

Mr. SANTORUM. Mr. President, I ask for the yeas and nays on the amendment.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

Mr. SANTORUM. Mr. President, I move to table amendment No. 2321 and 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 the amendment No. 2321. The yeas and nays have been ordered.

The clerk will call the roll.

The legislative clerk called the roll.

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

The result was announced—yeas 48, nays 51, as follows:

[Rollcall Vote No. 336 Leg.]

YEAS—48

| | | |
|-----------|------------|------------|
| Abraham | Fitzgerald | Mack |
| Allard | Frist | McConnell |
| Ashcroft | Gorton | Murkowski |
| Bennett | Gramm | Nickles |
| Bond | Grams | Reid |
| Breaux | Grassley | Roberts |
| Brownback | Gregg | Roth |
| Bunning | Hagel | Santorum |
| Burns | Hatch | Sessions |
| Cochran | Helms | Shelby |
| Coverdell | Hutchinson | Smith (NH) |
| Craig | Hutchison | Smith (OR) |
| Crapo | Inhofe | Thomas |
| DeWine | Kyl | Thompson |
| Domenici | Lott | Thurmond |
| Enzi | Lugar | Voinovich |

NAYS—51

| | | |
|----------|------------|-------------|
| Akaka | Edwards | Lieberman |
| Baucus | Feingold | Lincoln |
| Bayh | Feinstein | Mikulski |
| Biden | Graham | Moynihan |
| Bingaman | Harkin | Murray |
| Boxer | Hollings | Reed |
| Bryan | Inouye | Robb |
| Byrd | Jeffords | Rockefeller |
| Campbell | Johnson | Sarbanes |
| Chafee | Kennedy | Schumer |
| Cleland | Kerrey | Snowe |
| Collins | Kerry | Specter |
| Conrad | Kohl | Stevens |
| Daschle | Landrieu | Torricelli |
| Dodd | Lautenberg | Warner |
| Dorgan | Leahy | Wellstone |
| Durbin | Levin | Wyden |

NOT VOTING—1

McCain

The motion was rejected.

Mr. BYRD. Mr. President, earlier today I voted against tabling a sense of the Congress amendment proposed by Senator HARKIN regarding the Supreme Court's 1973 decision in the case of Roe v. Wade. Because that vote was, to the best of my recollection, the first time the Senate has directly and specifically addressed the issue of the Court's ruling, I wish to take a few moments to explain my position for the benefit of my constituents in West Virginia.

First, despite the fact that I supported the Harkin amendment, I reiterate that I am, as I always have been, personally opposed to abortion, with few exceptions—such as when the life of the woman would be endangered, or in cases of incest or rape, when promptly reported.

However, the reality of the situation is that the decision of the Supreme Court in Roe v. Wade is the law of the land. No matter what I think personally of the procedure in question, I accept the fact that the Court, in a 7-to-2 ruling, has definitively spoken on this matter. Accordingly, I felt it was appropriate to support the language of the Harkin amendment.

The PRESIDING OFFICER. The question is on agreeing to the amendment. The yeas and nays have been ordered.

The Senator from Pennsylvania.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

The Senator from Pennsylvania.

Mr. SANTORUM. Mr. President, I ask unanimous consent there be a vote on the Harkin amendment at 2 o'clock.

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

WORK INCENTIVES IMPROVEMENT ACT OF 1999

Mr. SANTORUM. Mr. President, I ask unanimous consent the Senate now proceed to the consideration of H.R. 1180, the work incentives bill. I further ask consent that all after the enacting clause be stricken and the text of S. 331, as passed by the Senate, be inserted in lieu thereof. I further ask the bill be read a third time and passed, the motion to reconsider be laid upon the table, the Senate then insist upon its amendment, and request a conference with the House.

I further ask consent that nothing in this agreement shall alter the provisions of the consent agreement on June 14, 1999, relating to S. 331.

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

The bill (H.R. 1180), as amended, was read the third time and passed.

(The text of S. 331 is printed in the CONGRESSIONAL RECORD of June 16, 1999.)

Mr. SANTORUM. Mr. President, I ask unanimous consent the Chair be authorized to appoint conferees on the part of the Senate.

The PRESIDING OFFICER. Is there objection?

Mr. KENNEDY. Reserving the right to object. I reserve the right to object, Mr. President.

The PRESIDING OFFICER. The Senator reserves the right to object.

Mr. KENNEDY. If the Senator from Pennsylvania is the acting leader, could he give us some indication of when we will go to conference on that legislation? It is the most important piece of legislation affecting the dis-

abled in this country. We have passed the legislation 99-0. It has been in the House of Representatives for several months. I hope at the time we are announcing we are going to appoint conferees, we would have at least some indication from the leadership as to when we are going to get to conference. I know millions of disabled Americans across this country will want to know what the intention of the leadership is on this legislation.

Can the Senator give us some idea?

Mr. SANTORUM. I say to the Senator from Massachusetts, first, I think this bill we are considering right now has a far greater impact on people with disabilities to come than this piece of legislation. But that being said, I am just doing this on behalf of the leader. I have not conferred with the leader as to what his plans are, so I am unable to answer the Senator's question.

Mr. KENNEDY. Further reserving the right to object, and I will not at this time, I think this legislation is of enormous importance. We are very hopeful we will get an early conference on it and we will get a favorable resolution. This has passed 99-0 in our body. It is a good bill that came out of the House. It is legislation we ought to complete before we adjourn.

I have no objection.

There being no objection, the Presiding Officer (Mr. HAGEL) appointed Mr. ROTH, Mr. LOTT, and Mr. MOYNIHAN conferees on the part of the Senate.

PARTIAL-BIRTH ABORTION BAN ACT OF 1999—Continued

Mr. BROWNBACK. Mr. President, I submit for the RECORD a speech given by Mother Teresa. I think it is quite germane to this debate we are having on partial-birth abortion. It is piercing in its view of the truth. It is piercing in its view of the issue of abortion. It is quite clear. I think it is full of great wisdom.

I ask unanimous consent it be printed in the RECORD.

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

THIS GIFT OF PEACE—SMILE AT EACH OTHER

(By Mother Teresa)

As we have gathered here together to thank God for the Nobel Peace Prize, I think it will be beautiful that we pray the prayer of St. Francis of Assisi which always surprises me very much—we pray this prayer every day after Holy Communion, because it is very fitting for each one of us, and I always wonder that 4-500 years ago as St. Francis of Assisi composed this prayer that they had the same difficulties that we have today, as we compose this prayer that fits very nicely for us also. I think some of you already have got it—so we will pray together.

Let us thank God for the opportunity that we all have together today, for this gift of peace that reminds us that we have been created to live that peace, and Jesus became man to bring that good news to the poor. He being God became man in all things like us except sin, and he proclaimed very clearly that he had come to give the good news. The

news was peace to all of good will and this is something that we all want—the peace of heart—and God loved the world so much that he gave his son—it was a giving—it is as much as if to say it hurt God to give, because he loved the world so much that he gave his son, and he gave him to Virgin Mary, and what did she do with him?

As soon as he came in her life—immediately she went in haste to give that good news, and as she came into the house of her cousin, the child—the unborn child—the child in the womb of Elizabeth, lit with joy. He was that little unborn child, was the first messenger of peace. He recognized the Prince of Peace, he recognized that Christ has come to bring the good news for you and for me. And as if that was not enough—it was not enough to become a man—he died on the cross to show that greater love, and he died for you and for me and for that leper and for that man dying of hunger and that naked person lying in the street not only of Calcutta, but of Africa, and New York, and London, and Oslo—and insisted that we love one another as he loves each one of us. And we read that in the Gospel very clearly—love as I have loved you—as I love you—as the Father has loved me, I love you—and the harder the Father loved him, he gave him to us, and how much we love one another, we, too, must give each other until it hurts. It is not enough for us to say: I love God, but I do not love my neighbour. St. John says you are a liar if you say you love God and you don't love your neighbour. How can you love God whom you do not see, if you do not love your neighbour whom you see, whom you touch, with whom you live. And so this is very important for us to realize that love, to be true, has to hurt. It hurt Jesus to love us, it hurt him. And to make sure we remember his great love he made himself bread of life to satisfy our hunger for his love. Our hunger for God, because we have been created for that love. We have been created in his image. We have been created to love and be loved, and then he has become man to make it possible for us to love as he loved us. He makes himself the hungry one—the naked one—the homeless one—the sick one—the one in prison—the lonely one—the unwanted one—and he says: You did it to me. Hungry for our love, and this is the hunger of our poor people. This is the hunger that you and I must find, it may be in our own home.

