Mr. HONDA. Mr. Speaker, I rise today in support of H.R. 1954, legislation that I view as a good first step towards recognizing and rewarding the significant contributions made by immigrants who serve in our armed services.

Since our Nation's founding, immigrants have played a prominent role in defending our country. For example, I have introduced H.J. Res. 125, which grants honorary citizenship to all civil war soldiers of Asian descent as a symbolic gesture to correct the historical injustices they suffered.

But just as we endeavor to correct the mistakes of the past, we should remedy current laws that treat some members of our Armed Forces unfairly. That is why H.R. 1954 is so important and I am pleased it is on the floor today.

By passing this legislation, the House of Representatives will be begin to recognize the contributions of immigrant soldiers by providing them and their family members just immigration laws.

Again, I reiterate this is a good first step, but there is much more we can do to help make immigration laws more fair in this country.

Ms. LOFGREN. Mr. Speaker, I rise today in support of our troops who serve our Nation in both peace and war and to support their families who must endure the loneliness and fear of losing a loved one to uphold the strength of our Nation.

I support this bill that not only eases requirements for immigrant soldiers to become U.S. citizens, but also extends immigration benefits to surviving family members of soldiers who gave their lives to defend our Nation. I can't think of a better way to recognize the service of immigrant soldiers and honor the memory of those that have died fighting for their country, while also showing our appreciation to their families for their tremendous sacrifices.

Although the Armed Forces Naturalization Act does much to help immigrant soldiers and their families, we could and should have done more. And we tried, but the Republican majority, so intent on limiting immigration benefits, wouldn't even allow some mothers of soldiers killed in combat to legally remain in this country.

How about this Republican logic? When an immigrant proudly serves in the military and dies for the country, it is obvious that he or she has shown devotion to our country. What about the families of soldiers whom so proudly serve our Nation? If the mother of the soldier has overstayed her visa, she is excluded from the benefits of this bill.

How about this? Your son is killed in combat: but you are deported. How are you to put flowers on your son's grave? Republicans, so caught up in anti-immigrant philosophies, want to short-change them and limit their immigration benefits. What a shame.

There are 37,000 immigrants currently serving in our military and at least 10 who have been killed in recent combat. It is time for us to recognize and honor their service to our country by granting them full and complete citizenship that extends full immigration benefits to their families.

This bill is certainly a step in the right direction, but I know that if it wasn't for the Republican majority, we could have done more.

Mr. BEREUTER. Mr. Speaker, this Member rises in reluctant opposition to H.R. 1954, the Armed Forces Naturalization Act. Certainly, this Member has no objections to expediting citizenship for noncitizen members serving in U.S. armed services and supports efforts to provide appropriate incentives for a very small percentage of few noncitizens who meet established requirements to join our professional military forces. However, in granting citizenship to these qualified men and women, it is not necessary or desirable to also grant priority to their parents, spouses, and children. And it is certainly not appropriate to waive the requirement that such family members financially support themselves in the U.S. Unfortunately, provisions in H.R. 1954 would have that effect.

Through this bill, the spouses, children under the age of 21, and parents of men and women who have been granted citizenship based on their service in the U.S. Armed Forces and who have died in the line of duty would be authorized to seek permanent resident status on an expedited basis. Then, unlike other people seeking legal immigrant status, these family members would not be required to meet financial thresholds which indicate that they would not immediately be public charges.

Most of the American public is unaware of these provisions. Enacting such excessive inducements for joining the U.S. military is a step in the wrong direction, particularly if it results in this country increasingly depending upon what could come to be thought of and called foreign mercenaries to serve in the Armed Forces. This practice has too many similarities to the mercenary forces of the Roman Empire in its decline as Roman citizens themselves became unwilling to serve in the Roman legions. Imagine, too, the reactions of foreign nations that begin to see our forces as forces that serve to gain citizenship for themselves and their families.

Mr. Speaker, this Member encourages his colleagues to vote against H.R. 1954 and to push strenuously for changing this legislation before enactment.

Mr. ISSA. Mr. Speaker, I rise today to support H.R. 1954, the ''Armed Forces Naturalization Act of 2003,'' a bill that helps the families of non-citizen military personnel killed in combat gain what their loved ones died defending—the rights and freedoms of Americans.

Camp Pendleton Marine Corps Base in my Congressional district is home to over 50,000 Marines. Many of these Marines were deployed to liberate Iraq from Saddam Hussein's oppressive regime. While many have returned to their families, some were not as fortunate. One of the Marines that died in Iraq was a non-citizen stationed at Camp Pendleton. I was told that he would receive posthumous citizenship—under current law, a strictly honorary award.

Posthumous citizenship is a hollow benefit for a fallen hero if his spouse and children are subsequently asked to leave the country he died defending. Existing immigration and naturalization law permits the President to award posthumous citizenship to non-citizens killed in any military hostility, but denies immigration benefits for their spouse and children. H.R. 1954 will honor the sacrifice of fallen heroes by allowing their spouses and children to enjoy the benefits and freedoms of the country they were fighting to defend, and would have eventually gained had their loved one not perished.

There are nearly 38,000 non-U.S. citizens serving in our nation's armed forces. These men and women are called upon to protect this nation. I want them to know that when they make the ultimate sacrifice for America their family will not face a cruel and unnecessary legal sanction. H.R. 1954 will allow surviving family members of military personnel, killed in defense of our freedom, to enjoy a real benefit from a posthumous grant of citizenship.

I thank you for the opportunity to speak on this bill. I urge all my colleagues to vote in favor of this legislation.

Mr. SENSENBRENNER. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BASS). The question is on the motion offered by the gentleman from Wisconsin (Mr. SENSENBRENNER) that the House suspend the rules and pass the bill, H.R. 1954, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. SENSENBRENNER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

PROVIDING FOR CONSIDERATION OF H.R. 760, PARTIAL-BIRTH ABORTION BAN ACT OF 2003

Mrs. MYRICK. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 257 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 257

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 760) to prohibit the procedure commonly known as partial-birth abortion. The bill shall be considered as read for amendment. The previous question shall be considered as ordered on the bill and on any amendment thereto to final passage without intervening motion except: (1) one hour of debate on the bill equally divided and controlled by the chairman and ranking minority member of the Committee on the Judiciary; (2) the amendment printed in the report of the Committee on Rules accompanying this resolution, if offered by Representative Greenwood of Pennsylvania or his designee, which shall be in order without intervention of any point of order, shall be considered as read, and shall be separately debatable for one hour equally divided and controlled by the proponent and an opponent; and (3) one motion to recommit with or without instructions.

SEC. 2. After passage of H.R. 760, it shall be in order to take from the Speaker's table S. 3 and to consider the Senate bill in the House. It shall be in order to move to strike all after the enacting clause of the Senate bill and to insert in lieu thereof the provisions of H.R. 760 as passed by the House. All points of order against that motion are waived.

The SPEAKER pro tempore. The gentlewoman from North Carolina (Mrs. MYRICK) is recognized for 1 hour.

