages, for the unborn, the physically handicapped, and the feeble elderly. Our government must affirm life and not let our civil society decay into a mentality that only the strong and self-sufficient should survive and the weak can be considered expendable.

President Clinton once said that he wanted abortion to be "safe, legal, and rare." He has worked very hard to keep it "legal," in the sense of being completely free of any restrictions. It is now time for Congress and the President to make the partial-birth method of abortion truly rare by passing and signing S. 1692.

Ms. SNOWE. Mr. President I rise today to oppose the so-called "Partial Birth" Abortion Ban.

In 1973 the Supreme Court held that women have a constitutional right to an abortion. That decision—*Roe v. Wade*—was carefully crafted to be both balanced and responsible while holding the rights of women in America paramount in reproductive decisions. This decision held that women have a constitutional right to an abortion, but after viability, states could ban abortions as long as they allowed exceptions for cases in which a woman's life or health is endangered.

The legislation before us today is in direct violation of the Court's ruling. It does not ban postviability abortions as its sponsors claim, but it does ban an abortion procedure regardless of where the woman is in her pregnancy. And this legislation, as drafted, does not provide an exception for the health of the mother as required by law, and provides a very narrow life exception. In fact, the legislation's exception only allows that the ban, and please let me quote from the bill here, "shall not apply to a partial-birth abortion that is necessary to save the life of a mother whose life is endangered by a physical disorder, illness, or injury." Not her health, but only her life.

There is no question that any abortion is an emotional, wrenching decision for a woman. No one would debate this. And when a woman must confront this decision during the later stages of a pregnancy because she knows the pregnancy presents a direct threat to her own life or health, the ramifications of such a decision multiply dramatically.

We stand on the floor of this body day after day and pontificate on laws, treaties, appropriations bills, and budget resolutions. But how often do we really, truly consider how a piece of legislation will affect someone specific . . . a wife or a husband . . . a mother or a father? And I don't mean knowing how the budget numbers or appropriations will generally help our constituents, I mean considering the very, very personal lives of our constituents.

This last March the Lewiston Sun Journal, a paper in my home state of Maine, ran an article about a woman in Maine, one of the women that I was elected to represent, who had faced the heartbreak decision of a late-term abortion. Before I tell my colleagues her story, I ask unanimous consent that this article be printed in the RECORD at the conclusion of my remarks.

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

(See Exhibit 1.)

Ms. SNOWE. Mr. President, Barbara and her husband had been ecstatic when they discovered that they were expecting a child—an unborn daughter they would name Tristan. But this anticipation and delight turned to profound sorrow when, at 20 weeks into the pregnancy Tristan was diagnosed with a rare genetic disease called Edwards' syndrome. An extra chromosome in Tristan's DNA had caused lethal abnormalities.

The Sun Journal reports that "Their daughter would have severe heart and gastrointestinal problems, they were told. In an ultrasound image, they could already see cystic tissue forming on top of Tristan's brain and partly outside of the skull tissue. The shape of her stomach and diaphragm muscle were abnormal. Her diaphragm was perforated. Her stomach was growing in her heart and lung cavity. In all likelihood Tristan wouldn't be born alive. She probably would suffocate before that because her lungs would be so underdeveloped. Barbara and her husband were told that no surgery could or would be possible." In fact, doctors predicted that Tristan would probably die before she was born. And if not, she had a 95 percent chance of dying before her first birthday.

Barbara told the Sun Journal that "It seemed to us that it would be cruel, that it would be absolute torture to put our little girl through the pregnancy. . . . With her heart and her lungs being crushed by her stomach and her diaphragm. We were worrying what it would feel like. What sensation she might be experiencing as the cystic tis-

sue continued to grow on her brain." And as Barbara and her husband consulted other medical specialists and prayed over the fate of their daughter, Barbara remembers that "I was so afraid for my baby. I didn't want her to feel any pain in the last hours of her life. . . . It wasn't really life yet. She wasn't born."

Barbara remembers that "Loving the baby was never part of the discussion. . . . Of course you would love the baby no matter what was going on, disability or healthy. I think sometimes there's a misperception about that, that love might be conditional based on whether it's a perfect fetus or not."

This family in Maine is what the debate today is really about—when does the State have the right to tell Barbara and her husband that they cannot have the abortion they believe to be the best medical procedure? A procedure that will protect her health and her future fertility? At the very end of her story, Barbara tells the Sun Journal that women who have abortions are unfortunately "portrayed as some kind of careless monsters without any kind of moral direction. The people who know me would be aghast that that's how I'm seen by people who don't even know me."

I stand before this body today and I am saddened that there are those out there who would so judge Barbara and her husband. Because I do believe they have moral direction—and I don't believe that I or my fellow Senators should be able to tell them when a decision such as this is wrong or medically inappropriate. I don't believe that I have the medical training necessary to decide when one type of medical procedure is best used over an alternative procedure.

And let there be no doubt about it, this legislation does nothing but create an inflammatory political issue. This legislation does nothing to end postviability abortion—nothing—or to prevent unwanted pregnancies. And courts around the country have recognized this.

In fact, of the 30 states that have enacted legislation banning so-called "partial birth" abortions, there have been 21 court challenges and 19 of these challenges have been either partially or fully enjoined while their constitutionality is considered. Four U.S. Courts of Appeal have ruled on the issue—and just this September, the U.S. Court of Appeals for the Eighth Circuit affirmed three trial court injunctions on partial birth abortion bans in Arkansas, Iowa, and Nebraska.

When the Kentucky District Court overturned its State's ban on these so-called "partial birth" abortions this year, the author of the decision, the Honorable John G. Heyburn, II, said "By adopting a considerably less precise definition of a partial birth abortion, the legislature not only defined the terms of its prohibition, but also said a lot about its own collective intent. Though the Act calls itself a partial birth abortion ban, it is not. The

title is misleading, both medically and historically. . . . A few [legislators] seem to disregard the constitutional arguments and push for language which they believed would make abortions more controllable."

And though proponents of this legislation claim that these bans address only one abortion procedure, courts have disagreed. Last year, the Honorable Charles P. Kocoras, a U.S. District Judge for the Northern District of Illinois, also struck down an Illinois law banning these so-called partial birth abortions. In his opinion Judge Kocoras stated that, "[The Act] has the potential effect of banning the most common and safest abortion procedures. . . . To ensure that her conduct does not fall within the statute's reach, the physician will probably stop performing [all] such procedures. . . . Because the standard in [the Act] effectively chills physicians from performing most abortion procedures, the statute is an undue burden on a woman's constitutional right to seek an abortion before viability."

And this year, the Honorable G. Thomas Porteous, writing for U.S. District Court for the Eastern District of Louisiana said that the Louisiana "Partial Birth" Abortion ban "advances neither maternal health nor potential life and clearly would create undue burdens on a woman's right to choose abortion. At most, the Act may force women seeking abortions to accept riskier or costlier abortion procedures which nevertheless result in fetal death."

Riskier or costlier? At what price? Can you ask Barbara and her husband to risk that? They desperately wanted their baby—and though they were faced with losing her they knew that they would want to try again. Four years later they have a beautiful 2½-year-old daughter. But they would not have this daughter nor even had the chance to try again had Barbara been forced to have a procedure that threatened her ability to have another child. What if the riskier or costlier procedure Judge Porteous referred to had been a total hysterectomy?

Is this what we really want? To put Barbara's health and life at risk? To put women's health and lives at risk? Shouldn't these most critical decisions be left to those with medical training, and not politicians?

I believe so. I believe that a decision such as this should only be discussed between a woman, her family, and her physician. I am absolutely and fundamentally opposed to all post-viability abortions except in the instances of preserving the life of or preventing grievous physical injury to the woman. This legislation neither provides for those exceptions nor does it prevent post-viability abortions.

I yield the floor.

EXHIBIT I

[From the Lewiston (ME) Sun Journal, Mar. 7, 1999]

ABORTION: ONE WOMAN'S STORY (By Christopher Williams)

For weeks Barbara and her husband had consulted medical experts and researched scientific journals. They meditated and prayed.

To the visible mound protruding above her waist Barbara spoke quietly, lovingly. She sang to it. She sometimes felt the light flutter of kicks.

The day before final tests had confirmed the diagnosis, Barbara and her husband had named their unborn daughter Tristan, which means tears and sadness.

Then the time came for Barbara's decision. It's not the kind of choice that any mother ever wants to have to make.

She would have an abortion.

"I didn't feel like I was taking my baby's life away," she says "I felt like it had already been taken away from her. And all that was left for me to have any control over was what was going to be the least painful for her."

QUALITY OF LIFE

It was the last day of summer.

Barbara made the 2½-hour trip from her Camden home to Portland. She rocked all night in a motel room, crying, unable to stop.

At 20-weeks, Tristan had been diagnosed with a rare genetic disease called Edwards' syndrome. An extra chromosome had caused "lethal" abnormalities.

Doctors said Tristan would probably die before she was born. If not, she had a 95 percent chance of dying before her first birthday. No surgical options could correct the multiple birth defects.

"It seemed to us that it would be cruel, that it would be absolute torture to put our little girl through the pregnancy," Barbara recalls. "With her heart and her lungs being crushed by her stomach and her diaphragm. We were worrying what it would feel like. What sensation she might be experiencing as the cystic tissue continued to grow on her brain."

As Barbara continued rocking in her motel room, cramps from medicine preparing her for the abortion gripped her insides.

"I was so afraid for my baby. I didn't want her to feel any pain in the last hours of her life," she says adding, "It wasn't really life yet. She wasn't born."

She also was "grateful" that she didn't live in a state that would "force me to carry her to term because I knew at that moment, in those hours, that if I had, I probably would have cracked up."

The strain would likely have landed end of the process. To have done that, feels to me, like it would have been the epitome of selfishness."

The last few days, Barbara had been jolted awake by nightmares, including "ghastly images." In one of the dreams, a python had devoured her youngest niece.

The dishes had piled up in the sink. Housework was forgotten. Tristan was the only thing they talked about.

THE ABORTION

The abortion was scheduled for Sept. 23, the first day of fall.

There was only one place in Maine where an abortion could be performed in the 20th week of a pregnancy.

Barbara would have a procedure called a dilation and extraction. Her cervix was slowly dilated. Then the fetus was extracted. The method would be less damaging to her uterus and therefore to her future fertility.

Rain poured down. By noon the sky had darkened, turning an eerie greenish yellow.

Barbara imagined it was "crying as deeply as I was because that day I was losing Tristan."

She wandered around the halls of the hospital guided by her husband's hand on her elbow. She remembers staring at signs, but not understanding their meaning. Studying the words, she didn't know what she was reading.

In the waiting room, she shook uncontrollably and kept breaking into sobs, consoled by her husband.

"I couldn't stop them. I kept trying to think of anything to shut down the tears. Sitting in that waiting area. Just kept crying and waiting."

A nurse's clipboard recorded Barbara's demeanor as "appears emotional."

The abortion took 45 minutes. She asked for general anesthesia. Then she spent about an hour recovering before she was allowed to leave the hospital.

Driving back to Camden, she reclined in the seat, putting her feet on the dashboard. It was raining even harder.

"The sky was so dark. And it was only mid-afternoon, early evening. It was much darker than it should have been."

GRIEF

But that was just the beginning, Barbara says.

For the next two years, she cried every day. The first year, several times a day.

"I don't mean light crying, where you can sort of keep it back. I mean it would kind of well up from my center and it just didn't seem to stop. It seemed to be bigger than the person who's doing the crying. There was so much grief over the baby I'd hoped for," she says.