I never forget an opportunity I had in visiting a home where they had all these old parents of sons and daughters who had just put them in an institution and forgotten maybe. And I went there, and I saw in that home they had everything, beautiful things, but everybody was looking toward the door. And I did not see a single one with their smile on their face. And I turned to the sister and I asked: How is that? How is it that the people they have everything here, why are they all looking toward the door, why are they not smiling? I am so used to see the smile on our people, even the dying ones smile, and she said: This is nearly every day, they are expecting, they are hoping that a son or daughter will come to visit them. They are hurt because they are forgotten, and see—this is where love comes. That poverty comes right there in our own home, even neglect to love. Maybe in our own family we have somebody who is feeling lonely, who is feeling sick, who is feeling worried, and these are difficult days for everybody. Are we there, are we there to receive them, is the mother there to receive the child?

I was surprised in the waste to see so many young boys and girls given into drugs, and I tried to find out why—why is it like that, and the answer was: Because there is no one in the family to receive them. Father and mother are so busy they have no time.

Young parents are in some institution and the child takes back to the street and gets involved in something. We are talking of peace. These are things that break peace, but I feel the greatest destroyer of peace today is abortion, because it is a direct war, a direct killing—direct murder by the mother herself. And we read in the Scripture, for God says very clearly. Even if a mother could forget her child—I will not forget you—I have curved you in the palm of my hand. We are curved in the palm of His hand so close to Him that unborn child has been curved in the hand of God. And that is what strikes me most, the beginning of that sentence, that even if a mother could forget something impossible—but even if she could forget—I will not forget your. And today the greatest means—the greatest destroyer of peace is abortion. And we who are standing here—our parents wanted us. We would not be here if our parents would do that to us. Our children, we want them, we love them, but what of the millions. Many people are very, very concerned with the children in India, with the children of Africa where quite a number die, maybe of malnutrition, of hunger and so on, but millions are dying deliberately by the will of the mother. And this is what is the greatest destroyer of peace today. Because if a mother can kill her own child—what is left for me to kill you and you to kill me—there is nothing between. And this I appeal in India, I appeal everywhere: Let us bring the child back, and this year being the child's year: What have we done for the child? At the beginning of the year I told, I spoke everywhere and I said: Let us make this year that we make every single child born, and unborn, wanted. And today is the end of the year, have we really made the children wanted? I will give you something terrifying. We are fighting abortion by adoption, we have saved thousands of lives, we have sent words to all the clinics, to the hospitals, police stations—please don't destroy the child, we will take the child. So every hour of the day and night it is always somebody, we have quite a number of unwed mothers—tell them come, we will take care of you, we will take the child from you, and we will get a home for the child. And we have a tremendous demand for families who have no children, that is the blessing of God for us. And also, we are doing another thing which is very beautiful—we are teaching our beggars, our leprosy patients, our slum dwellers, our people of the street, natural family planning.

And in Calcutta alone in six years—it is all in Calcutta—we have had 61,273 babies less from the families who would have had, but because they practice this natural way of abstaining, of self-control, out of love for each other. We teach them the temperature meter which is very beautiful, very simple, and our poor people understand. And you know what they have told me? Our family is healthy, our family is united, and we can have a baby whenever we want. So clear—these people in the street, those beggars—and I think that if our people can do like that how much more you and all the others who can know the ways and means without destroying the life that God has created in us. The poor people are very great people. They can teach us so many beautiful things. The other day one of them came to thank and said: You people who have evolved chastity you are the best people to teach us family planning. Because it is nothing more than self-control out of love for each other. And I think they said a beautiful sentence. And these are people who maybe have nothing to eat, maybe they have not a home where to live, but they are great people. The poor are very wonderful people. One evening we went out and we picked up four people from the street. And one of them

was in a most terrible condition—and I told the sisters: You take care of the other three, I take of this one that looked worse. So I did for her all that my love can do. I put her in bed, and there was such a beautiful smile on her face. She took hold of my hand, as she said one word only: Thank you—and she died.

I could not help but examine my conscience before her, and I asked what would I say if I was in her place. And my answer was very simple. I would have tried to draw a little attention to myself, I would have said I am hungry, that I am dying, I am cold, I am in pain, or something, but she gave me much more—she gave me her grateful love. And she died with a smile on her face. As that man whom we picked up from the drain, half eaten with worms, and we brought him to the home. I have lived like an animal in the street, but I am going to die like an angel, loved and cared for. And it was so wonderful to see the greatness of that man who could speak like that, who could die like that without blaming anybody, without cursing anybody, without comparing anything. Like an angel—this is the greatness of our people. And that is why we believe what Jesus has said: I was hungry—I was naked—I was homeless—I was unwanted, unloved, uncared for—and you did it to me. I believe that we are not real social workers. We may be doing social work in the eyes of the people, but we are really contemplatives in the heart of the world. For we are touching the body of Christ 24 hours. We have 24 hours in this presence, and so you and I. You too try to bring that presence of God in your family, for the family that prays together stays together. And I think that we in our family we don't need bombs and guns, to destroy to bring peace—just get together, love one another, bring that peace, that joy, that strength of presence of each other in the home. And we will be able to overcome all the evil that is in the world. There is so much suffering, so much hatred, so much misery, and we with our prayer, with our sacrifice are beginning at home. Love begins at home, and it is not how much we do, but how much love we put in the action that we do. It is to God Almighty—how much we do it does not matter, because He is infinite, but how much love we put in that action. How much we do to Him in the person that we are serving. Some time ago in Calcutta we had great difficulty in getting sugar, and I don't know how the word got around to the children, and a little boy of four years old, Hindu boy, went home and told his parents: I will not eat sugar for three days, I will give my sugar to Mother Teresa for her children. After three days his father and mother brought him to our house. I had never met them before, and this little one could scarcely pronounce my name, but he knew exactly what he had come to do. He knew that he wanted to share his love. And this is why I have received such a lot of love from you all. From the time that I have come here I have simply been surrounded with love, and with real, real understanding love. It could feel as if everyone in India, everyone in Africa is somebody very special to you. And I felt quite at home I was telling Sister today. I feel in the Convent with the Sisters as if I am in Calcutta with my own Sisters. So completely at home here, right here. And so here I am talking with you—I want you to find the poor here, right in your own home first. And begin love there. Be that good news to your own people. And find out about your next-door neighbor—do you know who they are? I had the most extraordinary experience with a Hindu family who had eight children. A gentleman came to our house and said: Mother Teresa, there is a family with eight children, they had not eaten for so

long—do something. So I took some rice and I went there immediately. And I saw the children—their eyes shining with hunger—I don't know if you have ever seen hunger. But I have seen it very often. And she took the rice, and divided the rice, and she went out. When she came back I asked her—where did you go, what did you do? And she gave me a very simple answer: They are hungry also. What struck me most was that she knew—and who are they, a Muslim family—and she knew. I didn't bring more rice that evening because I wanted them to enjoy the joy of sharing. But there was those children, radiating joy, sharing the joy with their mother because she had the love to give. And you see this is where love begins—at home. And I want you—and I am very grateful for what I have received. It has been a tremendous experience and I go back to India—I will be back by next week, the 15th I hope—and I will be able to bring your love.