Mrs. MYRICK. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman

from New York (Ms. SLAUGHTER), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

(Mrs. MYRICK asked and was given permission to revise and extend her remarks.)

Mrs. MYRICK. Mr. Speaker, on Tuesday the Committee on Rules met and granted a modified closed rule for the partial-birth abortion ban of 2003. This rule makes in order an amendment offered by the gentleman from Pennsylvania (Mr. GREENWOOD) and the gentleman from Maryland (Mr. HOYER). While I personally oppose this amendment, the Committee on Rules is allowing for fair and open debate on this amendment.

H.R. 760 makes it illegal in the United States for a physician to perform a partial-birth abortion. As an original cosponsor of this legislation, I am very pleased to see it finally reach the floor of the House of Representatives. I also believe that President Bush deserves the opportunity to put an end to this horrific act of human violence by signing this legislation into law. I also want to thank my colleagues on the other side of the Rotunda for passing this important legislation.

I must tell my colleagues as a mother and grandmother, it is astonishing to me that this is still even legal in the United States today, but it is. And as we will no doubt hear on the floor today, it is practiced all too often in this country.

Partial-birth abortion is a procedure where a pregnant woman's cervix is forcefully dilated over a 3-day time period, and the vast majority of partial-birth abortions are performed on healthy babies and healthy mothers.

Although language banning this procedure has been struck down in the past by the Supreme Court, this new legislation has been tailored to address the Court's concerns. The five-Justice majority in Stenberg v. Carhart thought that Nebraska's definition of ''partial-birth abortion'' was vague and could be construed to cover not only abortions in which the baby is mostly delivered alive before being killed, but also the more common dilation and evacuation, or D&E method.

H.R. 760 defines partial-birth abortion as an abortion in which ''the person performing the abortion deliberately and intentionally vaginally delivers a living fetus until, in the case of a head-first presentation, the entire fetal head is outside the body of the mother, or in the case of breech presentation, any part of the fetal trunk past the navel is outside the body of the mother for the purpose of performing an overt act that the person knows will kill the partially delivered living fetus.''

The tighter definition not only clarifies the procedure so that the Court will not reject it; it also draws attention to the violence of partial-birth abortion by describing how far out the baby can be. I am pleased that we are bringing this to the floor again today.

We have changed the bill, adding findings of fact to overcome constitutional barriers; and I am confident that it will survive judicial review.

Mr. Speaker, the American people want this bill in overwhelming numbers, believing in their hearts that we as a Nation are better than this. We are a better people. To that end I urge my colleagues to support the rule and the underlying bill.

Mr. Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I yield myself such time as I may consume and thank the gentlewoman for yielding me the customary 30 minutes.

(Ms. SLAUGHTER asked and was given permission to revise and extend her remarks.)

Ms. SLAUGHTER. Mr. Speaker, here we are again, considering the rule for the same unconstitutional bill. I must voice my grave concern with H.R. 760, the so-called Partial-Birth Abortion Ban Act of 2003. Today The New York Times says in an editorial, ''Partial Birth Mendacity,'' which means lie, that although promoted as narrowly focused on a single late-term abortion procedure, the measure's wording adds up to a sweeping prohibition that would, in effect, overturn Roe v. Wade by criminalizing the most common procedures used after the first trimester, but well before fetal viability.

My constituents are facing unemployment. They are losing out on child tax credit. They need more funding for our first responders, they need the promised health care for our veterans; but here we are debating a rule on legislation that violates fundamental constitutional rights and threatens women's health.

Mr. Speaker, 3 years ago the United States Supreme Court struck down similar legislation that banned safe and effective abortion procedures. They confirmed again a woman's reproductive rights as recognized in Roe v. Wade and reaffirmed 2 decades later in Planned Parenthood of Southeastern Pennsylvania v. Casey.

H.R. 760 suffers from the same constitutional flaws as the Nebraska statute thrown out by the Court. The ban on medical procedures is vague and overbroad, and it does not contain an exception from the procedure ban when a woman's health is threatened. And it goes so far as to give the father of the fetus the right to sue the woman or the doctor for money even if he has beaten his wife or rapes her or had threatened her life or has deserted her. How crazy is that?

Obstetricians and gynecologists say that the term ''partial-birth abortion'' is not a medical term, and they are right. It is purely a political creation. The definition of the procedure that H.R. 760 seeks to ban is written in non-medical language that could cover at least two different procedures, one of which is the most commonly used abortion procedure. This vague and overbroad definition, which is probably not by accident, would create so much confusion in the medical community that doctors would not know which medical procedures might land them in jail with a huge fine. We should not make our doctors into criminals.

The American College of Obstetricians and Gynecologists, the doctors who perform these procedures, say that the procedure the bill seeks to proscribe may be the best or most appropriate procedure in a particular circumstance to save the life or to preserve the health of the woman and only the physician in consultation with the patient and based on her circumstances can make this decision. The Congress of the United States has never, ever outlawed a medical procedure. What are we doing here, and what in the name of God is next?

Medical professionals and every Federal court in the country that has heard this issue, except for one, have agreed that these are safe procedures and may be the safest procedures in some circumstances; but we are going to take that away. And who will suffer for that? The American women.

Physicians and not politicians and pundits should provide women and their families with medical advice. I want a doctor to treat my daughters and granddaughters. Women and their families, not the government, should make these difficult, private, medical decisions; and if that is not the case, then every time a procedure is done, there should be a Member of Congress standing at the door okaying it.

The bill would deprive doctors of the ability to care for their patients by outlawing safe and effective medical procedures, something we have never done. We assume that once they have gone through medical school, done their internship and their residencies, they ought to know what they are doing. Congress would subject women to even more dangerous medical procedures and put their health and lives in jeopardy. Everybody deserves the best medical care based on the circumstances of their particular situation.

□ 1545

Instead of making abortion more difficult and dangerous for women, we should pass legislation that helps reduce the need for abortion by reducing the number of unintended pregnancies. That is the most important thing that we could do; and by increasing funding for title X, to require the insurance coverage of contraception, which we will not do, making emergency contraception more available, which we are afraid of, and increasing research for other contraceptive methods. Indeed, I am not at all sure that after this bill is passed and signed by the President that the sale of contraceptives will not be in danger.

H.R. 760 brazenly seeks to sidestep the Constitution. The Supreme Court

has plainly determined that the Constitution requires an exception when the woman's health is endangered. Pages and pages of congressional findings do not change or fulfill constitutional demands or protect women's health.

The authors of this bill hope that the Federal courts, most especially the United States Supreme Court, will defer to these congressional findings and waive this constitutional requirement, but the Court has unequivocally said that the power to interpret the Constitution in a case or controversy remains in the judiciary, and the Court has said that simply because Congress makes a conclusion does not, in the Court's opinion, make it true.

Just because the findings in the bill assert that there is no medical reason for a health exception does not make that true and it does not change the demand of the Constitution. As Ruth Marcus, writing in the Washington Post, noted today, ''Justice Clarence Thomas wrote in a different context that if Congress could make a statute unconstitutional simply by finding that black is white or freedom is slavery, judicial review would be an elaborate farce.'' Think about that for a moment. That if Congress could make a statute constitutional simply by finding that black is white and we were to determine that, or that freedom and slavery are not different, then why would we have judicial review?