She wasn't grieving her decision to have the abortion, Barbara says, "That's a very important distinction." That decision was the "most humane choice possible for Tristan."

Instead, she was grieving for the child she didn't have.

"I had so much grief for the baby that I had fantasized about. A vibrant, healthy little girl."

For the two years following her abortion, Barbara was treated by a therapist who helped her to work through the grief.

She decided not to join the support groups for parents who suffered the loss of babies due to stillbirth, miscarriage or "other means," as if it's a "dirty phrase" to say abortion.

Yet, Barbara says she is "very careful" about revealing the details of how her pregnancy ended.

"By and large most of the people I'm close with I would describe as moral, ethical people and without exception they were all supportive about the decision we had made, which is not to say they would have done the same thing," she says.

"But they seemed to inherently understand that if you're not in the situation, how could you possibly know all the ins and outs of the circumstances and come up with the universal which is right and which is wrong, a cookie-cutter answer for someone else's baby."

FEAR

Four years later, Barbara sits on the couch in her cottage overlooking the water. Her legs are tucked under her and her 2½-year-old daughter is asleep on her breast.

Outside, in the garden, a dark gray angel cherub perched on the edge of a scallop shell keeps watch.

A week after the abortion, Barbara and her husband bought the sculpture, which doubles as a bird bath. Each summer, they plant marigolds around it and a bleeding heart behind it.

On the first day of November every year, they sprinkle marigold petals from the garden to the steps of the house. It's a Catholic

tradition in Mexico performed during the day of the dead, she explains. The petals are intended to lead Tristan back to hearth and home. Barbara learned of the ceremony when she lived in New Mexico and made frequent trips over the border.

Their daughter knows about Tristan. Sometimes she wanders over to the angel, talking to the statue and stroking its smooth stone surface.

"She knows there was a baby named Tristan who wasn't born, who was in mommy's tummy," Barbara says.

Barbara asked that her last name not be used, fearing harassment or intimidation by those who disagree with her decision to seek an abortion.

She sees a growing threat to abortion access around the state. A citizens' petition aimed at "partial birth" abortions is clearly an attempt to further erode reproduction rights, she says.

Although she and her husband collected all of the information about Tristan and discussed the options for weeks, Barbara says he recognized who had to make the final choice.

"He was being very clear that ultimately it was my body that we were talking about." But others don't.

"Today, we're portrayed as some kind of careless monsters without any kind of moral direction. The people who know me would be aghast that that's how I'm seen by people who don't even know me."

Mr. FEINGOLD. Mr. President, I want to take the opportunity to state my position on S. 1692, and to explain the reasons why I will again oppose this legislation.

I respect the deeply held views of those who oppose abortion in any circumstances. I have always believed that the decisions in this area are best handled by the individuals involved, guided by their own beliefs and unique circumstances, rather than by government mandates.

Second, like most Americans, I would prefer to live in a world where abortion is unnecessary. I support efforts to reduce the number of abortions through family planning and counseling to avoid unintended pregnancies.

I support *Roe v. Wade*, but I also understand that some restrictions on abortion can be constitutional when there is a compelling State interest at stake. I have previously voted to ban post-viability abortions unless the woman's life is at risk or the procedure is necessary to protect the woman from grievous injury to her physical health. That is why I will vote for the Durbin alternative to S. 1692. I conduct a Listening Session in every one of Wisconsin's 72 counties every year. In 1997 and 1998, hundreds of Wisconsin citizens came to talk to me about their serious and sincere concerns that, in some nearby states, abortions are being performed very late in pregnancy for reasons that they believe are not medically indicated. I support legislation that will actually reduce the total number of late-term abortions while providing reasonable exceptions when necessary to deal with serious medical situations. I am disappointed that the proponents of S. 1692 have steadfastly refused to accept any amendment, no matter how tightly crafted, which

would include provisions to protect women's physical health. This intentionally polarizing approach is the reason people suspect that the objective of the bill is to further a political issue rather than change the law.

I am concerned that S. 1692 will not stop a single abortion late in pregnancy. The bill, by prohibiting only one particular procedure, creates an incentive for an abortion provider to switch to a different procedure that is not banned. The Durbin alternative amendment would stop abortions by any method after a fetus is viable, except when serious medical situations dictate otherwise.

I am supporting the Durbin amendment because it recognizes that, in some circumstances, women suffer from severely debilitating diseases specifically caused or exacerbated by a pregnancy or are unable to obtain necessary treatment for a life-threatening condition while carrying a pregnancy to term. The exceptions in the Durbin amendment are limited to conditions for which termination of the pregnancy is medically indicated. It retains the option of abortion for mothers facing extraordinary medical conditions, such as: breast cancer, preeclampsia, uterine rupture, or non-Hodgkin's lymphoma, for which termination of the pregnancy may be recommended by the woman's physician due to the risk of grievous injury to the mother's physical health or life. In contrast, S. 1692 provides no such exception to protect the mother from grievous injury to her physical health. At the same time, by clearly limiting the medical circumstances where post-viability abortions are permitted, this legislation prohibits these procedures in cases where the mother's health is not at such high risk.

I also feel very strongly that Congress should seek to restrict abortions only within the constitutional parameters set forth by the U.S. Supreme Court. I would have preferred that S. 1692 had been reviewed by the Judiciary Committee on which I serve, rather than having been placed straight on the Senate calendar. I believe S. 1692 raises significant constitutional questions, and with court decisions in 19 of the 21 states where state legislation similar to S. 1692 has been challenged, the Judiciary Committee should have reviewed this bill prior to its consideration on the Senate floor.

S. 1692, by prohibiting a procedure whenever it is used, breaches the Court's standard that the government does not have a compelling interest in restricting abortions prior to fetal viability. However, I am also aware that some of the recent decisions on state legislation similar to S. 1692 raises questions about whether an exception for grievous physical injury may be too narrow. To date I have supported this very narrow definition of the exception necessary to protect the physical health of the woman while balancing concerns that abortion late in pregnancy should only be used in rare cir-

cumstances. I have specifically voted for the Daschle amendment last Congress, legislation which exactly reflects this position. The Durbin amendment contains similar language.

The Durbin amendment goes farther than the Daschle amendment in ensuring that the exceptions to the ban on post-viability abortions are properly exercised. It requires a second doctor to certify the medical need for a post-viability abortion. The second doctor requirement is intended to ensure that post-viability abortions take place only when continuing the pregnancy would prevent the woman from receiving treatment for a life-threatening condition related to her physical health or would cause a severely debilitating disease or impairment to her physical health.

The Durbin alternative amendment strikes the right balance between protecting a woman's constitutional right to choose abortion and the right of the state to protect future life. It protects a woman's physical health throughout her pregnancy, while insisting that only grievous, medically diagnosable conditions could justify aborting a viable fetus. Both fetal viability and women's health would be determined by the physician's best medical judgement, as they must be, in concurrence with another physician.

I hope, as we vote today, we do so in full knowledge of the strong feelings about this issue on all sides. We should respect these differences, avoid efforts to confuse or trick each other and the public, and maintain a level of debate that reflects the importance of ascertaining the truth about this issue and finding responses that are sensitive and constitutionally sound.

The PRESIDING OFFICER (Mr. BROWNBACK). The Senator from New Hampshire is recognized.

ORDER OF PROCEDURE

Mr. SMITH of New Hampshire. Mr. President, I ask unanimous consent that immediately following my remarks there be a period for the transaction of routine morning business.

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

Mr. SMITH of New Hampshire. Mr. President, I thank my colleagues, the Senators from Ohio, Mr. DEWINE, and Alabama, Mr. SESSIONS, for their kind remarks. It has been a long, long struggle, and we are still not there yet. It is very frustrating to this Senator, who initially came to the floor in the mid-1990s, the early 1990s, in 1994 and 1995, where I found out these kinds of procedures were occurring, the so-called partial-birth abortions. I was shocked and I could not believe that in America we would be doing anything like this. This is America, I thought, we can't be killing children inches from birth. It makes no sense.

So I sought answers and talked to a number of people, including a nurse who had witnessed them. After getting all of that information together, I decided to write a bill banning partial-

birth abortions. Here we are. Each time we have passed it here, it has been vetoed by the President of the United States, regretfully. I think it has been two or three times now. There will be another veto coming if we pass it again. But initially, when we started, we only had 25 to 35 votes on the floor because we were told it was only four or five times a year. Then we were told it was maybe 15 times a year. As the years progressed, we found out this is on demand and is not strictly for abnormalities at all but, rather, on demand, for any reason, if a woman chooses to have such a procedure.

So it has been a long struggle. As I listened to the debate—and I have been on the floor all day listening to my friend, RICK SANTORUM, the Senator from Pennsylvania, who has done such an outstanding job on this issue. He is very passionate. You need to be passionate on this issue. I don't know how anybody can come down on the floor of the Senate and talk about this issue and not be passionate. We are killing unborn children who are in the process of exiting the birth canal. That is what needs to be understood. I ask my fellow Americans and my colleagues, don't we have better things to do than that here in America?

I am proud to say that I, to some extent, exposed this horrible procedure, establishing that it did take place. I am proud to say that I exposed it for what it is—infanticide, or murder. That is what it is. We are killing children as they exit the birth canal, and we are putting all kinds of labels on this process. We are saying all kinds of things to cover up what is happening. I remember—how well I remember—the incredible amount of flack I got for standing on the Senate floor with a plastic medical doll. The liberal press called it a plastic fetus. There is no such thing. It was a medical doll. And with a pair of scissors, I demonstrated how this process worked because I thought the American people needed to know what was happening.

I was terrorized, if you will, by the press, bashed, called a “right-wing extremist,” and “out of the mainstream.” Of course, those people who commit these acts of violence against these children are not extreme in the eyes of the media, which is fascinating.

President Bill Clinton personally came to my State, as did Vice President Gore, as did Mrs. Clinton, and campaigned against my reelection in 1996 on this issue. It was ugly; it was nasty; it was brutal. But, you know, for every one of those arrows that I took, I said to myself, it is all worth it because these children can't speak for themselves. They do not have the opportunity to stand here on the Senate floor. They don't have a representative here unless we do it for them. They don't get a chance to say I would like to be born. They don't have that opportunity.

So I am proud to take every arrow they can throw, shoot, or whatever

they want to do. I take it as a badge of honor. And I am glad to do it.

I got an incredible amount of flak from the media on this to the extent that they have distorted what I said. It is interesting to read “mainstream” respectable papers such as the New York Times and find that they cannot get it right. We called a number of times to correct these papers and reporters to tell them that the things they were saying I did I didn't do.

For example, they said, as I indicated earlier, that I waved a plastic fetus around on the floor of the Senate when it was a little medical doll. They did get the scissors right. They also then said I showed pictures of aborted children on the floor of the Senate, photographs, which was not true. I showed a photograph of a child who had been born prematurely and had lived. That, I did show. In fact, some of them went so far as to say that I actually showed photographs of an actual abortion, which, again, was not true. They had a heyday at my expense. I lived through it all. I am proud of it.

People said, well, you know you made a mistake, Senator, that almost cost you your election last time. You know you did all of this on the Senate floor.

I would do it again. I am going to do it again right now for whatever time it takes for me to make the point that I want to make tonight.

There are several points that I want to make.

One of them that I want to make is that this is a disgusting, dark, horrible game we are in, this abortion industry. And somebody needs to take a flashlight or, bigger than that, a searchlight and shine it into this industry so that we find out exactly what is going on in this abortion industry. It is not just partial-birth abortion. It is abortion in general.