And I know well that you have not given from your abundance, but you have given until it hurts you. Today the little children they gave—I was so surprised—there is so much joy for the children that are hungry. That the children like themselves will need love and care and tenderness, like they get so much from their parents. So let us thank God that we have had this opportunity to come to know each other, and this knowledge of each other has brought us very close. And we will be able to help not only the children of India and Africa, but will be able to help the children of the whole world, because as you know our Sisters are all over the world. And with this Prize that I have received as a Prize of Peace, I am going to try to make the home for many people that have no home. Because I believe that love begins at home, and if we can create a home for the poor—I think that more and more love will spread. And we will be able through this understanding love to bring peace, be the good news to the poor. The poor in our own family first, in our country and in the world. To be able to do this, our Sisters, our lives have to be woven with prayer. They have to be woven with Christ to be able to understand, to be able to share. Because today there is so much suffering—and I feel that the passion of Christ is being relived all over again—are we there to share that passion, to share that suffering of people. Around the world, not only in the poor countries, but I found the poverty of the West so much more difficult to remove. When I pick up a person from the street, hungry, I give him a plate of rice, a piece of bread, I have satisfied. I have removed that hunger. But a person that is shut out, that feels unwanted, unloved, terrified, the person that has been thrown out from society—that poverty is so hurtful and so much, and I find that very difficult. Our Sisters are working amongst that kind of people in the West. So you must pray for us that we may be able to be that good news, but we cannot do that without you, you have to do that here in your country. You must come to know the poor, maybe our people here have material things, everything, but I think that if we all look into our own homes, how difficult we find it sometimes to smile at each other, and that the smile is the beginning of love. And so let us always meet each other with a smile, for the smile is the beginning of love, and once we begin to love each other naturally we want to do something. So you pray for our Sisters and for me and for our Brothers, and for our co-workers that are around the world. That we may remain faithful to the gift of God, to love Him and serve Him in the poor together with you. What we have done we would not have been able to do if you did not share with your prayers, with your gifts, this continual giving. But I don't want you to give me from your abundance, I

want that you give me until it hurts. The other day I received 15 dollars from a man who has been on his back for twenty years, and the only part that he can move is his right hand. And the only companion that he enjoys is smoking. And he said to me: I do not smoke for one week, and I send you this money. It must have been a terrible sacrifice for him, but see how beautiful, how he shared, and with that money I bought bread and I gave to those who are hungry with a joy on both sides, he was giving and the poor were receiving. This is something that you and I—it is a gift of God to us to be able to share our love with others. And let it be as it was for Jesus. Let us love one another as he loved us. Let us love Him with undivided love. And the joy of loving Him and each other—let us give now—that Christmas is coming so close. Let us keep that joy of loving Jesus in our hearts. And share that joy with all that we come in touch with. And that radiating joy is real, for we have no reason not to be happy because we have Christ with us. Christ in our hearts, Christ in the poor that we meet, Christ in the smile that we give and the smile that we receive. Let us make that one point: That no child will be unwanted, and also that we meet each other always with a smile, especially when it is difficult to smile.

I never forget some time ago about 14 professors came from the United States from different universities. And they came to Calcutta to our house. Then we were talking about home for the dying in Calcutta, where we have picked up more than 36,000 people only from the streets of Calcutta, and out of that big number more than 18,000 have died a beautiful death. They have just gone home to God; and they came to our house and we talked of love, of compassion, and then one of them asked me: Say, Mother, please tell us something that we will remember, and I said to them: Smile at each other, make time for each other in your family. Smile at each other. And then another one asked me: Are you married, and I said: Yes, and I find it sometimes very difficult to smile at Jesus because he can be very demanding sometimes. This is really something true, and there is where love comes—when it is demanding, and yet we can give it to Him with joy. Just as I have said today, I have said that if I don't go to Heaven for anything else I will be going to Heaven for all the publicity because it has purified me and sacrificed me and made me really something ready to go to Heaven. I think that this is something, that we must live life beautifully, we have Jesus with us and He loves us. If we could only remember that God loves me, and I have an opportunity to love others as He loves me, not in big things, but in small things with great love, then Norway becomes a nest of love. And how beautiful it will be that from here a centre for peace of war has been given. That from here the joy of life of the unborn child comes out. If you become a burning light in the world of peace, then really the Nobel Peace Prize is a gift of the Norwegian people. God bless you!

Mr. BROWNBACK. Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. SANTORUM. Mr. President, I ask unanimous consent that the pend-

ing amendment be set aside. Obviously, we have a vote locked in at 2 o'clock. I ask unanimous consent that it be set aside.

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

Mr. SANTORUM. Mr. President, what I want to do is give an opportunity for other Senators who have amendments to come to the floor and offer their amendments during this time so we can move forward on the bill, with the expectation we can finish the bill sometime today.

Also, if any Senator has a statement on either side of the issue, this is a good opportunity to come down and make their statement about the bill or about any amendment that has been offered to date. I hope we will use this time fruitfully and not delay the Senate any further in acting upon this very important measure.

I yield the floor.

The PRESIDING OFFICER. The Senator from Nebraska.

Mr. KERREY. Mr. President, does the Senator from Pennsylvania intend to stay on the floor for a while?

Mr. SANTORUM. For another 10 minutes, and then I am going to be gone.

Mr. KERREY. I have to leave as well. I have come a couple times trying to engage in a colloquy on this piece of legislation. I thought now would be the time to take a few minutes to do so.

I support a woman's right to choose. I voted yes on Medicaid funding. I think it is critical for me to support a woman's right to choose for those people who cannot afford it. I supported Federal employees' rights to use health insurance, and I supported rights of people in the armed services to reproductive services. I think I voted five times against your legislation or something to that extent, and a couple times to sustain the President's veto.

I want people on both sides of the aisle to understand this procedure deeply troubles me. I am not certain how I am going to vote this time around. I indicated to people in Nebraska that I am listening to their concerns about this procedure.

I state at the beginning this is a very difficult issue because very often we do not have a chance to debate and talk about it in a personal way, as in the way the Senator from Pennsylvania did last evening. I caught about the last 30 minutes of the presentation. It is a very moving and personal presentation the Senator makes, and oftentimes we just do not get that. We lock in our positions early on in our political careers and are told by our political consultants: You cannot change your position or modify your position in any way—especially in my case; I am coming up on an election—you are doing it for political reasons, so forth, your supporters get bitterly disappointed, on and on and all that political advice.

I have, in my case, to ignore that. I find this to be very much about what kind of a country we want to be, and it is a very serious debate. I do not know

that we have time, I say to the Senator from Pennsylvania, today or right now to do it, but at some point, even when the Senator from California is down here, I want to talk about this question of medical necessity because for me it turns on that. If this procedure is not medically necessary, then your legislation is not an undue burden upon anyone who chooses to undergo an abortion. It is not an undue burden. If it is medically necessary, then it can be an undue burden. That is where it gets in a hurry for me as I consider this.

I have talked to people in Nebraska about this, both for and against. It is very difficult for anybody, once they consider what this procedure is, to say: Gosh, that's good; it doesn't bother me; I am not concerned about it. Almost unanimously people say there is something about this that just does not seem right.

I wonder if the Senator can talk for a bit—I do not want to drag him too long into this discussion—about this issue of medical necessity. I will announce ahead of time for the staff, for the Senator from California, I will give her an opportunity, as well, to describe why she believes this is medically necessary. I have heard the Senator from Pennsylvania say it is not. I appreciate very much an opportunity to hear directly from him.

Mr. SANTORUM. Mr. President, first off, I thank the Senator very much for his interest in an honest and open debate. I agree, this is one of the critical issues we have to address, and the courts have confronted this question of undue burden.

Underlying that are two issues; one is the center point: Is this medically necessary. Second, are there alternatives to this procedure so as not to have an undue burden.

That gets into a couple issues. Let me address the medical necessity issue.

I will present the evidence as best I can that supports, we believe, the fact that this is not medically necessary. We have, of course, the AMA which said it is not medically necessary. That is the American Medical Association. They have said in a letter and stand by it that this procedure is not medically necessary.

We have C. Everett Koop, obviously someone who has a tremendous amount of respect in this country, who has written directly this is not medically necessary.

We have an organization of 600—actually more than 600—obstetricians and gynecologists, many of them members of the American College of Obstetrics and Gynecology, many of them fellows, who have written without any hesitation this procedure is not medically necessary and is, in fact, dangerous to the health of the mother. They go one step further: It is never medically preferable, not only medically necessary.

On the other side of the issue—and I am trying to present it, and I know the Senator from California will present her side—what is used is the American

College of Obstetrics and Gynecology policy statement on the issue. Several years ago, they put together a select panel, and the select panel reviewed the procedure to determine whether there were cases in which it was medically necessary to perform this procedure. They came forward with a statement. This is what their statement said:

[We] could identify no circumstances under which this procedure . . . would be the only option to save the life or preserve the health of the woman . . .