So why are we today considering a rule for this unconstitutional bill? Richard Posner, chief judge of the U.S. Court of Appeals for the Seventh Circuit, who was appointed by President Reagan, gave us the answer. He wrote that proponents of similar legislation ''are concerned with making a statement in an ongoing war for public opinion, though an incidental effect of that opinion may be to discourage late-term abortions. The statement is that fetal life is more valuable than women's health.''

Judge Posner went on to say that if a statute burdens constitutional rights and all that can be said on its behalf is that it is the vehicle that legislators have chosen for expressing their hostility to those rights, then the burden is undue. Those are very important words, Mr. Speaker. Those are words from jurists and people who know whereof they speak.

Again Ruth Marcus' article points out that the political agenda is clear. Ken Connor, who is the president of the conservative Family Research Council, spelled it out in an e-mail after the Senate voted on a measure similar to this last March. ''With this bill,'' he wrote, ''we are beginning to dismantle, brick by brick, the deadly edifice created by Roe v. Wade.

As the mother of three daughters, a grandmother and a longtime advocate for women's health, I strongly believe that this bill is a threat to women's health and an attempt to whittle away at a woman's constitutional right to choose.

I urge my colleagues to oppose this rule and to oppose H.R. 760.

Mr. Speaker, I reserve the balance of my time.

Mrs. MYRICK. Mr. Speaker, I am pleased to yield 2 minutes to the gentlewoman from Florida (Ms. ROS-LEHTINEN).

Ms. ROS-LEHTINEN. I thank the gentlewoman for yielding me this time.

Mr. Speaker, partial-birth abortion is a gruesome and inhumane procedure and it is a grave attack against human dignity and justice. This practice must be banned. The bill before us seeks to do just that. Life is a gift, and it must be embraced and respected at all stages.

In a country which espouses the importance of protecting the inherent rights of every person, partial-birth abortion denies the rights of our most innocent and vulnerable members, our children. We as legislators must strive to uphold the truths upon which our great Nation was founded, especially that every individual is entitled to life, liberty and the pursuit of happiness.

Partial-birth abortion is not a sign that women are ''free to choose.'' It is a sign that women have been abandoned, that they have not had the support and care that they so desperately need.

There is increasing evidence, Mr. Speaker, that abortion causes extreme emotional and psychological damage. We must strive every day to ensure that each and every person is guaranteed the most basic of human rights, the right to life. Women deserve better than to endure the psychological, the physical and the emotional pain and suffering associated with partial-birth abortion, and children deserve the chance to live.

It is time for partial-birth abortion to stop. We must have the courage and the strength to fight against one of the greatest of all human rights violations, partial-birth abortion.

I urge my colleagues to vote in favor of H.R. 760, the partial-birth abortion ban. A vote for the ban is a vote for life.

Ms. SLAUGHTER. Mr. Speaker, I yield 5 minutes to the gentleman from Virginia (Mr. SCOTT).

Mr. SCOTT of Virginia. Mr. Speaker, this bill is unconstitutional.

The bill before us will not prohibit any abortions. Its supporters claim it prohibits a procedure, but the abortion will still take place involving another procedure, and I will not inflame the debate by describing in detail the alternative procedures that may be used. But I will point out that Nebraska had a law banning the same procedure. Nearly 3 years ago the United States Supreme Court held in Stenberg v. Carhart that that law was unconstitutional.

The Supreme Court said five times in its majority opinion and other times in concurring opinions that in order to make a partial-birth abortion ban constitutional, the law must contain a health exception to allow the procedure, quote, ''where it is necessary, in appropriate medical judgment, for the preservation of the life or health of the mother.'' That is what five Supreme Court justices said was necessary to make the bill constitutional. All five are still on the Supreme Court.

In that case, the Court said:

The question before us is whether Nebraska's statute making criminal the performance of a partial-birth abortion violates the Federal Constitution as interpreted in Planned Parenthood v. Casey and Roe v. Wade. We conclude that it does for at least two independent reasons.

They said the first reason was that the law lacked an exception for the preservation of the health of the mother. The Stenberg court reminded us what a long line of cases has held, that, and they say, ''subsequent to viability, the State may, if it chooses, regulate and even proscribe abortion,'' and they put this in italics, ''except where it is necessary, in appropriate medical judgment, for the preservation of the life or health of the mother.''

It goes on to say, in quotes, in case we did not understand the italics, that the governing standard requires an exception, quote, ''where it is necessary in the appropriate medical judgment for the preservation of the life or health of the mother.''

The Court continues talking about the health exception by saying and mentions another quote:

Justice Thomas said that ''The cases just cited limit this principle to situations where the pregnancy itself creates a threat to health.'' He is wrong. The cases cited, reaffirmed in Casey, recognize that a State cannot subject women's health to significant health risks both in that context and also where State regulations force women to use riskier methods of abortion. Our cases have repeatedly invalidated statutes that in the process of regulating the methods of abortion imposed significant health risks. They make it clear that the risk to a woman's health is the same whether it happens to arise from regulating a particular method of abortion or from barring abortions entirely.

Finally, the Court says:

Nebraska has not convinced us that a health exception is, quote, ''never medically necessary to preserve the health of women.'' Rather, a statute that altogether forbids the partial-birth abortion creates a significant health risk. The statute subsequently must contain a health exception.

And if we did not get it, the Court reiterates again:

''By no means must a State grant physicians unfettered discretion in their selection of methods. But where substantial medical authority supports the proposition that banning a particular method could endanger women's health, Casey requires the statute to include a health exception when the procedure is, quote, 'necessary in appropriate medical judgment for the

preservation of the life or health of the mother.' Requiring such an exception in this case is no departure from Casey, but simply a straightforward application of its holding.''

Mr. Speaker, whatever our views are on the underlying issue of abortion, we ought to read the decision and apply the law. The Supreme Court in one opinion said at least five times that a health exception must be included for the statute to be constitutional. Furthermore, they put the exact phrase to be used, ''necessary, in appropriate medical judgment, for the preservation of the life or health of the mother'' in italics and quotations.

The majority proposes that we consider a bill without this unqualified health exception. The Court made it clear that such a health exception is required and, therefore, this rule that requires us to consider a bill without that exception ought not pass.

Mr. Speaker, I ask the House to defeat the rule so that we can have a bill considered with a health exception that might possibly be constitutional.

Mr. Speaker, I include for the RECORD a Statement of Policy from the American College of Obstetricians and Gynecologists which says that this procedure may be necessary in some circumstances.

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS STATEMENT OF POLICY ON ABORTION

The following statement in the American College of Obstetricians and Gynecologists' (ACOG) general policy related to abortion, with specific reference to the procedure referred to as ''intact dilatation and extraction'' (intact D & X).

1. The abortion debate in this country is marked by serious moral pluralism. Different positions in the debate represent different but important values. The diversity of beliefs should be respected.