It is a dirty business. It is a profitable business. There are people making money out there at the expense of young women, young mothers, who are in a terrible dilemma. They are making money on them.

We are going to find out, as I move through my presentation tonight, that we are going to be talking about some things in this industry that aren't too pleasant. It is not just that they are making money on the women. We will get into that a little bit further in a moment.

But I think most Americans, if they knew what was going on, would be disgusted, appalled, sickened, and angry that such a brutal act as killing a child with scissors to the back of the head, with no anesthesia, in the act of birth, would go on in this America—defenseless in America, a defenseless little unborn child. We do it at random. We do it 4,000 times a day, every day—not just partial birth but abortions in general, 4,000 of them every single day. We don't know how many partial births. It doesn't matter; it is still the killing of a child.

I ask my colleagues and those who may be watching out across America tonight: If you saw an article in your local paper tomorrow that said that all of the puppies and all of the kittens in your local SPCA that no one adopted were going to be killed tomorrow with no anesthetics, with a needle to the back of the head to suck out the brains of those animals, what would be your reaction? I guarantee you there would be people marching down in front of the SPCA, and it wouldn't happen. But that is what we are doing to our children.

I know it is not pleasant to talk about. I don't like to talk about it.

I wish I didn't have to stand on the floor of the Senate as some of the great orators and great Senators of all time have stood and debated the issues of the day. Think about it, the issues of the Civil War, the issues of federalism, and civil rights, all of the great issues of the day that have been debated right here with some of the greatest people—John C. Calhoun, Daniel Webster, at whose desk I sit—the great debates that have taken place in here. Yet because this President refuses to stop this procedure, we are down here now again for the fifth or sixth time debating this again trying to stop this horrible, horrible procedure that kills unborn children.

Why are we surprised, my fellow Americans, when we pick up the newspaper and read somewhere that a mother flushes her child down the toilet or that somebody shoots somebody in school? Why should that surprise you? What message are we giving to our children? We are telling them every day: Children, you are expendable. You are not important. Go to school today, Johnny. You be a good boy. While you are in school doing your class work, and then you come home to do your homework, we are going to abort your sister.

Kids understand. They know what is going on. They are smarter than you think they are. They know what is going on. They read about this stuff. They hear it. Some of them are listening to this debate right now. They know what is happening.

Yet as horrible as this procedure is, and as many times as so many people have been down on this floor, as my two colleagues a moment ago did, eloquently discussing this issue and talking about how horrible it is, as I have done, as Senator SANTORUM has done in great detail over the years, as many times as we talk about it, we still can't get enough votes to override the veto of the President of the United States.

It is frustrating. I tried one time to meet with the President of the United States personally on this issue. I asked him for 15 minutes of his time. I said, I will go on the record, off the record, with staff, without staff, personally, with just you and me, whatever you want. Just give me 15 minutes. I couldn't get it. He wouldn't deal with me. He wouldn't talk with me about it.

This procedure that kills a child, as you have seen it described—I will not go through the description again—is legal in all 50 States of the United States of America.

In addressing the controversy over the partial-birth abortion method, the National Abortion Federation has written to its membership and said don't apologize for this process. Do not be on the defensive for killing children this way because it is a legal procedure. It is legal to do this. So don't apologize for it. When somebody says, oh, you know, you took scissors to the back of a head and you killed a little baby coming out of the birth canal, don't apologize for that, they say. It is right in their literature because it is legal.

This is America. America, America, we sure need help. If we ever needed God to shed his grace on this great country, it is now. We are killing the posterity that the Founding Fathers talked about—our posterity, our children. We are killing them every single day—not just with partial-birth abortion but with all abortions—4,000 a day. Think of it: 4,000 abortions a day in this country; 4,000 children—children. Let's use the correct term.

Many of my opponents argue that this procedure is necessary to preserve the health of the mother. I am going to dispel that myth in great detail in a little while. I hope you are listening because it is a myth. It is not done for the health of the mother; it is done for the profit of the abortionist.

President Clinton twice vetoed this legislation with false and deceptive information and justification.

How does partially delivering a living child and then restraining it from exiting the birth canal so that only the head remains in the womb possibly enhance the health of a mother?

I have asked that question on the floor 100 times, and I can't get an answer. You have to understand now. The child is exiting the birth canal. The abortionist is holding the child—actually holding that child—in his or her hands and forcefully stopping the head from exiting the birth canal because once the head exits the birth canal, it is a birth. It is a birth.

What is he holding? Is that not a child? What is that part of the body? The feet, the legs, the torso, the shoulders, the hands, what is that? That is not supposed to be a child? If the baby turned around and exited headfirst, you couldn't do it because then it is born.

That is a pretty fine line. That is a pretty fine line. They do that in the name of the mother's health? You have got to be kidding me.

What is wrong with this country? Where are we going? We have to stand down here on the floor of this Senate and protect and fight to protect the lives of children, our children, killed in this way every day in America, every day. We can't win because the President will veto what we pass with about 63 or 64 votes. He will veto it. We need 67 votes.

President Clinton's claim that partial-birth abortions are only undertaken to protect the mother from serious injury to her health has been conclusively proven to be false. When he says that—and he will when he vetoes it—he is not telling the truth. In fact, the vast majority of partial-birth abortions are performed on perfectly healthy women with perfectly healthy babies—that is the truth—80 to 90 percent, perfectly healthy women, mothers and babies.

The Nation's leading practitioner of partial-birth abortion, Dr. Martin Haskell of Ohio, has been quoted extensively today. He said in the American Medical Association's American Medical News:

I'll be quite frank. Most of my abortions are elective, in that 20 to 24 week range. In my particular case, probably 20 percent are for genetic reasons and the other 80 percent are purely elective.

That is the abortionist speaking. That is not me. It is not some pro-life organization. That is the abortionist.

He said 20 to 24 weeks; 24 weeks is a 6-month fetus.

I want to share with my colleagues a phone call I received in my office a few months ago from a 9-year-old girl. She said to me: Senator, I heard you were very much pro-life. I want to give a message that I would like you to share with your colleagues and with the American people as you travel around the country.

She said: I want them to know that I'm now 9 years old but my Mommy gave birth to me at 5 months; she was 5 months pregnant, and I lived and am here to tell you and tell America that babies at 5 or 6 months in the womb can survive. I'm glad my Mommy didn't pick that option.

When somebody says we are not taking the lives of unborn children, we are not taking the lives of people who have an opportunity to be productive members of our society, they are wrong.

At the White House veto ceremony Mr. Clinton hosted the last time he vetoed the partial-birth abortion ban, he presented five women at a press conference whom the President said "had to make a lifesaving, certainly health saving but still tragic decision, to have the kind of procedure that would be banned by H.R. 1833." That is, the ban of partial-birth abortions.

The President around this town and around America doesn't have the greatest reputation for telling the truth, and he didn't tell the truth there either. Despite saying those five women had health-saving partial-birth abortions, one of the women involved in the press conference later publicly admitted neither her abortion nor those of any of the other four women was actually medically necessary.

Two days after the ceremony, one of the five women, Claudia Ades, appeared by telephone on a radio show in Mobile, AL, and quotations from the interview appear in the May-June 1996 edition of the newspaper *Heterodoxy*. During the

course of the radio show, she told Mr. Malone, the MC: This procedure was not performed in order to save my life. This procedure was not performed in order to save my life.

This procedure was elective. That is considered an elective procedure, as were the procedures of all the other women who were at the White House veto ceremony.

Here again, President Bill Clinton is using people and not telling the truth.

The health-of-the-mother exception is so broadly defined, it would include the mother's emotional health, let alone physical health.

I don't enjoy talking about this stuff on the Senate floor. I don't enjoy standing here and talking about the fact we are killing our children. Who does? If we don't, it will keep on happening. Some in politics, some even in the Republican Party, the pro-life party in America supposedly, said we shouldn't talk about this issue; it is too controversial; let's sweep it under the rug and try to be less confrontational, be more together.

I don't believe we ever would have ended slavery or segregation or any of the other great issues we resolved in American history if we hadn't talked about it, if we hadn't faced it. Suppose Lincoln had said: I'm totally opposed to slavery, but my neighbor wants to own a couple of slaves; that is OK with me; I will not make a big deal out of it.

So we can take that approach on abortion and say, I'm personally opposed to abortion but my neighbor wants to have an abortion; that is OK with me.

Somebody has to stand up for 4,000 babies a day who are being killed in this country by all abortions. I don't mind being that person, I will be very honest. If that means I lose an election somewhere, that is fine with me. I am not here to compromise my views to win elections. I am here to lead, to stand up on principle. Otherwise, I don't want to be here. Anybody who stands here and says they are afraid to discuss this issue or won't come down here and discuss this issue because they are afraid they might leave ought to resign because they are not bringing dignity to this body. They should stand up and passionately fight for what they believe.

I will review in a few moments some very dirty, disgusting little secrets about the abortion industry in this country. It doesn't apply strictly to any one type of abortion; it applies to abortions in general. It is not pleasant. It is not pretty. It is pretty graphic. But I am going to talk about it because the American people need to understand what is going on. These children don't have a voice. They can't ask for the opportunity to be born.

Imagine, since *Roe v. Wade* passed—and we will have a vote on that very shortly, tomorrow, this infamous *Roe v. Wade* decision in 1973—40 million babies have died in this country. I don't want anyone to misunderstand me lest

I am accused of misusing facts. All abortions, including partial-birth abortions—40 million babies.

Have you ever stopped to think what some of those babies might have grown up to be had they had the chance? I wonder if there is a President in that group. How about a doctor? How about a cure for cancer? Maybe there is a scientist who would cure breast cancer—wouldn't that be ironic—or cure any type of cancer, or perhaps discover some big secret in the universe, maybe even a Senator. Never to have a chance to live their dream, never to have a chance to grow up, have a family, to pursue their dreams—gone, down the drain. They didn't have a chance to talk about it, didn't have a chance to even ask for mercy; they were just eliminated.

Do the math. We have about 260 million Americans. We have killed 40 million of them in the years since *Roe v. Wade*, and we have people on this floor bragging about *Roe v. Wade*, what an important decision it is and has been in American history. You bet it is important; they are right about that.

We took the lives of 40 million of our fellow citizens, 40 million people who never get a chance to pay Social Security taxes or pay any taxes or build any bridges or buy any products or contribute any money to the U.S. Treasury, if you want to put it in those terms, never, never had a chance. Mr. President, 40 million children, one-seventh of the entire U.S. population, one-seventh, and we are killing them.

You do not think we have some cultural problems in America? Unbelievable. I would like to ask all of you listening to answer this question silently to yourself: If you knew a woman who had three children born blind, two children born deaf, and one child born retarded, she was pregnant again and she had syphilis, would you recommend she have an abortion? Answer to yourselves out there. I will give you a second.

Guess who you just killed? Beethoven. That was Beethoven's mother, a pretty fair contributor, I would say, to the arts of the world, and this country. Who are we, *Roe v. Wade*? Who are we to do that to the Beethovens, the potential Beethovens of the world? This is a sick society, for people to stand down here and defend that, and that is what we are doing.

Mr. President, 95 percent or more of all abortions are used for birth control, 1 or 2 percent of all abortions performed are done because the life of the mother was threatened or she was raped or sexually abused by a member of her family—a small minority. That means over 38 million abortions occurred for a variety of reasons that boil down to one word—convenience. It is convenient. That is what it is, convenience. The mother was too old, maybe too young, in high school, maybe in college, had to work, didn't have a husband, didn't have a boyfriend; it wasn't in her best interests to have the baby;

she had her whole life ahead of her. Pick any excuse, pick any reason. Pick the one you like, but that is the reason—convenience. It is a little inconvenient, isn't it? I have raised three children. Sure, it is inconvenient. But they are beautiful and I am sure glad I have them, and I am sure glad nobody made the decision to end their lives.

