

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

read directly from letters we are receiving from the Nation's elderly people. Here is one I just received yesterday from an elderly person in Central Point, OR. She wrote:

Dear Senator WYDEN, I write to ask for your support for Medicare coverage of prescription medicine. In my case such coverage is a financial necessity. I suffer from rheumatoid arthritis. My physician recommends that I use medicine to combat it. The only problem I have is that the dosage I require would require an annual outlay in excess of \$1,000 a month. I desperately wish I could have the relief Enbrel could give me. Please champion coverage.

Another letter I received from my home community, from an elderly widow, states that her Social Security is \$1,179 a month. Each month, from that \$1,179 check, she spends \$179 on the medicine Fosamax, \$209 a month on Prilosec, \$112 on Lescol; that is \$500 a month, each month, for her prescription medicine from her monthly Social Security check, which is the only income she has. Almost half of her income goes to pay for her prescription drug bills.

Here is a letter I have just received from King City, OR. The writer says:

I am a constant user of Lovenox inhaler. Two uses per day come to \$839. Fortunately, I drove a Chevrolet when my friends were driving Cadillacs, and our family vacation was spent in the U.S. not the South Seas, so I may be able to carry the load at least for a while. My annual cost for this one medicine is \$30,600, just about what it would equal to stay in a nursing home.

These are just a few of the bills that are coming into my office, coming into Senator SNOWE's office, and our colleagues' here in the Senate as a result of the concern among the Nation's senior citizens that this issue be addressed. I hope we will see that more senior citizens follow just as we say in this poster: "Send in your prescription drug bills."

The Snowe-Wyden legislation is bipartisan. It uses market forces to hold down the cost of medicine. That is the biggest problem, holding down the enormous cost of these medicines. More than 20 percent of the Nation's senior citizens spend over \$1,000 a year out of pocket on their prescription medicine, and the bipartisan Snowe-Wyden bill would use a market-oriented approach to address this issue. It is modeled on the Federal Employee Health Benefit Plan. Our view is, if health care is good enough for Members of Congress, we certainly ought to look at using that kind of approach for the Nation's seniors. We call it the SPICE bill, the Senior Prescription Insurance Coverage Equity Act, because we would cover all of the Nation's older people eligible for Medicare. It is absolutely key that we do this now.

When people ask, "Can we afford to cover prescription drugs under Medicare?" my response is: "We cannot afford not to cover prescriptions any longer." The reason for that—and I know my colleague currently in the Chair was involved in aging issues

when he was in the House and was involved with Social Security, so he is familiar with this. We know the most important drugs that would be covered under the Snowe-Wyden legislation are preventive drugs. They help to deal with blood pressure problems and cholesterol problems. They keep people healthy and well, and they keep them fit. That helps hold down the cost for what is called Medicare Part A, the acute care portion of Medicare that covers hospitals and institutional services. Under the Snowe-Wyden approach, we contain costs without shifting them onto the backs of somebody else.

One of the things that concerns me, there is a well-meaning bill that has been introduced that suggests we ought to have Medicare buy up all the drugs and act as a buyer for everybody. The problem with that approach is that it will result in tremendous cost-shifting onto the backs of other Americans who are having difficulty paying for their prescription drug bills. I don't want to see a 27-year-old divorced African American woman with two kids, who is working hard, playing by the rules and doing everything she can to get ahead, have to see a big increase in her prescription drug bill because the costs are shifted onto her when somebody doesn't think about the implications of trying to do this through approaches that don't involve marketplace forces.

So these are letters I am receiving from seniors across the country. Here is another one from Myrtle Creek, OR. This is a senior citizen who has to take a variety of medicines, including Albuterol, Dulcolax, and other drugs. She writes me that she spent \$370 recently on prescription drugs from a Social Security check of \$1,152. She went to a small drugstore in Myrtle Creek, OR—a terrific small community—and spent \$370 from a Social Security check of \$1,152 on her medicines.