2. ACOG recognizes that the issue of support of or opposition to abortion is a matter of profound moral conviction to its members. ACOG, therefore, respects the need and responsibility of its members to determine their individual positions based on personal values or beliefs.

3. Termination of pregnancy before viability is a medical matter between the patient and physician, subject to the physician's clinical judgment, the patient's informed consent and the availability of appropriate facilities.

4. The need for abortions, other than those indicated by serious fetal anomalies or conditions which threaten maternal welfare, represents failures in the social environment and the educational system.

The most effective way to reduce the number of abortions is to prevent unwanted and unintended pregnancies. This can be accomplished by open and honest education, beginning in the home, religious institutions and the primary schools. This education should stress the biology of reproduction and the responsibilities involved by boys, girls, men and women in creating life and the desirability of delaying pregnancies until circumstances are appropriate and pregnancies are planned.

In addition, everyone should be made aware of the dangers of sexually transmitted diseases and the means of protecting each other from their transmission. To accomplish these aims, support of the community and the school system is essential.

The medical curriculum should be expanded to include a focus on the components of reproductive biology which pertain to conception control. Physicians should be encouraged to apply these principles in their own practices and to support them at the community level.

Society also has a responsibility to support research leading to improved methods of contraception for men and women.

5. Informed consent is an expression of respect for the patient as a person; it particularly respects a patient's moral right to bodily integrity, to self-determination regarding sexuality and reproductive capacities, and to the support of the patient's freedom within caring relationships.

A pregnant women should be fully informed in a balanced manner about all options, including raising the child herself, placing the child for adoption, and abortion. The information conveyed should be appropriate to the duration of the pregnancy. The professional should make every effort to avoid introducing personal bias.

6. ACOG supports access to care for all individuals, irrespective of financial status, and supports the availability of all reproductive options. ACOG opposes unnecessary regulations that limit or delay access to care.

7. If abortion is to be performed, it should be performed safely and as early as possible.

8. ACOG opposes the harassment of abortion providers and patients.

9. ACOG strongly supports those activities which prevent unintended pregnancy.

The College continues to affirm the legal right of a woman to obtain an abortion prior to fetal viability. ACOG is opposed to abortion of the healthy fetus that has attained viability in a healthy woman. Viability is the capacity of the fetus to survive outside the mother's uterus. Whether or not this capacity exists is a medical determination, may vary with each pregnancy and is a matter for the judgment of the responsible attending physician.

INTACT DILATATION AND EXTRACTION

The debate regarding legislation to prohibit a method of abortion, such as the legislation banning ''partial birth abortion,'' and ''brain sucking abortions,'' has prompted questions regarding these procedures. It is difficult to respond to these questions because the descriptions are vague and do not delineate a specific procedure recognized in the medical literature. Moreover, the definitions could be interpreted to include elements of many recognized abortion and operative obstetric techniques.

ACOG believes the intent of such legislative proposals is to prohibit a procedure referred to as ''intact dilatation and extraction'' (Intact D & X). This procedure has been described as containing all of the following four elements:

1. deliberate dilatation of the cervix, usually over a sequence of days;

2. instrumental conversion of the fetus to a footling breech;

3. breech extraction of the body excepting the head; and

4. partial evacuation of the intracranial contents of a living fetus to effect vaginal delivery of a dead but otherwise intact fetus.

Because these elements are part of established obstetric techniques, it must be emphasized that unless all four elements are present in sequence, the procedure is not an intact D & X. Abortion intends to terminate a pregnancy while preserving the life and health of the mother. When abortion is performed after 18 weeks, intact D & X is one method of terminating a pregnancy.

The physician, in consultation with the patient, must choose the most appropriate method based upon the patient's individual circumstances.

According to the Centers for Disease Control and Prevention (CDC), only 5.3% of abortions performed in the United States in 1993, the most recent data available, were performed after the 16th week of pregnancy. A preliminary figure published by the CDC for 1994 is 5.6%. The CDC does not collect data on the specific method of abortion, so it is unknown how many of these were performed using intact D & X. Other data show that second trimester transvaginal instrumental abortion is a safe procedure.

Terminating a pregnancy is performed in some circumstances to save the life or preserve the health of the mother.

Intact D & X is one of the methods available in some of these situations. A select panel convened by ACOG could identify no circumstances under which this procedure, as defined above, would be the only option to save the life or preserve the health of the woman. An intact D & X, however, 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. The potential exists that legislation prohibiting specific medical practices, such as intact D & X, may outlaw techniques that are critical to the lives and health of American women. The intervention of legislative bodies into medical decision making is inappropriate, ill advised, and dangerous.

Approval by the Executive Board. General policy: January 1993. Reaffirmed and revised July 1997. Intact D & X statement: January 1997. Combined: and reaffirmed September 2000.

Mrs. MYRICK. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Alabama (Mr. ADERHOLT).

Mr. ADERHOLT. Mr. Speaker, today we are considering, as has already been said, the Partial-Birth Abortion Ban Act. I have joined with 161 Members in cosponsoring this legislation, and I commend the gentleman from Ohio (Mr. CHABOT) for bringing forward this legislation. This is the fifth Congress during which this debate has taken place, four of which I have been a part of, and I believe an overwhelming majority of Americans hope this will be the last and that we will pass this bill and have it sent to the President and signed into law.

I know that it has been repeated time and time again here on the floor of the House, but this afternoon I think it is important to remind my colleagues of the details of this deplorable procedure. Partial-birth abortion is a procedure in which the mother's cervix is forcibly dilated over a 3-day period. On the third day the child is pulled feet first through the birth canal until his or her entire body, except for the head, is outside the womb. While the fetus is stuck in this position, dangling partly out of the mother's body and just a few inches from taking its first breath, the physician inserts and opens scissors into the base of the baby's skull, creating a hole in the baby's head.

The physician then either crushes the baby's skull with instruments or suctions out the baby's brain. With the head now small enough to slip through the mother's cervix, the physician pulls the now-lifeless body the rest of the way out of its mother, and discards the baby's body as medical waste.

Today you will hear some supporters of partial-birth abortion claim this procedure is a critical alternative that must remain legal to protect women's health. However, the medical profession offers no support for such claims.

I urge my colleagues to vote ''yes'' on this bill to protect the most vulnerable in our Nation.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. WOOLSEY).

(Ms. WOOLSEY asked and was given permission to revise and extend her remarks.)

Ms. WOOLSEY. Mr. Speaker, I rise today in opposition to this rule. The proponents of the bill claim that it addresses partial-birth abortion, but I think the American people deserve to know what we are really voting on today. We are voting to limit a woman's access to safe and accepted medical procedures, restrictions that will subject a woman to unnecessary risks when she exercises her reproductive right.

We should be promoting a woman's health. We should not be endangering it. We should be debating concrete measures to reduce the number of unintended pregnancies and to ensure that all pregnant women have affordable access to the care they need to deliver healthy babies. Instead, here we are spending our time debating legislation that the Supreme Court has already found to be unconstitutional.