I know many of these desperate young mothers myself. I serve on the board of a home for unwed mothers. I have raised money for homes for unwed mothers. I have compassion for these mothers and for those who have gone through a horrible experience of having an abortion, or struggling in terms of whether to have the abortion or not, or whether to give the child up for adoption or to keep it.

I must say to any woman out there listening to me tonight, any mother, there are people out there who will help you. There are people out there who will help you. You do not have to have an abortion and you don't have to listen to one side of the argument. Ask. If you want help, call my office; I will put you in touch with people who will help you. It would be my honor and privilege to do that. Don't have an abortion; have your child like I did, my wife and I. You will be glad you did when you get down the road. You will be very glad you did.

You have other options available, options that will benefit you, that will benefit your child. Choose adoption or choose to keep your child. There are people out there who want to love that child. In either case, adoption or keep your baby, choose life. I beg you to do that, please. Do it for yourself; don't do it for me. Do it for yourself and for your baby. You will be glad you did. I promise you will. It will be tough for awhile but you will.

All across the fruited plains of America runs a river of abortion—blood. School shootings, we blame guns for that. After all, it could not possibly be our fault. Babies born alive left in trash cans: A young woman who goes into a restroom, gives birth to a child and throws it in the trash can can be prosecuted for murder. If she had a partial-birth abortion 5 minutes before that happened, it is all legal. Is there any difference in terms of the result, the child? It is still a child, isn't it?

Why are we here today? I just told you a few moments ago. It is to outlaw a cruel, inhuman procedure used for late-term abortions, a process so barbaric and so inhuman we would not even do it to animals. We wouldn't even think of it, I promise you. It is not being done to animals anywhere in the country.

We fell three votes short last time to override this President. I would give anything to have this President change his mind and not veto this. Do you realize how many children died since then? We don't really know. We know there are thousands who die from partial-birth abortions every year. If you multiply that by 4 or 5 years, we know

it is probably in the vicinity of 15,000. I don't know what the number is. Whatever it is, it is too many. But hundreds, if not thousands, of young children are gone, just because the President of the United States refused to sign that bill; three votes short of an override. You talk about whether one vote means something or two votes mean something? You bet they do. If you are out there somewhere in America and you think I am right, you ought to take a look at who your Senators are and see how they are voting on this because those votes are going to cost lives. We are not talking about budgets. We are not talking about taxes. We are not talking about things such as that. We are not talking about anything other than lives, American lives, little babies.

Generically, without singling anybody out, let me speak to those Senators out there who might be wavering. I know some of you have been struggling with this vote for 4 years. You know in your heart it is wrong to kill unborn children this way. You know it, but you have connections to the abortion industry, the National Abortion Rights League, and others. I know they pressure you. I know I get pressured on the other side, too. I know what pressure is. We all do. But in your heart you know it is wrong. You can stop it. Three more votes or four more votes here can stop this. We can save thousands of lives down the road—thousands.

Imagine, if you could, all those children who have died from just partial-birth abortion in the last 25 years coming here today. If they had the opportunity to live, what do you think they would say? I don't think they would be with those who say, no, we ought to have this process. I don't think so. Maybe I am wrong. I have been wrong before.

Hold your grandchild in your arms, or your child, and ask yourself: How far removed is that grandchild or child from the process that you are voting to allow? A year? A month? Maybe you have a newborn. Think about it. I have.

According to the American Medical Association, the partial-birth abortion method is never medically necessary—never medically necessary. According to the Physicians' Ad Hoc Coalition for Truth, partial-birth abortion is likened to infanticide and is considered an extremely dangerous procedure.

Let me quote from these physicians:

The prolonged manipulation of the cervix introduces a serious risk of infection and excessive bleeding. Turning the child inside the womb using forceps risks rupture or puncture of the uterus, infection, and hemorrhage from displacing the placenta. Inserting the scissors—a blind procedure—risks cutting the cervix.

That is one doctor.

Another one says:

Beyond the immediate risks, partial-birth abortion can undermine a woman's future fertility and compromise future pregnancies.

Many pro-abortion advocates have publicly stated their opposition to the

partial-birth-abortion technique. Warren Hern, the author of the Nation's most widely used textbooks on late-term abortions, said:

You really can't defend it. I would dispute any statement that this is the safest procedure to use.

This leads me to another dirty little secret about the industry which is that abortion clinics are losing doctors who are willing to perform abortions. Do you know what happens when you lose the ability to perform abortions? You lose the ability to make money.

My colleagues on the left will assert that they are afraid they are going to get killed by a pro-life activist. That has happened seven times, and it is seven times too many, but it has happened. I have statements from the media, the abortion industry, and the doctors themselves that say the reason abortion clinics cannot find doctors is because they are considered losers in the medical field.

Those of us who have been pro-life who have been talking about this are making a difference in some of these abortions. Abortionists are losers. They are having such a tough time recruiting abortionists. They are actively lobbying right now to force medical students to perform abortions. What happened to choice? It is very interesting, isn't it?

Listen to these quotes from the abortion industry. I am making these points because I want to lead you into the next issue of what is happening in the industry and why these things are occurring and what you will see where I am leading you in terms of another ugly little secret, dirty little secret about what is happening in addition to the abortionists. Here is what Morris Wortman, abortionist, Democrat and Chronicle, 1992, said:

Abortion has failed to escape its back-alley associations . . . [it is the] dark side of medicine . . . Even when abortion became legal, it was still considered dirty.

That was the abortionist.

Joe Thompson, retired abortionist, South Bend Tribune, December 26, 1992:

In obstetrics and gynecology, the term abortionist is a dirty word.

Jean Hunt, former executive director, Elizabeth Blackwell Center, Philadelphia, PA, Westchester Daily Local News, November 26, 1992:

Doctors today see abortion as a mud puddle not worth jumping into.

David Zbaraz, abortionist, Washington Post, 1980:

[Abortion is] a nasty, dirty, yukky thing and I always come home angry.

Another:

. . . some residents are concerned about being stigmatized for performing abortions and feel they are likely to perform abortions once in practice.

Abortionist Trent MacKay and Andrea Phillips MacKay, Family Planning Perspectives, May and June, 1995.

Organized medicine has been sympathetic to abortion—not abortionists.

Carol Joffe, pro-abortion author, 1998.

A couple more:

[Abortion] is a difficult field from an emotional aspect. Some of us, and all of us, I suspect, to some degree or another, have emotional isolation and separation and distance from some of our social friends, certainly from the community and from our professional colleagues.

George Tiller, abortionist, St. Louis, MO.

On the status of abortionists, Warren Hern says:

. . . status of [abortionists] is somewhere well below the average garage mechanic . . . patients do not value what we do.

Richard Hausknecht, abortionist, January 1998:

It's true that abortion providers are perceived as not very good doctors—that they have no alternative so they do abortions, that they cannot earn a living any other way.

Is that the kind of person you want to send a woman to because you want to protect her health?

Another one. Merle Hoffman, president, Choices Women's Medical Center, Queens, NY, 1995:

The medical establishment has yet to welcome in abortion providers . . .

Tom Kring, director, California Planning Clinic:

Abortion has a stigma attached to it that is increasingly scaring doctors and clinics.

I think, I say to my colleagues, one of the reasons clinics are closing is because of the doctors. You cannot get a good doctor.

Eileen Adams, former administrator for Park Medical Center in Illinois which closed after 13 years of operation:

You cannot get a good doctor.

Then she said:

I hate to have that in the paper so the anti-abortionists would say they've won—but they did.

That is what Eileen Adams said.

A 1993 Boston Globe article had this to say:

Opponents of abortion in New England may have lost the battle of public opinion, but they appear to be winning the war . . . there are no longer enough doctors and hospitals in some areas to provide abortions.

With all that testimony from within the industry—dirty, yucky, not protecting the health of the mothers—why is it still going on? Because there is another dirty little secret, and it is called fetal tissue marketing. We will take a look at this chart.

I want everybody to see what happens in this dirty little secret of the abortion industry. I want my colleagues to know this is the abortion industry in general, but abortion is abortion. There are different types of abortion. Partial-birth abortion is what is on the agenda today. But fetal body parts marketing is what I am talking about.

A woman comes into an abortion clinic. It could be Planned Parenthood. She goes into the clinic, and she is talked to, advised to have an abortion. But what she may or may not know is that inside that clinic in a little room

somewhere or some office that is not necessarily visible to her, is the harvester, the wholesaler, the person who is going to take her baby, cut it into pieces and sell it.

They are going to say: Oh, no, no, no, nobody is selling any babies. Listen to what I have to say, and then you tell me.

The wholesaler and the harvester is in the clinic. This poor woman, this mother, this woman who has probably gone through unimaginable trauma, is now faced with this little secret because she has to sign a waiver that allows them to do it.

You have the harvester now who is in that building. Anatomic Gift Foundation, Opening Lines—those are the names of a couple of the wholesalers.

What happens? We will get into that in a few moments.

But here is the buyer over here. If you are pro-life, you will be pleased to know, I am sure, that maybe a university in your State, Government agencies to which you are paying taxes, pharmaceutical companies, private researchers, and research organizations are buying body parts.

How does this work?

Here is step 1. The buyer orders the fetal body parts from the wholesaler/harvester. The buyer says: We need a couple of eyes, or whatever. The abortion clinic provides space for the wholesaler and harvester in the clinic where that woman goes to procure fetal body parts. The wholesaler/harvester faxes an order to the abortion clinic, faxes an order to the clinic, and says: We need this, and we need this, and we need this. The wholesaler's technician harvests the organs: Skin, limbs, whatever, from aborted babies.

Now, bear in mind how gruesome this really is. This is the abortion industry, ladies and gentlemen. Here is a woman coming into that clinic, thinking she needs an abortion. She is advised to have it. And these people are sitting around the room, the harvesters. When they are looking at that woman, there is a living child there that has not been aborted yet, and they are placing orders for body parts—placing orders for body parts—before the child is even dead.

The wholesaler's technician harvests the organs. Then the clinic "donates" fetal body parts to the wholesaler/harvester, who in turn pays the clinic a "site fee" for access to the aborted babies. Then the wholesaler/harvester "donates" the fetal body parts to the buyer. The buyer then "reimburses" the wholesaler/harvester for the cost of retrieving the fetal body parts. We are going to get into a little more detail on this.

You might say: This is a debate about partial-birth abortion. What does the sale of fetal tissue have to do with partial-birth abortion?

First, like partial-birth abortions, the selling of fetal tissue is immoral and unethical. It is illegal. And it is a reprehensible, dirty practice that is

going on in the shadows of the industry. It is a practice I had never even heard of. Again, I could not believe this was going on. But it is.

Second, it is a practice that very graphically shows how this industry has gone far beyond the ethical boundaries that even most pro-choice Americans would find repugnant.

Third, like partial-birth abortion, the industry has taken the practice of selling fetal body parts, which is illegal under Federal criminal law, and created a loophole to allow them to do it.

In partial-birth abortion, they use the head loophole. In other words, what I mean by that is: Arms, feet, body, neck, heart, toes. That is not birth. That is not the baby—until the head comes into the world. Then it is a baby. Really? It is a legal mumbo jumbo, as Senator SANTORUM talked about. It is a bunch of garbage. It makes lawyers around the country very rich, and it allows these clinics to kill our children.