I think a lot of these seniors are asking themselves, what is it that the Senate is so busy doing that it cannot work in a bipartisan way to be responsive to older people and families on this issue? I am very hopeful that if seniors just read what it says in this poster: "Send in your prescription drug bills" to Senators—Senator SNOWE and I are particularly interested in hearing from older people because we want to do this in a bipartisan way. A lot of people think the prescription drug issue is just going to be fodder for the campaign in the year 2000 and in the fall of 2000 we will just have the Democrats and Republicans slugging it out on the issue. The last time I looked, it was more than a year until that election comes up.

I don't want to see seniors such as the ones I am hearing from in Myrtle Creek and King City, and all over the Willamette Valley in my home State—I don't want to see them suffer. I know the Chair doesn't want to see people suffer in Kentucky. Other colleagues feel the same way. If we can put down

the partisanship for a little while and work together in an effort to get the vulnerable seniors across this country the coverage they need, we will have a truly lasting legacy from this session of the Senate.

I was codirector of the Gray Panthers, a great senior citizens group, for about 7 years before I was elected to the Congress. Some of my most joyous memories are working with older people back then. We talked about how important it was to cover prescriptions.

Well, what has happened with the evolution of the pharmaceutical sector over those 20 years is, prescription drugs have become even more important since those days when I was codirector of the Gray Panthers; the drugs are even more important now because they do so much to promote wellness. We needed them before because you do need medications for so many who are acutely ill. But today, this could result in keeping people healthy and save Medicare, particularly the institutional part of the program, Part A, that it could save Medicare Part A money and we could do it through marketplace forces.

Snowe-Wyden doesn't go out and set up a price control regime. We give senior citizens the kind of bargaining power a health maintenance organization would have through the marketplace. Seniors would get to choose the various kinds of coverages that are available to Members of Congress, such as the President of the Senate and myself. It would not be bureaucratic. We know our health care doesn't create a whole lot of new redtape and bureaucracy. We know it works. So that is what Senator SNOWE and I are trying to do.

This is the fourth time I have come to the floor of the Senate to urge seniors, as this poster says, to send in their prescription drug bills. I intend now to come back to the floor of this Senate every few days until this session ends and read, as I have, directly from copies of these prescription drug bills I am receiving.

I know that so many Senators care about the needs of the elderly. I see Senator CHAFEE, who has long been an expert in health and a member of the Finance Committee; our friend, Senator MIKULSKI, who has championed the Older Americans Act issue so passionately for so many years in the Appropriations Committee.

When we have these colleagues who have expertise in these issues and we know how acute the need is and we know we can do it in a bipartisan way, as Senator SNOWE and I have been trying to do, it would be a tragedy for the Senate to pass on this issue and say: Well, let's just put it off until after the year 2000.

We have consulted with senior groups. We have consulted with the insurance industry. We have consulted with those in the pharmaceutical sector. All of them have told us that our

bill, while perhaps not their first choice for how to ensure that seniors get their coverage, will work. It will get seniors the help they need, and it will be something that we can do and do now—not after the 2000 election, not after some other period of campaign activity, but it is something we can do now.

The Nation's seniors and our families can see as a result of my reading from these bills and what I am receiving from Oregon that I am very serious about their input. I hope that seniors and their families, as this poster says, will send in their prescription drug bill to their Senator. I hope they will be for the bipartisan Snowe-Wyden bill. Frankly, I am much more interested in hearing from them about the need for Congress to act. We can act. We can do it.

I yield the floor.

**PARTIAL-BIRTH ABORTION BAN ACT OF 1999—Continued**

The PRESIDING OFFICER (Mr. VOINOVICH). Under the previous order, the question is on agreeing to amendment No. 2321. On this question, the yeas and nays have been ordered, and the clerk will call the roll.

The legislative clerk called the roll.

Mr. NICKLES. I announce that the Senator from Arizona (Mr. MCCAIN) and the Senator from New Hampshire (Mr. GREGG) are necessarily absent.

The result was announced—yeas 51, nays 47, as follows:

[Rollcall Vote No. 337 Leg.]

**YEAS—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

**NAYS—47**

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

**NOT VOTING—2**

Gregg	McCain
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The amendment (No. 2321) was agreed to.

Mrs. BOXER. Mr. President, I move to reconsider the vote.

Mr. SANTORUM. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. Under the previous order, the underlying amendment, as amended, is agreed to.