The Supreme Court has clearly recognized the need for protecting the health of the mother. Yet the anti-choice lobby has chosen to forge ahead in their attempts to politicize women's health and chip away at our constitutional rights.

As terrible as it is to acknowledge, things can go tragically wrong in the final stages of pregnancy, and in these unimaginable circumstances, a woman should not be required to risk her health and future fertility by continuing a dangerous pregnancy. I am not a doctor, so I am not going to stand here and pretend that I have the necessary expertise to make medical decisions for my constituents. Instead, I want every woman in my district and every woman in the Nation to have access to whatever procedure she and her physician feel is safest and the most appropriate way for her to settle and handle the situation.

Let us be honest. The debate today is not about aborting viable, healthy children. Few late-term abortions occur in the first place.

□ 1600

Those that do are tragically necessary to save the life or health of the mother. So this debate is actually about limiting a woman's right to choose by restricting access to constitutionally protected medical procedures.

The American people deserve to know what we are really doing here today. We are really desperately trying to take away reproductive choice of every woman in America. I urge my colleagues, do not let this happen. Oppose the rule, and oppose H.R. 760.

Mrs. MYRICK. Mr. Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. PENCE).

(Mr. PENCE asked and was given permission to revise and extend his remarks.)

Mr. PENCE. Mr. Speaker, I am pro-life. I do not apologize for it. I do not demonize people who hold a different view; but I would say respectfully to the previous speaker, to the gentlewoman, that this really is not a debate about a woman's right to choose or the right to life. It does not really find itself divided in that way. Survey after survey proves the point.

Mr. Speaker, I rise in strong support of the rule and the underlying ban on partial-birth abortion because this is just an antiseptic term for a barbaric procedure. As the late Daniel Patrick Moynihan, a Democratic Senator, said, memorably, partial-birth abortion is ''near infanticide.''

We can have arguments about this bill, about its constitutionality. The gentleman from Ohio (Chairman CHABOT) has gone to great lengths to improve this legislation, and we are confident that it is superior to the Nebraska bill that failed constitutional muster.

We can argue the medicine, and we can argue the facts; but the one thing that is inarguable is that this practice is inherently, morally wrong. What is not arguable is that the practice of delivering a newborn child alive, feet first, holding it in the birth canal squirming while the back of its head is stabbed with a suction device is evil. That, Mr. Speaker, is not arguable.

Today we will follow our colleagues at the other end of this building to take one more step to render that practice unlawful and make that which virtually every American knows in his heart to be evil and morally wrong also illegal in America.

Justice has always been defined in this Nation and every society by how they deal with the innocent and those who do them harm. Of the innocent and defenseless we are urged to do what we can for the least of these. Banning partial-birth abortion is the least we can do for the least of these.

Ms. SLAUGHTER. Mr. Speaker, I yield myself 15 seconds just to say to the previous speaker that we know what the agenda is. It was pointed out today. Kent Connor, the president of the Conservative Family Research Council spelled it out. He said, ''With this bill we will dismantle, brick by brick, Roe v. Wade.''

I hope that all of my colleagues are listening in the House, because this may be the last vote we will have on choice.

Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. LINDA T. SÁNCHEZ).

Ms. LINDA T. SÁNCHEZ of California. Mr. Speaker, I rise in opposition to this rule and to the underlying bill.

For 30 years, women in this country have had the right to make reproductive choices over their bodies. H.R. 760 is a horrifying attempt to seize those hard-earned rights away from women. What this legislation claims to do is ban a medical procedure used in late term pregnancies, but it does not. Instead, this bill is drafted in such a way as to effectively ban a woman's right to choose at any point in her pregnancy.

Let us be clear: this bill opens the door to outlawing all abortions, regardless of the circumstances. Furthermore, this bill makes no exception for cases when a woman's health is in grave danger or when carrying a no-longer viable fetus to term would jeopardize a woman's ability to conceive children in the future.

Equally disturbing is the fact that this bill is blatantly unconstitutional. The Supreme Court has consistently ruled that, when dealing with restriction on reproductive procedures, an exception must always be made to protect both the life and the health of the mother.

I cannot support a blatantly unconstitutional bill that tells women that their health or future reproductive health must be sacrificed, nor can I support a bill that has a clear ulterior motive of banning a woman's right to make choices over her own body.

I am pro-choice and believe that the government should stay out of people's private, personal decisions. I will protect a woman's right to choose, and so I will vote against this unconstitutional, anti-woman's rights bill. I strongly urge my colleagues to do the same and to not slam the door on a fundamental right that women have had in this country for 30 years.

I urge my colleagues to vote ''no'' on the rule and to vote ''no'' on H.R. 760.

Mrs. MYRICK. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. TURNER).

Mr. TURNER of Ohio. Mr. Speaker, I rise to speak in support of this rule and this bill. I am from Dayton, Ohio; and this bill is incredibly important to the people of Ohio and my district, and as a result, from our experience, I believe for the people of this country.

Ohio passed its ban on this horrific procedure known as partial-birth abortion because the people of Ohio know how inhumane and how unsafe the practice is. In my district, in Dayton, Ohio, the Women's Medical Plus Center of Dayton has performed this horrific procedure, despite the fact that the facility is not properly licensed by the Ohio Department of Health. It has nothing to do with women's health; it has nothing to do with Roe v. Wade. It has to do with late-term abortions and killing viable children.

The State Health Department attempted to close the Women's Medical Plus Center of Dayton, but has been unsuccessful. This bill is an important first step in protecting women's health from this center.

A woman 5 months pregnant came to the Women's Medical Plus Center in Dayton, Ohio, to receive 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. A medical technician pointed out that the child was alive, but apparently the chances of survival from the procedure were slim. After 3 hours and 8 minutes, this baby died. The community named the baby Hope. Hope was a person, a child, a baby, that fought to retain the life that others were seeking to end.

Just 6 months after Baby Hope died, another baby in the middle of this 3-day abortion procedure was born alive in the Dayton, Ohio, hospital, when her mother went into labor before the abortion could be completed. The woman was believed to be 26 weeks pregnant. This time, however, despite the massive trauma of the baby's environment, a miracle occurred. By grace, this little baby survived, and so she is now called by the community Grace.

I am appalled by the fact that these heinous partial-birth abortion attempts occur. Our local paper has indicated most are performed on healthy women, that most are performed on healthy fetuses.

Ms. SLAUGHTER. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, I am always dismayed by the fact that these fetuses are described as ''viable.'' That is one of the saddest things in the world.

I have talked to parents who had this procedure, babies who were in utero with their brains on the outside, with no lungs, no possibility of living. Always the notion is given if they were just allowed not to go through that procedure, they would get down and almost run around the room.

It is not true. It is not true. The parents who have to go through this are heartbroken over it, but it is the way they can have further children. The American College of Obstetricians and Gynecologists who perform these procedures say it may be the best or most appropriate procedure in a particular circumstance.

What if your wife or your daughter is in a particular circumstance, and you had voted to outlaw the procedure that would be the best for her future and her life and maybe even save her life? We have no right to do that, Mr. Speaker, no right at all.