I am sure the legal team that came up with the head loophole is very proud of themselves, just as we have the fetal harvesting loophole. In a sense, we call it “donations” or “reimbursements” rather than selling parts. They are both loopholes to hide the facts.

Stabbing a baby in the back of the head and sucking its brains out is illegal; it is murder; it is infanticide—whether that child is sitting in a play pen or whether that child is trying to exit the birth canal to become a member of this world. But its head is conveniently, under this stupid legal definition, “stuck” in the womb. And it is not stuck; it is held there. And they call it medicine. We have people standing down here saying: This is medicine. We’re doing this for the health of the mother. Really?

Let’s go back to the sale of fetal body parts. I have here the United States Code. Here is what the United States Code says:

Prohibitions Regarding Human Fetal Tissue.

That is the topic. That is the heading right here in the United States Code.

Purchase of tissue. It shall be unlawful for any person to knowingly acquire, receive, or otherwise transfer any fetal tissue for valuable consideration if the transfer affects interstate commerce.

Criminal penalties for such violations.

In general, any person who violates subsection—

The one I just referenced—

shall be fined in accordance with title 18, U.S. Code, subject to paragraph 2, or imprisoned for not more than 10 years, or both.

The term “valuable consideration” does not include reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage of human fetal tissue.

It is against the law, ladies and gentlemen, my fellow Americans, and colleagues, it is against the law to do this. And they are doing it every day to our children—every day. So 10 years in jail if you sell human fetal tissue. That was signed into law, ironically, by Presi-

dent William Jefferson Clinton. It took effect on June 3, 1993.

But the lawyers went to work, as only lawyers can do. They found a loophole: How can we sell this tissue, make a profit at the expense of this poor woman victim, and get it to research, and hide it all by calling it research? How do we do that without getting caught and getting our tails thrown in jail?

That was the question. So they found it in section D(3) which:

... allows reasonable payments associated with the transportation, implantation, processing, preservation, quality control, or storage of human fetal tissue.

That is the loophole I just read out of the book.

But because there is no documentation, no disclosure, no government oversight, this section has become a gigantic loophole to allow this industry to engage in the illegal trafficking of body parts of fetal tissue without any prosecution.

Mr. President, we need a big beam of light to shine into this industry, to get into the darkness and find out what is going on in this for-profit industry. We need some sunshine. We need it so badly. I am not looking to get into the medical records of individuals. That is not what I am about. But I believe if we are going to allow the use of fetal tissue from aborted fetuses—I mean aborted fetuses for research, which I believe we should not—if we are, we need at least a minimum of documentation to ensure this tissue is not being sold in violation of Federal criminal law.

Is partial-birth abortion used for this? I don’t know. Why not find out? Let’s shine the light in. Let’s talk about a few things that might make you think, however, that there is a link here. Your call. You listen. You make your own determination.

Let us talk about dilation and evacuation, the so-called D&E, for a moment. This method, which is performed during months 4 to 6, 6 months, is particularly gruesome in that the doctor must tear out the baby parts with a pliers-like instrument. Literally disassembles it in the womb. It is horrible. No wonder they are angry when they get home and sick, sick before they start. Then the nurse gruesomely has to take all these body parts of this child who was torn apart in the womb and reassemble them in a pan to be sure they got it all. That is the first method.

I will just ask you to think, as we go through this, if you are in the business of selling body parts, how is that going to work with your buyer, if all the body parts are torn apart? I think you would say, well, probably it isn’t going to be much good. There might be some tissue, but if you need intact organs, disassembling the organs ought to lead you to believe, reasonably, I think, they are probably not very good. If you need a liver and it is all chopped up in this procedure, it is probably not going

to do you much good. So the D&E method is not real good for selling body parts. But that is one type of abortion.

The next is the saline abortion. This occurs after the first trimester. The abortionist injects a strong salt solution into the amniotic sac and, over a period of an hour, the baby is basically poisoned and burned to death in her mother’s womb. That is the saline solution. So now I ask you again, if you are selling body parts, and the buyers want good body parts, good condition, that is not going to do a lot of good. That is not going to make your product very marketable. That is probably not a good method either.

The next one is a little more grotesque, if you can imagine that. This is called the dig method, or digoxin method. It is called harpooning the whale inside the industry. You see, even in the industry they can’t even be respectful to the child or even the woman in some cases, the mother. They use terms such as that, “harpooning the whale.” The abortionist inserts a needle containing digoxin into the abdomen of the woman. In order to make sure the doctor hits the baby and not the woman, which would be lethal for her as well, he must watch to see the needle begin moving wildly. And when it does move wildly, he knows he has harpooned the whale and can push his needle all the way through and kill the baby. This abortion procedure is probably the least desired method for the body parts people because the baby’s organs are, in essence, liquefied by this horrible poison. They are basically worthless to the body parts market.

Those are three types of abortions. They have nothing to do with partial-birth abortion. I use these examples of three types of abortions to show you they basically make the sale of body parts worthless for the most part. Some tissue I am sure they can use.

So where are they getting these things? Ask yourself, what have we been talking about all day? How can we get a good specimen, a baby whose organs are intact, a good cadaver? You can do it two ways. You could have a live birth and kill it, or you could have a partial-birth abortion, kill it that way, and damage only the brain so the rest of the body is good for research.

Now, is this happening? Shine the light in. There are going to be people who say that I have made this link. I will tell you right now, I haven’t. I am asking you to shine the light into this industry. Bring in the sunshine. Let’s look in the clinics. Let’s find out what is going on. Are they being used? We will take a look in a few moments at some of the things going on here. I ask you whether or not you think they might be getting these parts from some other source of abortion other than partial-birth abortions. I don’t know. I know one thing. It is a black market. It is illegal. It is unreported, and it is unregulated. If it is the last thing I do before I leave this body, I will change that. I am going to change that.

The good news is abortion rates are down. That is good. But the problem is, because they are down and because the doctors aren't doing them, they have to make it up somewhere. The industry has to make up the money. They have to make it up. Where do they do that? By selling body parts. That is where they make it up. It is really the dark side of the industry.

This is the testimony of a woman who calls herself Kelly, a fictitious name. Kelly was working and received a service fee from the Anatomic Gift Foundation, which is the wholesaler, the harvester, of these organs.

Listen to what Kelly had to say. Kelly fears for her life. That is why Kelly is a fictitious name and why Kelly is not being identified.

"We were never employees of the abortion clinic," Kelly explains.

That is when they would sit in the clinic, in this room, and the lady comes in pregnant.

"We would have a contract with the clinic"

Listen very carefully to what I am saying. A woman comes in. I am sorry. I am confusing the stenographer. I will go through the quote first and then explain it.

We were never employees of the abortion clinic. We would have a contract with an abortion clinic that would allow us to go in to procure fetal tissue for research. We would get a generated list each day to tell us what tissue researchers, pharmaceuticals and universities were looking for. Then we would go and look at the particular patient charts. We had to screen out anyone who had STDs or fetal anomalies. These had to be the most perfect specimens we could give these researchers for the best value that we could sell for. Probably only 10 percent of fetuses were ruled out for anomalies. The rest were healthy donors.

To capsulate, a woman is in the abortion clinic, and basically they are eyeing up the source. It is like a hunter going out and seeing, I guess in this case, a trophy doe rather than a trophy buck, and saying, there is a good specimen there. I hope that baby is fairly normal so I can sell the body parts. And they looked at the patients' charts while this child was alive in the womb. This girl might change her mind on whether to have this abortion, and nobody is helping her change her mind or asking her if she would like to change her mind. Oh, no, we have a contract here. We have a patient chart here. We have somebody looking at her, looking at the trophy and then saying: Hey, this chart looks real good, this gal has what we want; she has a normal baby there. My goodness, a perfect specimen, the most perfect specimen we could find. So give the researchers the best value we could sell for. Her words. Probably only 10 percent of fetuses were ruled out for anomalies; the rest were healthy donors. So said Kelly.

Let's look at a work order. This is a work order. Mailing address, shipping address, everything. OK. Tissue, fetal lung; one or both from the same donor, 12 to 16 weeks. Preservation: Fresh.

Gestation: 12 to 16. Shipping: Wet ice. Constraints: No known abnormalities. We don't want any babies who have any problems. Obtain tissue under sterile or clean conditions.

Let me ask you a question, colleagues. In this filthy, dirty, disgusting business we are talking about, do you really think you can get a perfect lung, with no cuts and no abnormalities, by chopping up the child in the womb or putting all of this poison in the body, in the womb, in the embryonic sack? Or do you think it might be possible that the best way to get a normal lung is to bring a child through the birth canal in perfect condition, damaging only the brain, or perhaps even a live birth? Oh, you think that would not happen? Well, we will talk about that in a little while. Oh, yes, it happens.

Look here: "Normal fetal liver." A normal fetal liver is not one filled with poison. It is not a liver that has been chopped up. It is a normal fetal liver. There aren't too many ways you can get a normal fetal liver in an abortion clinic. "Dissect fetal liver and thymus and occasional lymph node from fetal cadaver within 10 minutes of the time it is extracted, and ship within 12 hours." "No abnormal donors."

There is a whole lot of money in this business, folks. With abortions down, they will charge a woman anywhere from \$300 to \$1,000 for an abortion and make several thousand dollars on the parts of her child. But she doesn't get any of that money, you can bet on that.

Let's look at another work order. The National Institutes of Health gets the delivery here. If you are pro-life, you will be "pleased" to know they are getting some of this stuff. "I would prefer tissues without identified anomalies; in particular, bone anomalies."

Let's look at another one. This is just the tip of the iceberg. I could give you hundreds of these work orders. I am picking a few of them.

Now, this one is particularly disturbing—as if the others weren't. Here is the donor criterion on this. We are talking about whole eyes. Now, the donor criterion is that the child be "brain dead." Think about that for a minute. Why would you put that on there? Are we to assume this child is going to be delivered to them live?

I assume if a child has been aborted and it is being sold, or provided, or donated, or whatever it is, to some research center, we ought to assume it is dead. Well, they are not assuming it. They are not assuming it at all. They are directing it: Make sure it is "brain dead." If anything else is moving, that is OK. Maybe the heart is beating, and that is OK. But make sure it is brain dead, noncadaver, and post 4 to 6 hours, any age. Again, no contagious diseases. "Remove eye with as much nerve"—they go into that. Federal Express—send it out. That is against the law.

So let's say a girl walks into a clinic and sits down to wait. I want to try to paint you a picture of what happens. A

girl walks into a clinic and sits down to wait. A fax comes in, and the fax contains a list of what body parts are needed for that day. So here she comes. She still hasn't had the abortion. But they now have this list—the abortionist perhaps, but I don't know; I have not seen this. Perhaps he looks through the glass window, and maybe there is a one-way glass. He looks out into the waiting room and stares at her stomach and knows this is the very same child who is very much alive now, perhaps even moving and kicking; he knows that child will be dead in a few moments, and they already have the work order. They have already checked the charts, already know it is normal; they already know what they need. They are already planning it all.

If that is not sick, if that doesn't bother you, then, man, there is something wrong with the people in this country—big-time wrong.

After her abortion, in a matter of 10 minutes, if it is done then, that baby can be shipped on wet ice to researchers across the country, just like going into a supermarket and buying a piece of meat.

There are four illegal and immoral things happening with this issue. First, as I said before, current law prohibits receiving any consideration, valuable consideration, from the tissue of aborted children for research purposes. This is happening. So that is wrong. Violation No. 1.