They went on to say—and this is where the Senator from California will come in and say, see, that is not the whole story, so I will go on. It says:

An intact D&X—

Partial-birth abortion—

however, may—

May—

be the best or most appropriate procedure in a particular circumstance to save the life or preserve the health of a woman, and only the doctor, in consultation with the patient, based upon the woman's particular circumstances can make this decision.

We have asked the American College of Obstetrics and Gynecology to provide us an example of where this procedure may be the best procedure because what they say is it "may." For 3 years we have asked them to provide us a factual situation where, in fact, this "may" would come into play, and they have not done so.

In fact, we have letters, and I would be happy to share them with you; there are dozens—in fact, there is a whole stack—from obstetricians and gynecologists throughout America who take issue with this statement, saying there are no circumstances where this would be the most appropriate procedure.

Dr. FRIST addressed that issue last night. He went through the medical literature and talked about it. I have asked him to come over, if he can, because I think, as a physician, as a surgeon, he may be better to answer this question than me.

Mr. KERREY. I appreciate that very much.

Mr. President, I expect, after lunch, to come back. I hope there is an opportunity to engage in this kind of colloquy.

I will give you an example. There was a woman who approached me and said: Senator, there are times when a woman gets an abortion where she would prefer not to. She has gone in for delivery—that is the situation this woman described to me. She went in to deliver a baby. She went in and delivered prematurely, and the doctor had to make a decision and chose, she thought, this procedure—I don't know precisely; I don't have the documentation on this—but thought the doctor chose this procedure and was worried that if this procedure was not available, the doctor might not have been able to save her life.

I presume the Senator has a response to that. This is not a unique situation.

In other words, this is not a woman who has chosen to have an abortion. She wanted to have the baby. She wanted to deliver the baby.

Mr. SANTORUM. She was in the process of delivery, and they had to do something?

Mr. KERREY. That is correct.

Mr. SANTORUM. Two comments.

First of all, the definition of "partial-birth abortion" is very clear. It requires an intent to do an abortion. So if you were going in, and you were having a delivery, and the delivery is breech, for example, that would not be covered under this. It is very clear. There is no court in the land, that has reviewed this, that has suggested that anyone who is in the process of delivering a child for the purpose of a live birth is covered under this definition because you have to have the intent to have an abortion. If there is no such intent, then you are not covered under the act.

Mr. KERREY. Has the Senator examined the Eighth Circuit decision that overturned it?

Mr. SANTORUM. I have.

Mr. KERREY. Can we speak to that later? I don't want to keep you any longer. You were kind enough to stick around a few minutes. I need to leave for a luncheon, as well. Perhaps we can speak later this afternoon.

Mr. SANTORUM. Yes, I would be happy to. In fact, I shared with the Senator from Nebraska yesterday an amendment to the bill that I think directly is on point with what the Eighth Circuit decision had concern with, which is the vagueness of the definition, that it could cover more than one abortion. I think this refinement of the definition makes it crystal clear that we are only talking about this one procedure.

As I said to the Senator from California, Mrs. FEINSTEIN, when she was going through the Eighth Circuit decision earlier, the Eighth Circuit said our problem with this is it includes too much. Obviously, if you take the logic of that, they would probably not have a problem if it did not include too much.

Mr. KERREY. The language you showed me earlier to modify your amendment was to respond to the Eighth Circuit?

Mr. SANTORUM. That is correct.

Mr. KERREY. Mr. President, I accomplished at least the objective of letting people know that: Please, don't put me in the "no column" on this immediately. I indicated the last time this thing was around that I have significant reservations about it. I have listened to people and talked to people, especially at home, and under no circumstances do I—I was Governor for 4 years and have been a Senator for 10 years. The worst thing is to be locked into a position from which people say you can't change, even if you acquire evidence that your previous position is wrong.

So I want both the Senator from Pennsylvania and especially the people

in Nebraska to understand that I am looking at it. If I conclude I was wrong the other time, I will vote differently this time.

Mr. SANTORUM. I thank the Senator from Nebraska for his openmindedness on this. From my perspective, in looking at his career, it comports very well with his previous practice. I appreciate the opportunity to converse with the Senator.

I might just say, this is the kind of dialog I think we need to have on the Senate floor when it comes to this issue. Let's get to the material facts that are before us, and let's have an enlightened discussion about what underpins this case.

Dr. FRIST is here. If the Senator would care to add to this colloquy, I would certainly appreciate his comments.

Mr. FRIST. Mr. President, it is interesting. I believe much of the discussion centers on the fact of this being a particular procedure; that is, as I have said on the floor of the Senate, this particular procedure, as described, is a subset of many other types of procedures of abortion.

As I talk to physicians and surgeons, which I do on a regular basis—because, as I said, I am not an obstetrician, I am a surgeon who is trained in looking at surgical techniques—this is a specific technique which is a subset of a much larger armamentarium. This is where much of the confusion is. It is confusing to many physicians. Physicians today have this great fear that by prohibiting a single procedure, in some way that is going to be expanded to eliminate the much larger armamentarium of tools used.

That is what we have to be very careful of. We are talking about a very specific procedure that has been described. We do not need to go through the details now. There are other procedures that are in a broader arena called D&E and all these more medical terms it is not worth getting into.

But it is important for people to understand this is a very specific type of procedure that is different, that is on the fringe; that does not mean the other procedures can't and in certain cases shouldn't be used.

Mr. KERREY. If the Senator will yield for a question in this regard.

Mr. FRIST. Yes.

Mr. KERREY. This bill, then, is inaccurately characterized as a late-term abortion bill? It is not? I have had people ask me about it: Are you going to support the partial-birth abortion bill because it is going to end this procedure, late-term procedure? This is a bill that would make illegal a specific medical procedure?

Mr. FRIST. That is exactly right.

Mr. KERREY. The second part, is there precedent for us to do this sort of thing?

Mr. FRIST. No, there is not, or to my mind, there is not. You can find certain examples, because we are talking about life, and other places that the Senate has intervened.

The real concern among physicians, which I think is very accurate, is you are taking a specific procedure and taking it off the table. And the question is, Why?

The other big concern is, is this a slippery slope? Does this mean the Congress is going to come in and take another procedure and another procedure to accomplish a goal with some hidden agenda of eliminating all abortions for everybody under all circumstances at a certain point in life? It is not.

In is this unusual nature of being a specific procedure that is what is hard for the American people to understand and physicians to understand and our colleagues to understand. This basically takes a procedure, which is one of many, at any point—really 22 weeks and later—and eliminating it because of the brutality, the inhumaneness, the way it is performed, the risk, the unstudied risk of the safety of the mother, and the damage to the fetus, which during that period, I would argue, does feel pain.

Mr. KERREY. I thank the Senator.

Mr. FRIST. Thank you.

Let me move to something that I commented on very briefly, and that is this whole concept of a slippery slope. I have talked to a number of physicians in the last several days. Their concern is exactly as I implied. We have the Congress coming in and taking a procedure—and none of the physicians I have talked to have tried to justify this procedure in any way—but the great fear is that you take this procedure, and the Congress will come back a year from now, or 2 years from now or 3 years from now, and ban other very specific procedures.

I struggled with this a great deal because I do not want to see the Federal Government coming in to that decision making capacity. I struggled with it night and day. I struggled with it since we last debated this on the floor. But ultimately, I come back to the fact that women are being hurt by a specific procedure; thus, we have a public responsibility, as being trustees to the American people, since there are women being hurt by a procedure, which is unnecessary today, that continues to be performed on the fringe, out of the mainstream, that we do have a public obligation to reach out and prohibit that specific procedure.

I described in some detail last night the out-of-mainstream whole fringe nature of this procedure. Again, I think it is very important for people to understand this is a fringe procedure.

Then people will come and say: If it's such a fringe procedure, why do you say we need to go so far as to have the Federal Government become involved?

Again, it comes back to the fact that being a fringe procedure, the safety, the efficacy of this procedure has not been discussed.