Mr. Speaker, I yield 2 minutes to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. Mr. Speaker, one of my fundamental principles is that government not interfere with the basic freedoms of our families, and a basic freedom for the health of women includes reproductive health choices. This legislation threatens that freedom by inappropriately intervening in the decisions of patients and their doctors.

Late-term abortions are, as has been demonstrated time and again, accepted medical practice that at times is the only procedure available to protect a woman's life and her ability to safely have a healthy baby in the future.

Years ago, when we first started debating this legislation on the floor of this House, I was struck that while proponents try to horrify people, I was indeed struck by the real cases of real families that would be devastated by this amendment, as was pointed out by the gentlewoman from New York.

This legislation further is part of an insidious ongoing assault to erode not just reproductive freedoms, but perpetuate a trend as shocking as it is unfortunate of some in this Congress, imposing their theology on our citizens, regardless of other people's own strongly held beliefs and individual needs.

Only weeks ago, this Congress, because of a theological clash with science, voted to make it illegal to use potentially life-saving therapies to help with Alzheimer's, Parkinson's, and other degenerative or traumatic diseases, leaving people crippled and dying. The vote was not just to deny scientific research here, but deny access to medicines developed anywhere else. They would make our loved ones suffer in their zeal to make their point.

People who oppose abortion should not have one. Nothing would make me happier than for every American woman to have the knowledge, the well-being, the medical care and the good fortune so that there would never have to be another abortion. But until such a day comes, it is wrong to prevent a woman's doctor from offering professional skills so that she and her family can determine the safest and most appropriate medical care for their family.

Mrs. MYRICK. Mr. Speaker, I yield 1 minute to the gentlewoman from Michigan (Mrs. MILLER).

Mrs. MILLER of Michigan. Mr. Speaker, I rise today in the defense of the most defenseless population in our society, unborn children. Specifically, I rise to support the ban on partial-birth abortion.

This procedure is so horrific that no justification can be given for its continuation. In this procedure, a baby is brought through the birth canal and just as the baby is about to take his or her first breath, the child is killed. If this procedure were done just seconds later, it would be considered murder. I cannot think of a set of circumstances that would justify this brutal act. To allow the continuation of this practice is to devalue the sanctity of life itself.

We cannot allow children, almost born and completely viable outside of the womb, to be disposed of in such a heartless manner. Our society is based on the idea that every individual should have the right to life. I believe that right extends to those who are just about to enter our world.

I urge my colleagues to help defend those who cannot defend themselves.

Ms. SLAUGHTER. Mr. Speaker, I yield myself 15 seconds.

Mr. Speaker, I do not want to say anything contradictory to my friends on the other side who want to make sure these children are born; but if they are poor, they are not going to get the benefit of the tax rebate.

Mr. Speaker, I yield 3 minutes to the gentleman from Massachusetts (Mr. DELAHUNT).

Mr. DELAHUNT. Mr. Speaker, I thank the gentlewoman for yielding me time.

Mr. Speaker, the supporters of this measure are so determined to end safe and legal abortion in this country, no matter what the procedure, that they are unwilling to consider reasonable amendments that would protect the health and life of the woman and also would ensure the constitutionality of the underlying bill.

We will vote shortly to reject the Greenwood-Hoyer-Johnson amendment, which would permit the particular medical procedure banned by the bill if the physician determines that it is necessary to spare the woman from serious adverse health consequences. I understand from the hearings before the Committee on the Judiciary that supporters of the bill expressed concern that the term ''health consequences'' could very well allow the attending physician too much latitude.

But what is fascinating is that another amendment that was proposed by my friend and colleague, the gentleman from Massachusetts (Mr. FRANK), and myself that would have placed even more stringent restrictions on the use of this particular procedure, permitting it only to protect the mother from serious adverse physical, and let me repeat, physical health consequences, was not made in order.

This rule should be defeated, Mr. Speaker, because without the language that I just enumerated, this bill can put women at risk and threaten their daughters with prosecution if they care for them in the way they determine to be medically safe and sound.

□ 1615

Furthermore, without this language, the bill is susceptible to being considered by the Supreme Court and ruled unconstitutional again.

Now, why pass an extreme measure that would be found unconstitutional, rather than accept an amendment that would address its potential constitutional defects? Perhaps because we are not serious about enacting a bill into law that passes constitutional muster, using this bill, if you will, as a perennial political exercise.

But I would suggest that that is not what we ought to be about. Let me submit that this bill, as it is presently before this body, is a disturbing example of legislative excess.

Mrs. MYRICK. Mr. Speaker, I am pleased to yield 2 minutes to the gentlewoman from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. Mr. Speaker, today I rise in support of the rule and

of the Partial-Birth Abortion Ban Act of 2003.

For the last decade, thousands of healthy babies have been tortured and murdered every year through the procedure that is commonly known as partial-birth abortion. This procedure, which is routinely used during the fifth and sixth months of pregnancy, kills a baby just seconds before he or she takes that first breath outside the womb.

Mr. Speaker, this congressional body must act now to preserve the future of the next generation of this Nation, or this Nation will reap the horrible consequences of allowing partial-birth abortion to continue.

Some opponents advocate that this bill is in violation of a fundamental right to an abortion as stated in Roe v. Wade. Mr. Speaker, they are wrong. Numerous medical practitioners and the American Medical Association have testified in committee that partial-birth abortion is never medically necessary in any situation and is severely below the standard of good medical care. In fact, partial-birth abortion can threaten the mother's health or her ability to carry future children to term.

As representatives of the people of the United States, we are charged with the duty to protect the life and the liberty of the innocent, and passage of this bill is a prime example of fulfilling that duty.

I urge all my colleagues to remember this duty and vote for H.R. 760.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentlewoman from Florida (Ms. CORRINE BROWN).

Ms. CORRINE BROWN of Florida. Mr. Speaker, this has become an all too familiar moment for me. You see, this is the ninth time in 8 years that the Republicans have pushed a ban on so-called partial-birth abortion. Yet I continue to be outraged every year at this leadership's self-righteous attempt to turn back the clock on women's constitutionally protected rights, back to the time when women had to leave the country or risk their lives in dangerous back-alley procedures.

The Supreme Court agrees that medical decisions should be made by the patient and her doctor and not by a bunch of politicians in Washington and their special interests. This is why several medical and health organizations, including the American College of OB–GYNs, oppose this legislation.

This legislation was wrong 8 years ago, and it is still wrong. It contains no exception whatsoever for women's health. It simply puts women's lives at risk. This is a perfect example of how mean-spirited and extreme this administration can be. This is a direct attack on Roe v. Wade. But more than that, it is another example in a long line of this administration's attacks on our rights.

I cannot stand by and watch as one by one this White House and the leadership in this House chew up our rights and spit them out. I stand today as a woman and as an American to fight for our constitutionally protected rights. I urge a ''no'' vote on the rule and a ''no'' vote on the underlying bill. Wake up, America.