Secondly, it has been reported that, in fact, live births are occurring at these clinics. Oh, that is a dirty little secret we don't want anybody to talk about. Let's not talk about that. It doesn't happen a lot, but in 100 abortions it could be as few as 5, 6, maybe 7, maybe 10 times—live births. Oh, boy, that is a real problem. What better way to get a good sample than a live birth?

It is the law of every State to make every medical effort to save the life of that child. I am going to show you proof that that isn't done. It is not happening in every case.

Thirdly, our tax dollars are being used to fund Planned Parenthood on the one end to kill the children, and NIH on the other end to do research on them. If you are pro-life, as I am, you won't like it; I don't like it. I am going to do something about it if it is humanly possible.

In 1996, Planned Parenthood received \$158 million in taxpayer dollars. Who knows how much in addition is being funneled through the valuable consideration loophole from NIH research labs. The taxpayers and Congress deserve an answer. The chart shows Federal funds supporting Planned Parenthood Federation of America and its affiliates, in fiscal year 1994, \$120 million; in 1995, \$120 million; in 1996, \$123 million. Add it all together. It is \$158 million.

The fetal body parts industry is a big business, ladies and gentlemen, and it is not being honest. Mothers are not being given their consent forms sometimes. Sometimes they are. And the

wholesalers are not forthright about how they ship the babies, among other things. These people are in the business of selling dead humans, so I guess maybe we should not expect too much in terms of ethics.

There are two statutes that govern fetal tissue research, and both statutes were passed as part of S. 1 in 1993, the National Institutes of Health and Revitalization Act of 1993. I was one of four Senators who voted no, as usual, because I don't believe Government should be doing any research on induced abortions, aborted fetuses. Up until 1992, we had a President, George Bush, who agreed. But Bill Clinton changed all of that. But even President Clinton, who signed the fetal tissue research Executive order as one of the first acts of his Presidency, was unwilling to accept the sale of fetal tissues.

Prior to 1993, there was a moratorium prohibiting Federal funding of fetal tissue research. That was overturned by President Clinton by Executive order on January 22, 1993. And Senator KENNEDY introduced S. 1 to codify Clinton's Executive order. Part of that was because this "statute permits the National Research Institutes to conduct support research on the transplantation of human fetal tissue for therapeutic purposes." The source of the tissue may be from an abortion where the informed consent of the donor is granted. This statute allows for Federal money to be used in fetal tissue research. And you will see that NIH is involved in this.

The second statute made it unlawful to transfer any human fetal tissue for valuable consideration. I talked about this statute. In other words, it is illegal to give monetary value to the various body parts being sold. And it is illegal to profit from the sale. The guilty receive fines and imprisonment for not more than 10 years. As long as the tissue is donated, it is OK. But large amounts of cash are changing hands.

Again, abortion clinics and the wholesalers are making a killing—that is a sick pun, a killing—literally with the abortion and with the sale of human baby parts.

Listen to what one of the leaders of fetal body parts marketing said in an interview with a pro-life publication: "Nearly 75 percent of the women who chose abortion agree to donate the fetal tissue."

Granted, this organization claims to only operate out of two abortion clinics. But if you apply their statistic nationwide, for theoretical purposes, you are talking about a lot of aborted babies being sold for cold, hard cash.

In addition, the consulting firm of Frost & Sullivan recently reported that the worldwide market for sale in tissue cultures brought in nearly \$428 million in 1996, and they predict that market will continue to expand and will grow at an annual rate of 13.5 percent a year, and by 2002 will be worth nearly \$1 billion. That is a whole lot of money at the expense of these unfortunate women.

In a taped conversation with the wholesaler, she says they do not buy the tissue. That is the way it works. That is really what happens.

In a taped conversation with another marketer of fetal body parts, they admit to try to get abortion clinics to alter procedures to get better tissue, which is a violation of Federal law. This person then offers discounts for being a "high volume" user, and that the buyer can save money by purchasing their cost-effective, lower-range product.

Let's look now at a chart offered by Opening Lines, and you tell me if this isn't a business transaction for profit. Bear in mind the sale of body parts is illegal. You are not supposed to receive any consideration. Well, then maybe you could tell me why—this is one of those wholesalers, Opening Lines. Maybe you could tell me why they have a price list. Has anybody ever done any marketing before?

Look. You can get a kidney for \$125. You can get a spinal cord for \$325. Then down at the bottom, it says prices in effect through December 31, 1999. That is a price list, ladies and gentlemen. I suppose there will be somebody who will come down here and say, "Well, Senator, that is not a price list. That is fee-for-service."

That is what it says at the top.

What is the service? You say: Well, you know it is expensive. You have to take the brain out, or you have to take the spinal cord out. OK. We take the spinal cord out. I am not a doctor. I am not going to pretend to be. I am not going to make any reference to how difficult that might be.

But let's assume to remove a spinal cord from a child is a difficult operation. They are charging \$325 for the spinal cord. I would think it would be safe to assume—I am not a doctor, but if you want to send an intact cadaver, that doesn't involve any research at all. Does it? They don't have to cut anything. We will just ship that along. But it cost \$600. It doesn't have anything to do with what the service is in terms of finding the spinal cord and getting it out. It has nothing to do with it at all.

I will tell you why this is \$600—the cadaver. Because when they get the cadaver; they can get the spinal cord; they can get the eyes; they can get the nose; they can get the ears; they can get the liver; they can get the thyroid, whatever they want. That is why it is \$600. That is why the price list is there. You can even get a discount if you buy enough.

This is a dirty business. It is bad. It stinks.

The brochure boasts that it offers researchers "the highest quality, most affordable and freshest tissue prepared to your specifications and delivered in the quantities you need when you need it."

Here is the copy of the brochure. I didn't make it up. This is their brochure, Opening Lines. This is what they said.

Think about it. "We are professionally staffed and directed," it says. "We have over 10 years of experience in harvesting tissue and preservation. Our full-time medical director is active in all phases of our operation. We are very pleased to provide you with our services. Our goal is to offer you and your staff the highest quality, most affordable, and freshest tissue prepared to your specifications."

Please tell me how you can do that if it is simply a matter of taking an aborted child and sending it off to a research laboratory somewhere.

My colleagues and American people, I don't know what is going to happen to this country. But I just want to recap for you what has happened here.

A woman comes into a clinic, an abortion clinic. She is pregnant. She is in trouble. She needs help. They already have somebody who has read her charts. They know her baby is normal. They know it has no abnormal functions. They know they need to get that baby out of there quickly. They know they can't do damage to the cadaver. They cannot do damage to the fetus. They can't poison it. They can't cut it because, to their specifications, they need perfect eyes, or they need perfect skin, or good lungs, even the gonads, the ultimate. The poor little child just has no privacy here. Limbs, brains, spinal, spleen, liver, all of it, price list, all the way down—they have it all figured out.

And they have the gall to stand out here and tell you these clinics care for the women. They care for the profit. They cannot make it because abortions are going down. They can't charge these women any more because they are too poor to pay. So they take it from their bodies, from the children. It is a filthy, disgusting, dirty business, and it needs to be exposed and eliminated.

How much more should we tolerate in this country? How much more degradation must these children absorb and endure?

Look at that list. Look at it and tell me that is fee-for-service—to your specifications, your specifications. You give us the order, and we will make sure you get perfect eyes that weren't hurt by any abortionist's knife, or they weren't poisoned by digoxin, or saline. Oh, we will make sure. We will get you a live birth, if we have to, or a partial birth, if we have to. We will get it for you because there is a lot of money in it. That is why we will get it.

This is a filthy, disgusting, dirty business.

People say: Oh, you are antiresearch. I am not antiresearch. If a woman has a miscarriage and wishes to donate that miscarried child to research, she has every right to do that. I am proresearch.

The Department of Health and Human Services under President Bush determined there was plenty of tissue available through spontaneous abortions and ectopic pregnancies to satisfy

research needs—plenty. But oh, no, we have to get into this. We have to make up for the loss of revenue because, thank God, abortions are starting to go down in this country. We have to make it up. Doctors don't want to do them anymore. It is a dirty business, they say. I'm sick when I go home. We are going down a slippery slope, my fellow Americans.

I used to teach history. I used to tell my kids in those classes: If you forget everything else I said, I want you to remember you have a responsibility to pass on America to your children, hopefully in better shape than we gave her to you. If you do that, America will always be here; if you fail, we could lose it.

What message are we giving to our children when we tolerate this—an order form before the woman even has the abortion.

Henry Hyde said: I deplore any medical procedure that treats human beings as chattel, personal property, as a subject fit for harvesting. The humanity of every fetus should be respected and treated with dignity and not like some laboratory animal.

Is that dignity? Is that respect?

Let me tell a story about a girl name Christy. This is not a pleasant story. These are the abortion clinics, there to protect the mother and make her healthy again. She went in to have her safe, healthy, legal abortion. Something went wrong. On July 1, 1993, Christy—fictitious name—underwent an abortion by John Roe, abortionist. After the procedure, Roe looked up to find Christy pale with bluish lips and no pulse or respiration. Christy's heart had stopped and there were no records that her vital signs were monitored during the procedure. Additionally, Roe was not trained in anesthesia and the clinic had no anesthesia emergency equipment or staff trained to handle a complication. Paramedics were able to restore Christy's pulse and respiration, but she was left blind and in a permanent vegetative state. Today, she requires 24-hour-a-day care and is fed through a tube in her abdomen. She is not expected to recover and is being cared for by her family. Christy had a legal abortion on her 18th birthday.

They took good care of her, didn't they? I have in my hand a consent form that Christy signed. Do you know what they tell you in the industry? Ask them; don't believe me. Ask them. They say: We know the woman is in a terrible emotional condition when she comes in, so we don't always ask her to sign these forms. We wait until after the procedure.

Is that so? Well, you have to do it within 10 minutes if you want to get some of these buyers for organs because they say they need them in 10 or 15 minutes from the time they exit the birth canal; otherwise, they are no good in some cases. They have to do it quickly. So the poor girl is just coming out of the anesthetic. I know she is not coming out in 10 minutes. "Here,

Christy, want to sign this? We want to send your 6-month old boy to be chopped up for medical research. Would you sign this?"

They say we don't bother the women before. OK, can a woman who is in a 24-hour-a-day coma sign a consent form? Can she? Here is the form. It is signed and she didn't sign it after the procedure. She signed it before the procedure and she signed it because they needed the body parts of her fetus and they wanted to make doggone sure they got them. They didn't want anything to get in the way of that. They didn't want anything to interrupt that little profit they had coming, so they just said we will get this signed by Christy.

Maybe they should have taken a little time to counsel her. "Would you like to have some other discussion perhaps about adoption?"

We gave her that. OK, fine.

How about the anesthesiologist. Did someone know what in the hell they were doing when they put this poor woman under?

Oh, no, we have to get this, because this is money.

Here is what Christy signed:

I grant permission to one of these agencies and each of its authorized agents and representatives to distribute and dispense tissue from the surgery. I release all my property and financial interests therein and any product or process which may result therefrom. I read and I understand this document and I have been given the opportunity to ask questions. I am aware I may refuse to participate. I understand I will receive no compensation for consenting to this study.

As I said, if anybody thinks she signed it after the surgery, I will sell you some ocean-front property in Colorado. They say they don't bother them beforehand because they are too distraught, they are too emotional, or they don't want to bring all this up.

That is Christy.

I saw a bumper sticker once that said:

Abortion: One dead; one wounded.