As a surgeon, as someone who has spent his entire adult life, or 20 years of his life, studying surgical procedures, studying the indications for op-

eration, the techniques of operation, the potential complications of operation, the risks of operation, and the outcome of operation, none of that—none of that—has been studied by the medical profession for partial-birth abortion, which involves the rotation of the fetus in utero, pulling out most of the fetus, inserting scissors into the base of the cranium of the skull, expansion of those scissors, and evacuation of the brain. It has not been studied.

I have also mentioned I wanted to see what our medical students are learning. Therefore, over the last several days, I reviewed 17 different textbooks. In fact, they are sitting in my office. I thought about bringing a couple and putting them on the desk. In 17 of those textbooks, not once is that procedure described. Not once are the indications for that procedure there. Not once is there any discussion of the risk of the complications or of the outcome.

I challenge my colleagues and others: Where else would we allow a procedure which we know has complications? They have been outlined on the floor. We know there is hemorrhage or bleeding, or perforation of the uterus by a blind manipulation. We know there is a rupture of the uterus. The list goes on in terms of the complications of the procedure. But where else in medicine today do we actually allow a procedure to be performed that we know hurts people, that is on the fringe, which has not been studied by the medical profession? There are no trials. There are no publications in peer review journals. Of the thousands and thousands of peer review articles out there, the thousands in obstetrics each year, this procedure has not been studied. We have an option. We have alternatives in each and every case.

It is interesting because a number of people have called around and talked to their own medical schools trying to gather more information. They will call me afterwards and say: Senator FRIST, or Dr. FRIST, I just talked to the obstetrician back home and he says that abortions are indicated at certain points, in his or her mind. Therefore, to outlaw this procedure would mean no abortions will be performed in that middle or late trimester. You could argue, depending on your moral beliefs or medical beliefs, whether or not that should be the case, but that is not what is under discussion today.

What is under discussion is the elimination of a specific procedure for which there are alternatives; a specific procedure I argue not only offends the basic civil sensibilities of all Americans but is inhumane to the fetus and hurts and damages and threatens the health of women.

I was talking to an obstetrician yesterday at one of the very esteemed medical centers. I basically asked, do you teach this procedure. I have not talked to anybody yet—I know it is not in the literature—who teaches this procedure in an established surgical residency training program. That is the

program where we train the board certified obstetricians.

There might be some abortionists who are not board certified, who have not gone through board programs. It is important for people to know you can perform abortions, you can actually do surgery without being board certified. You don't have to go through the certification process. Yes, there are people performing this procedure, but if you go to the established licensing, credentialing bodies, you won't find this procedure being taught.

Are abortions being taught? It depends on which medical school you are attending. It depends on which residency training program. One person I was talking to yesterday said: No, at our hospital, as part of our program, we don't go in and teach midtrimester abortions. We don't teach the procedures. If you voluntarily come forward, yes, we will teach abortion. But we will not teach the partial-birth abortion, which involves manipulation within the uterus, blind extraction of 90, 95 percent of the fetus, and opening the cranium with scissors bluntly and evacuation of the brain. We teach abortion voluntarily, but we do not actually teach the partial-birth abortion.

Therefore, when my colleagues talk to people, be very specific that this procedure, the partial-birth abortion procedure as described on the floor of the Senate, is the procedure that is under discussion.

To summarize, this is a fringe procedure. It is outside of the mainstream. It is not studied or taught in our medical schools. Of the 17 textbooks I reviewed last night, I did find one reference, after looking through all 17 books, to partial-birth abortion. It had nothing to do with technique. It had nothing to do with complications. It had nothing to do with outcome. The only mention was one paragraph in this particular textbook. It mentioned the veto by the President of the United States.

There are alternatives to this inhumane, barbaric procedure. Thus, I continue to support the Senator from Pennsylvania in prohibiting this procedure and its practice.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. SMITH of New Hampshire. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. SMITH of New Hampshire. Mr. President, it is my intention at some point later on in the proceedings of the debate on this partial-birth abortion ban bill to offer an amendment that would bring some sunshine and light into the abortion industry in terms of disclosure.

As I indicated last night in a rather lengthy presentation on the Senate

floor, the sale of fetal body parts is illegal. Ironically, President Clinton himself signed the legislation banning that. Yet it is taking place in America. I think we need to look into this matter in great detail.

The purpose of my amendment is to provide that we have disclosure so we know who is selling, who is buying, what is being sold, and whether or not laws are being violated.

As many of you know, several years ago, in 1994 and 1995, I took to the floor of the Senate on this legislation. As a matter of fact, I wrote the original partial-birth abortion ban bill. I took a lot of heat for it. I received a lot of attacks from the media, a lot of attacks from some colleagues, and certainly from the abortion industry.

President Clinton came to my State and campaigned against me in my re-election efforts, as did Vice President GORE and Mrs. Clinton. They had a regular celebrity group up there making pretty much of a big deal out of the fact that I had been this "extremist" who stood on the Senate floor and exposed partial-birth abortion. I didn't even know it existed 6 years ago.

The interesting thing to me is, why is it that those of us who are opposed to this barbaric procedure are "extremists" and those who perform it are not? They are "thoughtful liberals," I guess. It is amazing what we can do with semantics and, with a little disingenuous discussion, how we can change the debate in this country.

Senator SANTORUM and others have talked extensively on what happens in a partial-birth abortion. I am not going to go into all of that. But I will say this: It is infanticide. It is killing children in some cases outside of the womb.

We have a child who is 90-percent born but for the head, and under the so-called Roe v. Wade law, unfortunately, that child, because the head has not come through the birth canal, can be killed by using a barbaric means of needle and sucking the brains from the child. It is a horrible procedure which has been discussed here in great detail. It is amazing to me that we are "extremists," we who are exposing it, and those who do it are not. But that is the way we are with semantics.

When I came down to the floor several years ago, I brought a little plastic medical doll. When the press was finished writing about it, it was a "plastic fetus." I was accused of showing aborted children on the floor of the Senate when in fact I showed a picture of premature babies who had been born who had lived. But as many times as I corrected papers such as the New York Times, they still couldn't get it right.

This debate has been pretty harsh at times. Frankly, it is very graphic. My goal is not to try to revisit all of that but to try to get into your heart, if I cannot your face, on this issue. We all have very strong feelings about this. But I have to believe most Americans are appalled, sickened, angered, and

disgusted that such a brutal act would take place in this country to be carried out against a defenseless child. Yet we condone it.

As I said last night on the floor, if every SPCA in America announced tomorrow they were going to kill all of their dogs and cats, unwanted cats and dogs, puppies, kittens, by using this procedure with no anesthetic, putting a needle to the back of the head and sucking the brains from those animals, I guarantee there would be a firestorm. There would be people protesting in front of the SPCA. But we do it to our children.

Then we say we are surprised when our children go out and kill other children, when they get into trouble with drugs and all the other things that sometimes happen to our children in society. What are we telling them? What is the message we are giving them? We are telling them: You are worthless. We tell them: You go to school today, Johnny, be a good boy, and we will abort your sister with this horrible procedure while you are in school. That is what we are telling them.

I was told from a very early age that when you are around children and talk, they listen. They hear you. A lot of times, you ask a 3-year old. I can discuss this or that, and they don't care what I am saying. They are not paying any attention. They are playing with their toys. You would be surprised at what they hear.

I tell you what they are hearing when they hear this debate. They are hearing: We are worthless; nobody cares about us. We can just go ahead and abort you, kill you—you are just to be discarded in a trash can—and go right on about our business, keep working on our jobs, having a nice vacation and our 401(k)s; everything is fine. We just go ahead and kill babies.

The vast majority of partial-birth abortions are performed on healthy women with healthy babies. Dr. Martin Haskell, who is the leading practitioner of partial-birth abortions, said: I will be quite frank; most of my abortions are elective in that 20- to 24-week range, and, in my particular case, 20 percent are for genetic reasons and 80 percent are purely elective. Mr. President, 24 weeks is 6 months.

I received a telephone call in one of my offices several weeks ago. A 9-year-old girl relayed to my staff this message:

I want to thank the Senator for being pro-life. I'm 9 years old and I would like him to tell America when he has the chance that my mother gave birth to me prematurely when she was 5 months pregnant. I'm here talking to you now. Please tell your fellow Americans not to kill children like me.