Mrs. MYRICK. Mr. Speaker, I yield 1 minute to the gentleman from Oklahoma (Mr. SULLIVAN).

Mr. SULLIVAN. Mr. Speaker, today I rise in support of H.R. 760, the Partial-Birth Abortion Ban Act of 2003.

It is true that the vast majority of partial-birth abortions are performed on healthy babies of healthy mothers. Dr. James McMahon, one of the founders of the partial-birth abortion method, in his June 15, 1995, testimony before the Committee on the Judiciary, testified that in a series of about 2,000 partial-birth abortions he performed, only 9 percent of those abortions were performed for maternal health reasons. Of that group, the most common reason given was depression.

It is clear many partial-birth abortion procedures occur for purely elective or frivolous reasons. He also cited that he performed partial-birth abortions on babies with no flaws whatsoever, even in the third trimester, many as late as 29 weeks, well into the seventh month of pregnancy.

No matter where we stand on the issue of life, most Americans agree that the brutal and horrific practice of partial-birth abortion must cease to exist. I urge my colleagues to pass H.R. 760 and to right the wrong that has existed for far too long.

Ms. SLAUGHTER. Mr. Speaker, I reserve the balance of my time.

Mrs. MYRICK. Mr. Speaker, I yield 1 minute to the gentlewoman from Colorado (Mrs. MUSGRAVE).

Mrs. MUSGRAVE. Mr. Speaker, I rise in support of the rule and in support of the Partial-Birth Abortion Ban Act of 2003.

We are told that most of these partial-birth abortions take place in the fifth and sixth month. This is the same time that I got to share in a most wonderful experience, one of the most wonderful experiences of my lifetime. My son and daughter-in-law invited me to come in for the ultrasound of my grandbaby.

It was incredible to me as the three of us were in that room and as the technician went about moving the instrument around on my daughter-in-law's abdomen what we saw inside of that womb. We saw the profile of a little boy, a profile that made us realize that he was going to look much like his father. We saw his little faithful heart beating away. We saw the little gestures that he made with his hands. As we looked at that little boy, my daughter-in-law and my son knew what they were going to name him. They were going to name him after his great grandfather. I left that and I went out and I bought the little outfit that that little boy would wear home from the hospital.

May we end this horrible practice in our Nation, where we are endowed by our Creator of certain inalienable rights: life, liberty, and the pursuit of happiness.

Ms. SLAUGHTER. Mr. Speaker, I yield myself 30 seconds.

Mr. Speaker, I want to say to my colleague, the gentlewoman from Colorado, how happy I am that she had that experience. I am even more happy that that experience showed that that fetus was in good shape and would be able to be born and to be healthy.

We are talking today about women who are faced with the fact that the fetus will not be. I think we are getting astray from that.

Mrs. MYRICK. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Georgia (Mr. LINDER), another member of the Committee on Rules.

Mr. LINDER. Mr. Speaker, I thank my friend for yielding time to me.

Mr. Speaker, I rise in support of the rule. Mr. Speaker, House Resolution 257 is a fair rule that will permit the full House to work its will on H.R. 760, the Partial-Birth Abortion Ban Act of 2003. This rule makes in order the Greenwood-Hoyer amendment to H.R. 760 and provides for one motion to recommit, with or without instructions.

Why is the House debating this legislation yet again? Unfortunately, the answer to that is those who oppose it have claimed that Congress has no power to legislate a ban on partial-birth abortion because of the Supreme Court's Stenberg v. Carhart ruling.

Many of these same House Members, however, had no objection to standing up to the Supreme Court on other issues. For example, 413 House Members voted to ban child pornography even after the Supreme Court held that the 1996 Child Pornography Prevention Act was unconstitutional.

Mr. Speaker, with respect to the underlying bill, any taking of innocent life is wrong. This procedure is demonstrably offensive and wrong. When a Nation puts people in jail and fines them for destroying the potential life of an unborn loggerhead turtle or bald eagle, and pays people for taking the potential life of unborn babies, that Nation has lost its way.

Mr. Speaker, I urge my colleagues to join me in voting for the rule and the underlying bill.

Mrs. MYRICK. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Minnesota (Mr. KENNEDY).

Mr. KENNEDY of Minnesota. Mr. Speaker, I rise today in strong support of this rule and the Partial-Birth Abortion Ban Act. Since the first time I had an opportunity to vote for this ban, I have had a nephew born who is less than 2 pounds when he was born. You could hold him in the palm of your hand.

We have an estimated 3,000 to 5,000 healthy babies that are victims of this partial-birth abortion each year, many of them larger than my nephew, who lives today. In a country founded on the principle of respect for the dignity

of life, this is deplorable and must be stopped.

Doctors agree that this is not necessary, and it has been labeled not good medicine by the AMA. It can significantly threaten the mother's health and future pregnancies; and they inflict terrible pain upon the baby, who is a few inches from being born and taking its first breath.

Twice we have passed this and President Clinton has vetoed it. Today we have an opportunity to put this into law. Thomas Jefferson had it right when he said that liberty and the pursuit of happiness begins with life. I urge my fellow Members to support this rule and to support passage.

Mrs. MYRICK. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Pennsylvania (Mr. SHUSTER).

Mr. SHUSTER. Mr. Speaker, today is a great day for America as we are poised to pass H.R. 760, the Partial-Birth Abortion Ban. This legislation would stop the gruesome procedure that kills a child just inches from birth.

I will not go into the gory details of this particularly cruel procedure, but I will mention that numerous medical experts have testified that fetuses are able to fully feel pain after 20 weeks of development, at the time when most partial-birth abortion procedures occur.

It is also important to note that health experts agree that partial-birth abortions are never needed to save the life of the mother. Even the AMA has stated that partial-birth abortions pose serious health risks to women, and indeed, are not accepted medical practice. Yet this gruesome and evil practice continues to take place.

Today, we take a giant leap forward to end this practice. I look forward for the President to sign this bill into law. I urge passage of the rule and of the bill to protect the most innocent of our society.

Mrs. MYRICK. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from New Jersey (Mr. FERGUSON).

Mr. FERGUSON. Mr. Speaker, today we are voting on a bill to ban partial-birth abortion, called that because the baby is mostly delivered before being killed. Finally, after many years of debate and two vetos by our former President, this bill is going to become law.

In a Nation where we have laws to protect turtles' eggs and the developing offspring of other endangered species, finally we will extend some modest measure of protection to our own developing young humans. Finally, the deception of those who defend this procedure has been exposed. Ron Fitzsimmons, a leader in the abortion industry, admitted that they ''lied through their teeth'' when they claimed this procedure was rare.

In my State of New Jersey, there are at least 1,500 partial-birth abortions done each year at one clinic alone. They admit that most of these are done on healthy mothers carrying healthy babies. Is this the best our culture has to offer? Is this the best our society can offer to those who are in need? Is this brutal and barbaric procedure something we as a society are willing to accept and condone? What does it say about us as a civilized society, as a culture, if we cannot condemn and outlaw this kind of brutality?

Let us say today that we will not accept this, that we are better than this. Let us support this rule, and let us pass this bill.