Can't sum it up any better than that. One dead and one wounded. And the people who were in charge of the health and safety of the mother in these cases are more interested in the dead than the wounded because they are going to make a big profit.

Let's talk about the dirtiest most disgusting secret of all. This is not pleasant. I had somebody from the National Right to Life tell me today, believe it or not—I won't mention names—that we don't have any evidence of any link here. Fine. I am not asking anyone to tell me whether they think this is evidence or not. I am asking everyone to make their own decisions. I am not making any links. I am giving facts. Make your own links.

There is a little complication called "live birth." Uh-oh. Live birth. It happens. When it does, what happens?

I was at an award dinner several years ago when a young woman who is known by many in the right-to-life

movement by the name of Gianna Jessen, who then was about 21, so she is probably 25, 26, maybe a little older now. She had been aborted. She was a beautiful girl. She was aborted. There were 1,000 people at this event. She stood up and sang "Amazing Grace." There wasn't a dry eye in the place, including mine. When it was all over she said: I want all of you to know something. My mother made a terrible mistake because I wanted to live. If I had had my choice, if I could have said, spare me, I would have said that. I didn't, but I survived, and I am meaningful. I just sang to you. And she said: I love my mother and I forgive her.

There is a lot more power in that than these people that run these clinics that do this.

Why can't we bring this debate to that level? There is no way to know how many live births actually occur. It happens in partial-birth abortions because they are alive until they are executed as they come through the birth canal. Feet first, they are executed; headfirst, they are born. Any difference? Maybe somebody can explain it.

Many of you may have heard of a gentleman by the name of Eric Harrah. About 10 years ago he left the abortion business. One night Eric and his staff were called to the clinic—remember, he was an abortionist then—because a pregnant girl had given birth in a motel room. The baby was wrapped in a towel. She had been given medication to begin the process of dilation. So it was wrapped in a towel and they thought it was dead, so she came from the motel room carrying this little child in the towel.

Eric, the abortionist, saw the baby's arm fly up and he screamed, "My God, that baby is alive."

The doctors sent Rick and the nurse out of the room. When he came back in the baby was dead. A live birth? You might ask yourself, did they take any means to save the child? Or did they kill the child? Who knows? In either case, they let it die.

I have been in this business of doing research on this issue since 1984. I have been involved in the pro-life movement. I have read, I don't know how many thousands of pages. What I am going to read to you now is the worst I have ever come across in everything and anything that I have read. I have never seen anything to equal it. I do not understand how we can tolerate this in this country, but it shows you how sick we really are. We are sick. Oh, we are sick, collectively, believe me. This is a story from Kelly. A short paragraph, what she said. It is very difficult for me even to read it, but you need to hear it.

The doctor walked into the lab. This is in an abortion clinic. Kelly is the wholesaler for the fetal tissue. She is the person who has to take this fetus and do what has to be done to it to get it to the supplier.

The doctor walked into the lab and set a steel pan on the table. "Got you some good

specimens," he said. "Twins." The technician looked down at a pair of perfectly formed 24-week-old fetuses, moving and gasping for air. Except for a few nicks from the surgical tongs that had pulled them out, they seemed uninjured.

This is pretty difficult. I have witnessed the birth of my three children, so forgive me if I have a little trouble.

The wholesaler, Kelly, said, "There is something wrong here. They are moving. I don't do this. That's not in my contract."

She watched the doctor take a bottle of sterile water and fill the pan until the water ran up over the babies' mouths and noses. Then she left the room. "I couldn't watch those fetuses moving. That's when I decided it was wrong."

So the abortionist, twin live births, 6 months—the little girl I spoke to you about earlier who wrote to me was born prematurely at 5 months. Two little twins drowned in a pan so their body parts could be sold because they had an order for the body parts. America.

Many of you may have heard about Jill Stanek, the nurse at Chicago's Christ Hospital who has openly admitted that live births occur at her hospital. We are going to have some testimony from Jill. She will be up here on the Hill very soon so you do not have to believe me; you can listen to her. The hospital staff, when it happens, offer comfort care, which amounts to holding the child until it dies. If they are lucky, they get a little love on the way out. Perhaps it is better than being drowned in a dish.

Jill Stanek says:

What do you call an abortion procedure in which the fetus is born alive, then is left to die without medical care? Infanticide? Murder?

Most people would recoil at just the thought of such a gruesome, uncaring procedure, but it is practiced at least one Chicago suburban hospital. When I called Christ Hospital, the Medical Center at Oak Lawn, I frankly expected a denial that it uses the procedure, but instead the spokeswoman explained it is used for "a variety of second-trimester" abortions when the fetus has not yet reached viability. That's up to 23 weeks of life, when a fetus is considered not yet developed enough to survive on its own.

Instead of medical care, the child is provided "comfort care," wrapped in a blanket and held when possible.

This is very interesting.

The procedure is chosen by parents and doctors instead of another method in which the fetus is terminated within the womb by, for example, injection with a chemical that stops the heart.

She says further: One day there was a newborn who survived the abortion with no one around to hold it. It was left to die in a soiled-linen closet.

The hospital denies it. She says it happened. Interesting, the hospital says abortions are elective, but they are done only to protect the life or health of the mother or when the fetus is nonviable due to extreme prematurity or lethal abnormalities.

The nurse, Jill Stanek, said she has seen some elective abortions done on newborns whose physical or mental defects are deemed incompatible only with the "quality of life."

That is pretty heavy stuff. This is going on in America. People come down here on this floor, year after year, and defend it. That is what they are doing, defending it: A woman's right to choose. The bassinet or the hospital sterile bucket, which is it? Right—right to choose. Put the child in the bassinet or throw it in the garbage or send it off to some research lab.

Here is a headline, a transcript from the WTVN-TV in Columbus, OH, 20 April, 1999:

Partial-Birth Abortion Baby Survives 3 Hours.

A woman 5 months pregnant came to Women's Medical Center in Dayton, Ohio, to get a partial-birth abortion. During the 3 days it takes to have the procedure she began to have stomach pains and was rushed to a nearby hospital. Within minutes she was giving birth.

Nurse Shelly Lowe in an emergency room at the hospital was shocked when the baby took a gasp of air. [Lowe] "I just held her and it really got to me that anybody could do that to a baby. . . I rocked her and talked to her because I felt that no one should die alone." The little girl survived 3 hours.

Mark Lally, Director of Ohio Right to Life, believes this is why partial birth abortions should be banned. [Lally] "This shows what we've been trying to make clear to people. Abortion isn't something that happens just early in pregnancy, it happens in all stages of pregnancy. It's legal in this state any time."

Like it is in any State.

Warren Hern is the author of the most widely used textbook on abortion procedures. Dr. Hern says, in this article:

A number of practitioners attempt to ensure live fetuses after late abortions so that genetic tests can be conducted on them.

There is a link. They say there is no link? There is one.

It is his position that practitioners do this without offering a woman the option of fetal demise before abortion in a morally unacceptable manner since they place research before the good of their patients.

(Mr. SANTORUM assumed the Chair.)

Here is an admission from the industry itself that when they want to—I am not saying all do it, I am saying some do it—when they want to, practitioners can do this. They can ensure a live birth to fall within that 10-minute window, to get that child chopped up quickly and on ice so those limbs are better for the researcher and worth more money. You don't want any abnormalities, don't want any problems.

There was an article in the Philadelphia Inquirer a few years ago called "Abortion Dreaded Complication." The patient had been admitted for an abortion, but instead of a stillborn fetus, a live 2½-pound baby boy appeared. A dismayed nurse took a squirming infant to the closet where dirty linens are stored. When the head nurse telephoned the patient's physician at home, he said: "Leave it where it is. He will die in a few minutes."

I used a term in a speech over the weekend referring to doctors such as

that. I said they took a hypocritic oath. Someone corrected me and said: "Don't you mean Hippocratic oath?"

I said: "No, hypocritic; they are total hypocrites because they are not protecting the lives of unborn children. They should not even be taking the oath."

In this article, there are some very interesting headlines in this dreaded complication. Listen to what some of the people in the industry say:

Reporting abortion livebirths is like turning yourself into the IRS for an audit. What is there to gain?

Another article says:

How things sometimes go wrong.

Another one:

You have to have a fetus—

Whatever; I can't pronounce the word—

dose of saline solution. It is almost a breach of contract not to. Otherwise, what are you going to do, hand her back a baby, having done it questionable damage?

What a bunch of insensitive, uncaring individuals.

Then they say:

If a baby has rejected an abortion and lives, then it is a person under the Constitution. . . .

I think it is a person under the Constitution before it is born, not under Roe v. Wade but under the Constitution. Roe v. Wade did not let the Constitution get in its way when it made that terrible decision.

Then another guy says:

I find [late-term abortions] pretty heavy weather, both for myself and for my patients.

I stood by and watched that baby die.

They are real caring people, aren't they? They are compassionate, caring people. I think I have made my point on that.

You will notice from these charts I have been putting up that many of the highlights suggest the baby be put on ice within 10 minutes of exiting the womb. I mentioned that earlier.

Stop and think about this. If you do any of the other types of abortions—saline, digoxin, and these other procedures, D&E—what are you going to get? You are going to get something that is going to be an abnormality. No abnormal donors. Within 10 minutes, we want it on ice.

The point I am trying to make is, there are only two ways you can get a baby, a fetus, on ice that quickly. One is a live birth; you instantly kill it. Another is partial-birth. If there is another method, I am open-minded. I would like to hear about it. Maybe somebody has it.

Let me read a letter I received today. This letter is pretty devastating. I want you to think about this 10 minutes on these charts. Within 10 minutes, we need to be able to ship it to give you no abnormal donors, to make sure the fetus is in good shape:

This is from Raymond Bandy, Jr., M.D., Dallas, TX:

Dear Senator SMITH: As a physician and pastor in the Dallas Texas suburb of

Lewisville, I was shocked and outraged several months ago when my friend Mark Crutcher invited me to the offices of Life Dynamics to review for him from a medical perspective of several requisitions for fetal tissue and body parts.

There were 2 areas particularly disturbing: No. 1, It was almost unfathomable to be reading requests for arms, legs, brains, etc., from aborted babies. Leading institutions in our country with research scientists requesting in mail-order catalog format, body parts from babies killed in abortion clinics.

Leading institutions were requesting these parts.

No. 2, My attention was drawn to the fashion in which the requests were made. Over and over again the requests would mention that the tissue must be "fresh"—

It says ship on wet ice. Another one says fresh, remove specimen and prepare within 15 minutes.

This is the process, a doctor talking now:

(a) The baby must in some fashion be killed in its mother's womb. (b) The baby must then be extracted from the womb. (c) It must then be delivered in some fashion to a technician who would then proceed to amputate limbs; extract eyes, brains, hearts, and then process them; (d) all within 10 minutes. I am not an abortionist, nor have I performed an abortion, but to require these procedures to be accomplished in 10 minutes, means of necessity that the baby be extracted as close to life as possible, and would lead to in many cases babies...being born living, in order to be able to have them on ice, or otherwise processed within this short period of time.

As a community physician, I find this barbaric, cruel, evil, and intolerable to the greatest degree. This is a return to the medical practices of the [Nazis] of 1940s. . . .

Can anyone with even the most remote conscience, or moral decency, tolerate this practice?

He closes with that.

Here is a doctor. He is telling us and he is reinforcing everything I have said. Fresh, wet ice, no known abnormalities; get it on the ice. How do you get a fetus that is not chopped up, that is not poisoned? There are only two places. I talked to you about both of them: Live births, partial births.