That is pretty powerful stuff.

When President Clinton held his press conference and said he had five women at the press conference who had all undergone health-saving partial-birth abortions, one of the women later

involved in that press conference admitted her abortion was not necessary at all. As far as her health was concerned, it was not medically necessary. She said on a radio show soon after the press conference:

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 women who were at the White House veto ceremony.

The sad truth is we will pass this bill; that is the good news. The bad news is it will be vetoed again for the third time by this President because we need 67 votes to override it and we don't have them. That is sad because thousands more children are going to die in the next few years because President William Jefferson Clinton won't sign this bill—thousands—and they will die brutally. We are responsible for it in this Senate because we can't get 67 men and women with the guts. Does it really take guts to stand up, go down to the well and say, aye, to ban this horrible procedure? We don't have them. And Bill Clinton has the pen. That is the Constitution.

I want everybody to know, three votes, maybe four—probably three—will decide whether thousands of children live or die. Hopefully, we keep that in mind as the debate moves forward.

I don't enjoy talking about abortions and about killing children. Why are we on the Senate floor doing this? Let me state why. Roe v. Wade was passed in 1973 that said anyone can have an abortion any time they want for any reason. Over 4,000 babies, 4,100 to be exact, die every day from legalized abortion; not from partial-birth abortion, to be fair, but from abortions. Many of them are partial-birth abortions.

When I first took the floor on this issue several years ago, I was told it might be a dozen or two dozen at the most, in extreme cases—hydrocephalic babies and other horrible deformities were the only times they were aborting. I was knocked by some, certainly in the media, that I made a mountain out of a molehill, this was not prevalent in our society, and why was I doing all this.

Now we find from the admission of their own people who perform the abortions that partial-birth abortions are very frequent. I will point out in a few moments why they are frequent. I will point out some of the dirty little secrets of this industry. It will shock Members. It shocked me.

Mr. President, 40 million children have died since 1973, since Roe v. Wade, from abortion—not partial-birth abortion but all abortions. There are 260 million Americans. Roughly one-seventh, about 15 percent, of America's population has been executed through abortion; never to be a mom, never to be a dad, never to be a doctor. Who knows. Maybe one of those kids could have been a scientist who found a cure for cancer—never have the chance to be happy, never have a chance to fulfill

their dreams. In the Declaration of Independence, Thomas Jefferson said we have the right to life, liberty, and the pursuit of happiness. Down the drain. They didn't have a choice.

I hear a lot about choice in this debate. What choice do they have? It would be interesting to have in the gallery some of the 40 million. They could be sitting up here today. I wonder how they would vote on this bill if they could vote. I think the vote would be different. I don't think there is any question about it.

Sometimes we make judgments about why a woman, mother, should have a right to have an abortion. I am reminded of a story I mentioned last night on the floor. I will mention it again because I know some missed it. I ask this question. Answer silently. If you knew a woman who had three children born blind, then she had two more children born deaf, a sixth child born mentally retarded, and she was pregnant again and she had syphilis, would you recommend she have an abortion? If you said yes, guess who you just killed. Beethoven. He made a pretty fair contribution to the world, as I recall, but we would have killed Beethoven. How many Beethovens have we killed in those 40 million? How many great baseball players such as my colleague presiding, have we killed? How many entertainers? We will never know. But we did it. We did it.

One of the things about America, people want to blame somebody else. My kid gets in trouble; it is not my fault; it is somebody else's fault.

We are responsible for this. We go to work; everything is fine. But don't worry about those 40 million kids—gone. Mr. President, 95 percent of those abortions are used for birth control. They were totally elective. One to two percent are done because the life of the mother was threatened or she was perhaps raped or some other horrible thing. That means that more than 38 million abortions are performed for reasons that boil down to one word: Convenience. It is convenient, isn't it? How convenient it is. Mom was too old; mom was too young; mom was in high school; mom was in college; mom needed to work.

Who knows. I want to speak directly to any woman out there now listening to me who may be pregnant with an unwanted pregnancy. There is help out there. One does not need to do this. Do not listen to those who say that is the only alternative. There is another alternative. If anyone wants help, there are professionals to help. Call my office or the office of any other pro-life Senator. We will steer anyone to the right people to get that help. I beg women to do it. They will be glad they did when they look back 10, 15, 20 years from now. They will be glad.

I had the privilege of helping to raise funds for a home for unwed mothers, a clinic in Baton Rouge, LA, from a woman who is a saint on Earth. Her name is Dorothy Wallace. She saved

10,000 women since 1973, advising them to choose life.

If you want something emotional, attend one of her meetings and see those 10-, 12-, 15-year-old boys and girls sitting there in the audience applauding Dorothy Wallace. You can have that experience too, I would say to any young woman out there; we can help you. There are professionals who will help you get through this. Choose life.

Let me say to the three or four Senators we need, who might change their votes—I am always an optimist; you never know—pick up your grandchild, or your child, if you are that young. Most of us are too old to have young children in here—not everybody. But pick up your own children, hold them in your arms, and ask yourself this question: How close is that little child in the birth canal that you are voting to kill, how close is that child to that little grandchild of yours you are now holding? Six months? Six years? I don't know. But look at that little grandchild. He or she has feet, has a face or body. So does that little child being executed in a partial-birth abortion.

I am going to talk for a few moments on the subject of my amendment, which is on the marketing and sale of fetal tissue from aborted babies. This is a gruesome story, but I want to tell you, it is happening. I say to my colleagues, this is happening in America, and it is disgusting. It is illegal, it is immoral, and it is unethical. If somebody says, What does that have to do with partial-birth abortion? in my amendment we will find out whether partial-birth abortions are being used, in fact, to sell babies' body parts.

Like partial-birth abortion, fetal tissue sales are morally and ethically reprehensible. It is a practice I hadn't heard of until recently. I couldn't believe we did it. But it does show how far this industry has gone beyond the ethical boundaries that even most pro-choice Americans believe is legitimate. Also, like partial-birth abortion, this industry has taken a practice, the selling of fetal body parts, which is illegal under Federal criminal law, and has created a loophole to allow them to do it. There is a loophole in partial-birth abortion, too. I coined the term "head loophole" because, you see, if the arms or the toes or the trunk or the leg or anything else exits the birth canal, it is not a baby yet. Somebody created a loophole, legal mumbo-jumbo. It makes lawyers rich and kills children.

Ironically, if you turn the baby around—and they have done that; the abortionists do turn the baby around, so it is a breach birth, so the head is last—by doing that, under the law of Roe v. Wade, they can kill the child. If it is the other way around and the head exits first, they cannot. Is the head less baby than the torso and the legs and the toes? You be the judge.

Stabbing a baby in the back of the head is murder, infanticide. Call it whatever you want; that is what it is. It is done for convenience. We are

going to pay a severe price for this one day. The bottom line is, they call it medicine. Are you kidding me?

Let's go back to the sale of body parts and how it relates here. Look at this chart. We see a woman walking into an abortion clinic. She is obviously pregnant. She is in distress. She is emotional. She is mixed up. "What do I do? I don't want this child. I am in a mess." Let me tell you what happens when she comes in there.

In a room adjacent to where the abortion is to be performed usually, or someplace on the premises, is a person called the wholesaler or the harvester of the child's organs. This is what is going on in this industry. That person or persons—represented here by two organizations, Opening Lines and Anatomic Gift Foundation—sit there. They have a work order in their hands.

Bear in mind the brutality and the gruesomeness of this. Here is this woman obviously pregnant, obviously in distress, sitting there. I don't know whether they have a one-way mirror or a one-way glass or what. Perhaps they just come in, cruise in, take a good look at her to see if she is healthy. But they have a work order. They have already done this. They did prep it up. You now find out this woman has a normal fetus; she is not sick; the baby is fine. That is what they find out.

While she is still pregnant with a living child, still going through the turmoil of an abortion decision, they have a work order on her blood type, on how pregnant she is, what body parts they want. I am going to prove all that to you in a moment. That is the brutality of it. Then they make some kind of deal. They say it is fee for service, but it is selling body parts—I will go into that for a moment—the buyer or buyers, universities, government agencies, pharmaceutical companies, NIH, private researchers. This is against the law, and I read the law last night.