The amendment (No. 2320), as amended, was agreed to.

Mrs. HUTCHISON. Mr. President, I voted against the Harkin amendment because I disagree with the findings stated in the resolution and because it is not relevant to the underlying bill. However, I would not vote to repeal Roe v. Wade, as it stands today, which has left room for States to make reasonable restrictions on late-term abortions.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SANTORUM. Mr. President, I am about to send an amendment to the desk. The purpose of the amendment is a modification of the language that defines what a partial-birth abortion is in S. 1692.

The reason for the modification is in direct response to the Eighth Circuit decision where the court asserted the procedure defined—it was a similar definition to the one here—was unconstitutionally vague; that it could have included other forms of abortion and, thereby, was an undue burden because it would have eliminated other forms of abortion and would have, by doing so, restricted a woman's right unduly, according to the court.

I am not going to take issue with the court whether they are right or wrong. I do not believe they are right, but in response to that, I am going to be offering an amendment that makes it very clear we are not talking about any other form of abortion; that we are talking about just the abortion procedure that has been described over and over about a baby being delivered outside of the mother, all but the head, and then killed; not a baby that is being killed in utero and a part of the baby's body may be in the birth canal. That is what the court said they were concerned about.

Mr. KERREY. Will the Senator yield for a question?

Mr. SANTORUM. Yes.

Mr. KERREY. I think I have the language that—

Mr. SANTORUM. We made a slight modification.

Mr. KERREY. The language you gave me earlier said:

As used in this section, the term "partial-birth abortion" means an abortion in which the person performing the abortion deliberately and intentionally delivers through the vagina some portion of an intact living fetus until the fetus is partially outside the body of the mother for the purpose of performing an overt act that the person knows will kill the fetus while the fetus is partially outside—

Any changes?

Mr. SANTORUM. The only change is in the first few words.

Mr. KERREY. I ask the Senator to respond to me. We had a colloquy earlier. I have the Eighth Circuit decision. Earlier all I had was opinions on the

Eighth Circuit decision from both opponents and supporters of the Senator's legislation. The Eighth Circuit says, referencing the Nebraska statute, which is the concern I have, that it did create an undue burden because, in many instances, it would ban the most common procedure of second-trimester abortions, and that is the D&E. You are saying you are drawing it more narrowly so it does not.

Mr. SANTORUM. That is correct.

Mr. KERREY. Here is the language, I say to the Senator from Pennsylvania, that the court found objectionable, and it sounds awfully similar to your amended version. I want to give you an opportunity to talk to me about it. It says:

...deliberately and intentionally delivering into the vagina a living unborn child, or a substantial portion thereof, for the purpose of performing a procedure that the person performing such procedure knows will kill the unborn child and does kill the unborn child.

Mr. SANTORUM. That is similar to the language that is in the bill right now. But the amended language further specifies the fetus is partially outside the body of the mother. The court was concerned about a D&E performed in utero, but the baby during this procedure could be partially delivered into the birth canal and that occasionally an arm or leg or something might be delivered, and that was the confusing part for the court.

This is clear that the living baby has to be outside of the mother before the act of killing the baby occurs; that the act of killing the baby is not occurring in utero, but occurring when the baby is outside the mother. I think it pretty well carves out any other form of abortion.

Mr. KERREY. May I ask him one more question?

Mr. SANTORUM. Yes, ask as many as you like.

Mr. KERREY. I will get you the comparative language. Again, I will not give the precise Eighth Circuit compared to yours. You have been on this a lot longer than I have, and I know the Senator from California has as well. Perhaps between the two of you, you can clarify if this change meets the Eighth Circuit's test.

I understand that this is one circuit, and you may get—I have voted against other circuits before when they have had decisions, so there is certainly precedent for me ignoring what a court says.

But in the earlier discussion we had, I expressed one of the concerns I have. And since we talked earlier, I have talked to an OB/GYN from Omaha who does not, in a normal practice, conduct abortions. What she does is work with women who are pregnant and helps them through their delivery. She is expressing a concern that if she is working with a woman who is having some difficulty, because of the penalties that are in here, she finds herself saying: Am I going to be able to do something that I ordinarily might have done?