The dirty little secret is that Planned Parenthood takes Federal taxpayers' dollars. American workers, especially pro-life workers, all of us—but those especially who are pro-life, I am sure, would be opposed to it—are having money taken out of their paychecks to pay for the marketing of babies' body parts. I talked about the \$158 million grant from the Federal Government for Planned Parenthood, NIH, \$17.6 billion in this year's labor bill—not all for that but just in the bill.

I am not against the funding of the National Institutes of Health, but I think when research is being conducted by the Government, where taxpayer dollars are involved, there is a much higher ethical standard to meet.

In addition, universities receive Federal funding, lots of it. In fact, there are some universities that receive Federal funding specifically for fetal tissue research.

I want to point out one chart that I did not highlight before because this

really drives the point home in terms of whether or not there is any particular reason to believe that in the industry they are looking for live births or partial births.

Look what it says on this memo: "Please send list of current frozen tissues." And they go down the list: Liver and blood and kidney and lung, and all this down here. And then what does it say? No digoxin donors. "No DIG." That is the term for digoxin donors.

I want you to understand this and think about this: This is an order form. They are saying here: We don't want any digoxin babies.

Well, why don't they want them? Because they cannot sell them. The parts are no good. It is in their own writing. They are incriminating themselves. They are violating the law, and they ought to be prosecuted.

Shine in the light. Bring in the sunshine. Live births are a big problem, but DIG is not good for research. Abortion clinics and harvesters are also deliberately hiding the fact that they are shipping these parts all over the United States. They even use vague language to trick and deceive shippers such as Federal Express who will not do it, to their credit. But they are not told. They are hidden. One marketer says: "We've learned through the years of doing this" how to avoid problems with shippers like Federal Express.

But they have. If you are violating the law, you do everything you can.

As I have gone through this now for I don't know how long here on the floor, you probably say to yourself: Could it get any worse? Can it be any more humiliating?

We have covered pretty well what is happening to the child. Recapping: A woman, pregnant—abortions are down, the industry is losing money, and they can only charge so much. So they find a buyer of the body parts of the fetus. There it is: "Fee For Services." As I said before, \$600 for a cadaver, \$125 for this, \$75 for that. The lower numbers are probably so common that they are not worth much. So they sell the body parts. Then they do unimaginable things to the emotional life of this unfortunate woman who is in so much need of help and counseling.

But there is another dirty little secret, which isn't very well talked about; that is, untold numbers of women in some clinics are being sexually assaulted, harassed, physically harmed, and sometimes killed, as I said before, in these "safe" and "legal" clinics.

I will give you two examples.

Two months later, [fictitious Dr.] Roe was performing a first-trimester abortion on 23-year-old "Lucy" when she began to hemorrhage from a perforation he had made. Still operating without a back-up supply of blood, Roe gave her a transfusion of his own blood. . . .

The only problem was, it was not her blood type. He did not bother to check that out.

Lucy then went into cardiac arrest. . . . In Texas, private ambulances are limited to

transfers of stable patients and are prohibited from responding to emergency calls. Therefore, they do not respond with any sense of urgency. When the ambulance crew finally arrived and discovered the case was a life-and-death emergency, they transported Lucy immediately rather than call for a fire department ambulance. Unfortunately, Lucy was not as lucky as Claudia [another girl] and she bled to death—

She bled to death—
on November 4, 1977.

That was a long time ago, so I will probably be criticized for bringing something up that long ago.

On June 2, 1989, "Margaret" went to [an abortion clinic] to have an abortion performed. . . . After she was dismissed, she started experiencing pain and bleeding, and called the facility about her symptoms. They did not advise her to seek medical care. Two days later, she sought medical treatment on her own and was told that she had a perforated uterus and retained fetal tissue. A D&C was performed to complete the abortion and, due to infection, a hysterectomy was also necessary. Unfortunately, despite all efforts to save her life, Margaret died of the complications of her abortion, leaving behind her husband and one-year-old son.

Taking good care of mom, aren't they? They really are.

And more recently in 1997, in San Diego:

An abortion doctor is being charged with murder by the district attorney of Riverside County, east of Los Angeles.

Dr. Bruce Steir faces a February hearing on a murder charge stemming from the December 1996 death of Sharon Hampton, 27, following an abortion at A Lady's Choice Clinic in Moreno Valley, near Riverside.

Miss Hampton died from internal bleeding as the result of a perforated uterus. The pathologist in the case found "gross negligence" and recommended that the death be considered a homicide.

You see, it is getting more serious because the better trained doctors in all types of abortions are not doing them anymore. So they want to go where the money is: Body parts. I am not going to go into the gory details and some of the sick things that have been done by some in terms of the humiliation of patients, in terms of sexual abuse, and so forth.

Tomorrow, at some point, I intend to offer an amendment that shines the light into the industry. I intend to push for a full investigation into this industry. I intend to find out whether live births are, in fact, used for the sale of body parts. I intend to find out whether in fact partial-birth abortions are used for the sale of body parts. I intend to find out whether laws are being violated in this country and, if so, who is violating them.

This amendment will provide for the light to shine into these clinics so we can get these answers. We deserve these answers. If you are pro-woman, and you are pro-child, you ought to be for my amendment. If you do not like the fact that women die horrible deaths, that children are being chopped up and sold illegally, I don't care which side of the debate you are on, if you wonder whether or not and you are not sure whether or not partial-birth abortions are used for the sale of body parts

in some cases, if you want to know whether they are, then let's find out. Let's look into it. Let's see if we can get the answers. And that is what my amendment does.

This has been a long, difficult speech for me to make. But I want my colleagues to know that just about everything in America is regulated—unfortunately, in some cases. There is no reason why this industry should not be regulated. Let's find out what is going on. Let's shine the light in. Let's bring the sunshine in. And let's get answers. And let's find out about the sale of body parts. Let's find out what the source of those body parts are. Let's shine the light in on the industry.

Tomorrow, I will have an amendment on that subject. I truly hope all Americans will be supportive—pro-life, pro-abortion. If you want to see to it that women are not abused, if you want to see to it that women are treated with respect and dignity, if you want to see to it that if an abortion occurs and there is a live birth, that that child should get help, should be allowed to live, if you want all that, and you care, then you should support this amendment because all it does is shine the light in. It is a disclosure amendment. That is all it is. It requires disclosure to shippers for any package containing human fetal tissue. It also contains language to limit the payment of a site fee from the transferee entity to the abortionist to be reasonable in terms of reimbursement for the actual real estate or facilities used by such an entity.

We are going to find out whether these people are in the business of selling body parts or abortions or both. What is the percentage? How much are they making on each? Shine in the light.

I have been on the floor year after year and in the House before that, for 15 to 16 years, trying to end this horrible industry, this disgusting exploitation of children and women, to no avail. If we just had a President who would pick up his pen and say, "I don't want to see another few thousand people die in the next 5 years; I am willing to sign the ban on one type of abortion," we could get a good start. But he won't do it. We are going to lose again.

So let's win with this amendment. Let's try to get an amendment passed that will shine the light in so we can find out what goes on in the industry.

I yield the floor.

MORNING BUSINESS

The PRESIDING OFFICER (Mr. BROWNBACK). Under the previous order, the Senate will now proceed to a period of morning business with Senators permitted to speak.

The Senator from Pennsylvania.

THOUGHTS ON DISCUSSION OF PARTIAL-BIRTH ABORTION

Mr. SANTORUM. Mr. President, I will speak briefly. The Senator from

Tennessee, Mr. FRIST, is here. I know he is planning to come and talk about this issue. Under our agreement, I agreed I would yield the floor when he gets here to make a speech.

I, first, thank the Senator from New Hampshire. I did not catch all of his remarks. I caught the last 45 minutes or so. He is talking about a very difficult issue. It is an amendment we will have to vote on tomorrow. It is not a difficult issue. It is a difficult issue to talk about. I think it is a rather simple issue. I am hopeful, again, this will be an issue where we put the politics of abortion aside and understand this kind of action should at least be looked into by some sort of study to determine whether this activity occurs and how pervasive this is.

What I would like to do tonight is share some thoughts in response to a discussion today about the anecdotes of cases that were presented in defense of partial-birth abortions. We heard about cases of women who needed this procedure to save the mother's health or the mother's life. I would like to review what the medical evidence is, again, and also bring up some cases where people took a different option and show how that option, as humane as the other side, with their wonderful pictures of husbands and wives and in some cases children, as warm and fuzzy as they would make it out to be, the fact is, in every one of those cases a child was killed. A baby was killed. That is a tragedy.

In many cases the baby would not have lived long, but the baby was killed before its time. Many of the people I am going to talk about tonight understood their baby was not going to live long or might suffer from severe abnormalities, but they were willing to take their child's life for what it was, as we all do when we are confronted with it in our own lives. We find out a son or daughter is afflicted with a horrible illness. Our immediate reaction is, well, how can I put my child out of its misery? Or my child isn't going to live very much longer; how can I end it sooner?

I don't think that is the immediate reaction of mothers and fathers in America. But yet, when it comes to the baby in the womb, we have many people who believe that is the logical thing to do. I argue that it is not the logical thing. It is not the rational thing. It is not the humane thing. It is not in the best interest of the health of the mother. All those other things, in fact, in this debate don't matter.

What does matter in this debate is, is it in the best health interest of the mother? I will talk tonight about cases where people made a different choice and, I argue, from a health perspective, a better choice. When I say "health," I mean not only the physical health of the mother but also the mental health of the mother.

We will talk about some of those cases. I will talk about some of the cases that were brought up today and

explain why those cases, again, were not medically necessary to protect the health of the mother. There were other options available, even if they wanted to choose abortion.

Then I will share with you some things that have happened to me as a result of this debate and provide to my colleagues that, while we may not win all the votes, at times there are things even more important than that.

I see the Senator from Tennessee, Dr. FRIST, is here. I yield the floor to him.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. FRIST. Mr. President, I rise to continue the debate on the Partial-Birth Abortion Ban Act of 1999. I rise to follow the Senator from Pennsylvania, who has taken a leadership position and a moral position. I am delighted to hear he will tonight concentrate on an issue that I think has been for far too long overlooked in this debate; that is, the effects of this procedure, which is a barbaric procedure, on women. Those women are our sisters, our mothers, our daughters. That health effect is something that gets lost too often in the debate, which is not the politics. It is not the rhetoric. It is not the emotion. It is the health of the woman involved.

This is the third time I have had the opportunity to come to the floor and participate in this debate on the issue of partial-birth abortion. Each time I come, as a physician, I take the time to review the recent medical literature to see what the facts are, what the clinical studies are, what is the information and the medical armamentarium, the literature that is out there. That is where the medical profession, that is where the scientists involved in medicine, that is where the surgeons publish their experience, where you talk about indications, you talk about the side effects, you talk about risk, you talk about complications. That is where you share it with your colleagues.

Each time before coming to the floor to debate this issue and discuss this issue, I talk to my colleagues at the various institutions where I have trained and have been, on the east coast, the west coast in training. I picked up the phone and talked to several of them today, colleagues who are obstetricians directly involved in the surgical aspects of this procedure.

Each time this issue comes to the floor of the Senate, I step back and look at what studies, what developments there have been since we last discussed this issue. I rise tonight to talk about this procedure as a medical procedure. It has been interesting to me because over the course of today I have heard again and again that there is no obstetrician in this body of the Senate. I am not an obstetrician. I am a surgeon, which means I am trained to perform surgical procedures.

I am trained. I spent 20 years in both training and engaged in surgery to make surgical diagnoses, to perform