There are four illegal and immoral things that happen with this issue.

The first is, the current law prohibits receiving any valuable consideration for the tissue of aborted children, but it is happening.

Second, live births are occurring at these clinics. Live births are occurring at these clinics. It is the law of every State, when a live birth occurs, to save the life of that child if possible. But this is not happening either. Our tax dollars are being used to fund Planned Parenthood and NIH. On the one hand, if you are pro-life, you are funding Planned Parenthood with your tax dollars, and on the other hand you are funding the research on aborted children.

We will go down and finish this chart. Let's go through the steps. The buyer orders the fetal body parts from the wholesaler; that is, the buyer, the university, and so forth. The clinic provides the space for the wholesaler to procure the body parts. The wholesaler faxes an order to the clinic while the baby is still alive inside the mother.

The wholesaler technicians harvest the organs—skin, limbs, et cetera. The clinic donates fetal body parts to the wholesaler who, in turn, pays the clinic a "site fee" for access to the babies. Then the wholesaler donates the fetal body parts to the buyer, and then the buyer reimburses the wholesaler for the government retrieving the fetal body parts.

That is a bunch of gobbledegook that means nothing but one thing—the sale of little babies chopped into pieces. This whole process is being thought out and carefully calculated while this woman is sitting there in the clinic.

Tell me the abortionists care about the welfare of a woman. Some estimates say the market for this is in the \$420 million range. Some say it is as high as \$1 billion.

I know it is difficult for those in the galleries to see it, but on television you will be able to see. This is a price list for body parts. I want you to understand what is happening here. This clinic, where this young woman in trouble goes in an agonizing, gut-wrenching decision as to whether to have an abortion or not, has a price list they are going to provide to the marketer for her baby's body parts even before she gets there.

In addition, they have a work order prepared on her as to what it is that is her background, what parts we can provide. Then they tell us this is just fee for services. If it is fee for services, why is it \$600 for an intact cadaver and \$325 for a spinal cord? I am not a doctor, but I assume it takes a lot more time to extract a spinal cord from a 2- or 3-pound baby than it does to put a cadaver in a box and mail it somewhere.

We have a brochure. I will read directly from the brochure. The brochure is the Opening Lines. Those are the sellers. Here is what the brochure says:

We have simplified the process for procuring fetal tissue. We do not require a copy of your approval of summary or of your research, and you are not required to cite Opening Lines as the source of tissue when you publish your work.

I guess not; it is against the law.

If you like our service, you will tell your colleagues, word of mouth. 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 and delivered in the quantities you need when you need it. We are professionally staffed and directed. We have over 10 years experience in tissue harvesting and preservation. Our full-time medical director is active in all phases, and we look forward to serving you.

That is what is given to the wholesaler while this poor woman sits there deciding whether or not to have an abortion. It is a great country, isn't it?

Let me explain to you how this all works directly from the horse's mouth. I am going to quote from a woman we will call Kelly. She was a wholesaler. She was a buyer. She said:

We were never employees of the abortion clinic. We would have a contract with an

abortion clinic that would allow us to go in and 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 patient charts.

Then we would go and look at the patient charts.

Kind of like going out and looking at a steer on the hoof, isn't it?

We had to screen out anyone who had . . . 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.

That is showing a lot of compassion for the woman, isn't it?

Let me talk a little bit more about what other things happen in this clinic. The abortionists are having problems. It is not fun to be an abortionist anymore. The pro-life advertising and, frankly, the wake-up call to doctors and physicians have shown that abortions are declining in this country. This \$300 to \$1,000 they are going to charge that woman who walks in is not enough. They cannot live on that anymore. They have to make money from the fetus, from the aborted child.

What happens? Here is what the abortionists are saying, their own observations:

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.

And on and on.

One abortionist said:

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

Organized medicine has been sympathetic to abortion—not abortionists.

What had to happen is they had to come up with another way to make money, and they just did: selling body parts.

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

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

Hello? Are you listening? Live fetuses should be ensured. It is Dr. Hern's 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.

That is a dirty little secret you are not hearing about.

In talking about live births, I said last night on the Senate floor, I have worked this issue for 15 years. I have witnessed the birth of my three children. It was the most beautiful thing I will ever experience. But this brief paragraph I am going to read you now is the worst that I have encountered in my lifetime of working on this issue. How anybody can sit anywhere watching and hearing what I am going to say to you now and say it is all right to allow this to continue in this country is beyond me. But it happens, and it is

going to happen tomorrow and the next day and the day after that until we stop it.

Listen to this from a woman who witnessed this:

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—

That, my colleagues, could very well be a partial-birth abortion—they seemed uninjured. The technician—

The technician is the buyer of the body parts—

said, "Wait a minute, 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, she recalls. That's when I decided it was wrong."

If that is not murder, can somebody please tell me what it is? What is it? Do you realize what we are doing in this country? We are aborting and murdering our posterity.

Here is a headline from a transcript from a TV station in Columbus, OH, April 20, 1999:

Partial-birth Abortion Baby Survives 3 Hours.

A woman 5 months pregnant comes 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 said] "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.

We have a chance to do it right now, today, ban it, stop it, and we are not going to do it because we are going to fail to get three or four people to say enough is enough. How much more can we take?

Abortion isn't something that just happens early in pregnancy. It happens in all stages of pregnancy. And it is legal under Roe v. Wade. Some States have banned them. Give them credit for that.

But we have the chance right here. A vote means something for a change around here. This isn't about a budget. It is not about how much taxes you are going to pay. It is not about whether you are going to get your Social Security check. It is about life. It is about whether or not a baby is going to die tomorrow and another one and another one. We can stop it with three or four votes, if three or four people have the courage to say enough is enough.

My God, Jill Stanek, the nurse at Chicago's Christ Hospital, has openly

admitted that live births occur at her hospital, live births from abortions. The hospital staff offers comfort care which amounts to holding the child until it dies. There is testimony after testimony of it, live birth after live birth. I am not going to go through it all. It is pretty bad.

One little quote here:

"Once a fetus is born, it's no longer a fetus, it's a child," said George Annas, a professor of health law at the Boston University School of Public Health. "And you have to treat it that way."

Aborting a viable fetus is against the law in most States unless the mother's life or health is in danger. "If you're not sure, you can't do it," Annas said.

Nurses at Christ Hospital give "comfort care" to the aborted fetuses.

"Their skin is so thin you can see the heart beating through their chest," said nurse Jill Stanek. "It's not like they kick a lot and fight for air. They're weak."

This is going on in this industry every day. As I speak, children are dying. And we can stop it right here with four of you changing your votes. What is the big deal? You are going to lose a couple of votes from the abortion industry? Hey, those votes are worth the sacrifice for these children.

The "dreaded complication"—that is what they call it. The "dreaded complication"—oh, my God, we have a live child. What are we going to do?

I tell you what they do. They drown them in pans. They leave them in linen closets, gasping for air hours at a time, and sometimes, if there is somebody with some compassion in the place, they will hold them in their arms until they die.

This is America—the "dreaded complication."

You know what some of the abortionists say?

Reporting abortion live births is like turning yourself in to the IRS for an audit. What is the gain?

You know: Sure. Hey, we had a live birth here. My goodness, that is embarrassing.

Now we have come to this; not only do we have a live birth, if we let it die, we can sell its body parts, and we can make a fortune that we could not make off the woman because she could not afford to pay me. That is what we are doing.

I am going to expose this filthy, disgusting fraud as many times and as often as I can. I am going to get the sunshine into this industry. I am going to get to the bottom of it; and I am going to stop it, if it is the last thing I do. And it may be, but I am going to do it.

You have to have a fetidical 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 that's been aborted and has questionable damage?

Another one says:

If a baby is rejected in abortion and lives, then it's a person under the Constitution.

I witnessed it. Gianna Jessen was aborted. She is now 26, 27 years old. I saw her sing "Amazing Grace" before

1,000 people 4 or 5 years ago. She said: I forgive my mother. She made a mistake, and I forgive her. But please, help other mothers get through this so what happened to me doesn't have to happen to somebody else.

Change your votes, colleagues—four of you. Let's once—just one time—let's beat President Clinton on something. He has gotten away with everything—everything. He always wins. We never win against him. Just one time, let's override his veto.

This guy says:

I find late abortions pretty heavy weather both for myself and for my patients.

I guess it is heavy weather; it is real heavy weather.

I want to go back to these charts. This is an emotional experience. Anybody who can't be passionate on this issue when we are talking about the lives of children—and all we need is four or five votes on the floor of this Senate to stop this killing; that is all we need.

Look here. These are the charts. What does it say? NIH, that is where this stuff is going. It is illegal, but it is going there anyway; and we are paying for it.

Do you know what it says here? Ten minutes from the fetal cadaver, within 10 minutes they want it on ice. Nobody could get a cadaver on ice in 10 minutes—unless it is a live birth or a partial birth. And I will prove it to you.

One method of killing children is saline. That has to go into the amniotic sack and poison the baby. Another one is D&E, where you chop the child to pieces with an instrument in the womb so it comes out in so many pieces the nurse has to assemble them all in a towel to be sure all the pieces are there so there is nothing left inside the woman. The third method is one here called digoxin, DIG, where the needle goes into the heart of the baby and dissolves the organs. That is a nice way to die.

Let me ask you a question. Those of you, those three or four of you that I pray to God will get on this vote, let me ask you a question: If you are buying body parts, and you need one of those body parts to do research can you take a body part that has been hacked to pieces in the D&E method? No. You know it.

Can you take a body part from some baby who has been poisoned with saline or had their tissues dissolved from digoxin? No.

There are only two methods left: partial birth and live birth. That is where they are getting the tissue. Wake up, America. That is where they are getting the tissue. And here is the proof right here. Here is the work order: "Please send list of current frozen tissues." "No digoxin donors." They are telling them: Give us a live birth. Give us a partial birth. We don't want any babies like this. We can't use their organs.

This is happening in America, and I am sick of it. And I am sick of losing

every year. "Prefer no DIG." Over and over again, the requests would mention the tissue must be fresh. It is over and over again. You see it everywhere.

Here is another one: Remove specimens and prepare within 15 minutes, 10 minutes.

Ladies and gentlemen, the truth is, you cannot get this kind of tissue the way they want it without a live birth or partial birth.

That is a fact: Dirty little secrets, in a dirty, disgusting industry that is profiting at the expense of women who are in a horrible situation, and then selling the body parts—the ultimate humiliation of this poor aborted child—and we cannot get 4 people, we cannot get 67 votes on the floor of the Senate to override this President. What would Daniel Webster, at whose desk I sit, say? What would our founders say? What would Jefferson say, who said life first, liberty, and the pursuit of happiness? I could go on and on.

I am going to stop because I am mentally exhausted, to be candid about it. There is sexual abuse of these women. They are lying there on the table, and people are making mocking remarks about their genitalia. I could go on and on with stories about it. It is disgusting.

I am going to shine the light into this industry, and I am going to expose it. I am going to stop it. If I have to do it myself, I am going to stop it. If it is not an amendment, it will be a bill; whatever it takes, it is going to provide for full disclosure. It is going to put the light into those clinics, and we are going to find out about this stuff. We are going to stop it.

Everything else is regulated in this country. You can't do anything without the Government being on your back. Then let's put the Government on the backs of the abortion industry, for crying out loud: Any entity that receives human fetal tissue obtained as a result of an induced abortion shall file with the Secretary of HHS a disclosure statement. Let's find out who is buying, who is selling, and what is happening.

Oftentimes in these clinics, a young woman comes in; she is pregnant and needs an abortion. She is presented with a form, which she is asked to sign, that says that her baby can be chopped up and sold.

We get two stories out of the abortion industry. They say: Now, look, this woman is in a distraught emotional state. We are here for her health and safety and her good emotional state. We are not going to put this form in front of her. We will do it after she has the abortion.

I hate to give my colleagues the bad news, those of you who support this god-awful procedure, but they want the baby within 10 minutes. So unless they are going to wake her up out of whatever state she happens to be in, they don't have time to do that then. They do it before. That is what they do. They are going to tell you they don't, but they do.

Here is some proof for you. The name is changed to protect the innocent.

On July 1, 1993, Christy underwent an abortion by—fictitious name—John Roe. After the procedure, Roe looked up to find Christy pale with bluish lips and no pulse, no respiration. Christy's heart had stopped. There are 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 an anesthesia 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 an abortion on her 18th birthday. Happy birthday, Christy.

Any hospital in America would have had licensed anesthesiologists who were capable of stopping that from happening. But it didn't happen. For those of you who say, well, I guess she must have, she could have signed that card—really? In a vegetative state, you think she signed the permission slip?

I have her permission slip here. It was signed on June 29, 1993. Does anybody think she signed that in a vegetative state? She was brought in there, and she was told—the language was pretty gruesome in there—what we can do with your baby after you are finished with the abortion. She signed it. Not only that, she said: I understand I will receive no compensation for consenting to this study. Study? It is a study? It is chopping the baby up into God knows how many parts and sending it off to some research laboratory. She doesn't get a dime out of it, and they make probably \$5,000, when added all up. That is what is happening.

I say bring a little sunshine in. I have two options on this proposal—one, to offer an amendment to this bill. I want to be honest about it. I don't want to do anything at this point to stop this bill from passing, nothing, not even this amendment, if that is what it takes. So it will either be an amendment, if we gain votes; if we can't gain and we lose votes as a result of it, I will prepare a bill. But I will not stop on this issue. I will not stop until the light shines in on this disgusting industry.

It is amazing. We go after the tobacco people. What bad guys they are. Somebody smokes a cigarette, and somehow everybody else is to blame but the guy who smokes it. So we go after the tobacco company, fine them billions. This is a heck of a lot worse than that. If they can go after the tobacco companies, then we can go after these guys. That is exactly what I am going to do. Be prepared out there because I am coming. I am not going to stop until the light shines in on this.

I will close with one final plea. Several times on my side of the aisle I have made a personal appeal to the five

or six Republicans who refuse to support the ban on partial-birth abortions. I have asked privately, please change your vote, please change your vote and save lives. Two times we voted on this and the President vetoed it, and two times I couldn't switch those votes. I understand vote switching. I don't like it when I am asked to switch mine. But it is not about the budget and taxes and health care or anything else; it is about life. We are going to save lives if four Members change their votes.

I make another appeal that I hope, for once, will not fall on deaf ears: Please consider changing your vote on this bill. Let's pass this thing with over 67 votes, so President Clinton can have his little veto ceremony and we will override it. That is the day I am looking forward to in America. And then, whether it is on this bill or some separate bill, we are going to shine the light into these abortion clinics. We are going to find out what is going on, and the American people will know.

So be prepared. If you have any documents to hide, you had better hide them. We are coming after you. I have had enough of it. Live births and partial births, killing children coming into the world, drowning babies in a pan—I have had enough of it. You can defend it, if you want to, and go ahead and vote to defend it. Not me. I am coming after you.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

PRESCRIPTION DRUG COVERAGE UNDER MEDICARE

Mr. WYDEN. I thank the Senator from New Hampshire for yielding the floor. I know he waited a long time yesterday to speak, and I have waited as well. I thank the Senator for his courtesy.

I take the opportunity for a few minutes this afternoon to talk about an issue of enormous importance to millions of older people and their families. Specifically, it is the question of including prescription drug coverage under Medicare for the Nation's older people.

There is one, just one, bipartisan bill before the Senate to offer this vital coverage to the Nation's elderly. I have teamed up on this bill with Senator OLYMPIA SNOWE of Maine because the two of us believe it is critical that the Congress address this issue now and address it on a bipartisan basis. So Senator SNOWE and I, in an effort to get this issue out of the beltway, beyond Washington, DC, as you can see in the poster next to me, are urging that seniors send in copies of their prescription drug bills. Just as this poster says, send copies of their prescription drug bills to their Senator, U.S. Senate, Washington, DC 20510.

What we are going to do, in an effort to get bipartisan support for our legislation, is come to the floor every few days—this is the fourth time I have come to the floor of the Senate—and