Mrs. MYRICK. Mr. Speaker, I yield 2 minutes to the gentleman from Kansas (Mr. RYUN).

□ 1630

Mr. RYUN of Kansas. Mr. Speaker, today we have the opportunity to protect the lives of women and children in the United States. We must ban partial-birth abortions.

This type of abortion procedure is gruesome. I cannot imagine how anyone could have the stomach to perform it. Who, may I ask, who could possibly pull a baby from the womb by its feet first, and then stab the half-delivered child in the head and then vacuum out its brain? The child was inches from taking its first breath, but now it is dead and discarded as garbage.

The last five Congresses have supported a ban on partial-birth abortion because a partial-birth abortion is never medically necessary, and because a partial-birth abortion poses significant health risks to the mother, and because partial-birth abortion is not recognized as a valid medical procedure by the mainstream medical community.

For this reason, I support the rule. I support H.R. 760, and I oppose the Greenwood substitute. I urge my colleagues to join me in banning this inhuman procedure once and for all.

Mrs. MYRICK. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I just wanted to put into the record something that is stated in a recent New York Times article, because we keep hearing that these are babies that have extreme abnormalities. And I quote from the article, ''One aspect of the debate has changed. When it began, some opponents of the ban said the targeted form of abortion was used only when a fetus had extreme abnormalities or a mother's health was endangered by pregnancy. Now both sides acknowledge that abortions done late in the second trimester, no matter how they are conducted, are most often performed to end healthy pregnancies because the woman arrived relatively late to her decision to abort.''

Mr. Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, first I want to say that the statistics on the clinic in Pennsylvania were really quite shocking. I thought these were all done in hospital situations. I have never heard those kinds of figures for anything.

That aside, let me read about a woman who terminated a pregnancy that, they are very rare, I still believe that.

The decision to terminate a pregnant late in term is an agonizing decision for the women and their families. Listen to the story of Viki Wilson and her family as she told it in her own words:

''In the spring of 1994, I was pregnant and expecting Abigail, my third child. My husband, Bill, an emergency room physician had delivered our other children and would do it again this time. At 36 weeks of pregnancy, however, all of our dreams and happy expectations came crashing down around us. My doctor ordered an ultrasound that detected that all of my previous prenatal testing had failed to detect. Approximately two-thirds of my daughter's brains had formed outside her skull. What I had thought were big, healthy, strong baby movements were, in fact, seizures.

''My doctor sent me to several specialists, including a perinatologist, a pediatric radiologist, and a geneticist, in a desperate attempt to find a way to save her; but everyone agreed she would not survive outside my body. They also feared that as the pregnancy progressed and before I went into labor, she would probably die from the increased compression in her brain.

''Our doctors explained our options, which included labor and delivery, c-section, or termination of pregnancy. Because of the size of her anomaly, the doctors feared that my uterus might rupture in the birthing process probably rendering me sterile. The doctors also recommended against a c-section because they could not justify the risks to my health when there was not any hope of saving Abigail.

''We agonized over our options. Both Bill and I are medical professionals. I am a registered nurse and Bill is a physician, so we understood the medical risks inherent in each of our options. And after discussing our situation extensively and reflecting on our options, we made the difficult decision to undergo an intact D&E.

Losing Abigail was the hardest thing that has ever happened to us in our lives, but I am grateful that Bill and I were able to make this difficult decision ourselves and that we were given all of our medical options. There will be families in the future faced with this tragedy. Please allow us to have access to the medical procedures we need. Do not complicate the tragedies that we already face. Oppose H.R. 760.''

Mr. Speaker, for Viki and her family and for other Vikis yet to come, I hope that my colleagues will oppose this rule and oppose the underlying bill, H.R. 760. And I urge them to remember that once this bill passes the House, if it does, then it will be substituted for the Senate bill. The Senate bill at least

had the protection in it that was passed by Senator DORGAN on his request that says that Roe v. Wade would be preserved. Obviously, by substituting this bill for that bill, Roe v. Wade will not be preserved.

[From the New York Times, June 4, 2003]

''PARTIAL BIRTH'' MENDACITY, AGAIN

If the so-called partial-birth abortion ban now careering toward almost certain approval by the full House this week has a decidedly familiar ring, it is not your imagination playing tricks. The trickery here belongs to the measure's sponsors.

Although promoted as narrowly focused on a single late-term abortion procedure, the measure's wording adds up to a sweeping prohibition that would, in effect, overturn Roe v. Wade by criminalizing the most common procedures used after the first trimester, but well before fetal viability. Indeed, the measure replicates the key defects that led the Supreme Court to reject a strikingly similar state law a mere three years ago. In addition to its deceptively broad sweep, the bill unconstitutionally omits an exception to protect the health of the woman.

Plainly, the measure's backers are counting on the public not to read the fine print. Their strategy is to curtail access to abortion further as the inevitable legal challenge wends its way back to the Supreme Court for another showdown. They obviously hope that by that time, there will have been a personnel change that will shift the outcome their way.

House members who vote for this bill will be participating in a cynical exercise that disrespects the rule of law and women's health while threatening the fundamental right of women to make their own childbearing decisions. Representatives who care about such things will not go along.

[From The Washington Post, June 4, 2003]

'PARTIAL BIRTH,' PARTIAL TRUTHS

(By Ruth Marcus)

The poisonous national debate over what's known as partial-birth abortion resumes this week, and this time for real: The House is expected to handily approve a prohibition on the procedure, and the Senate has already passed its version. While his predecessor twice vetoed bills outlawing partial-birth abortion, President Bush is eager to sign legislation that he ways will ''protect infants at the very hour of their birth.''

For those who support abortion rights, partial-birth abortion is not the battleground of choice, which is precisely why those who oppose abortion have seized on the issue. The procedure is gruesome, as indeed are all abortions performed at that stage of pregnancy. Although partial-birth abortion is routinely described as a late-term procedure, this label is misleading. The procedure isn't performed until after the 16th week of pregnancy, but it's already legal for states to prohibit abortions once a fetus is viable, at about 24 weeks. More than 40 states have such bans, and properly so. The Supreme Court has said that abortions must be available even after fetuses are viable if necessary to protect the life or health of the mother, and it may be that the health exception ought to be stricter. But this has nothing to do with a partial-birth abortion ban. The law would not prevent any abortion, before viability or after. Instead, it would make one particular procedure—one that may be the safest method for some women—a criminal act.

Indeed, even as they dwell on the gory details of the partial-birth procedure, the groups pushing for a ban on it don't seem to be doing anything to make it easier for women to obtain abortions earlier. Rather, the rest of their antiabortion agenda has been devoted to putting practical and legal roadblocks in the way of women seeking abortions at any stage of pregnancy. Thus, a pregnant teenager faced with multiple hurdles—no abortion provider nearby, no money, a parental consent law—may end up letting her pregnancy progress to the point where she is seeking a second-trimester abortion.

Then there are situations arising from the availability of medical technology that permits a previously impossible glimpse inside the womb. Amniocentesis, which doctors urge for women over 35 because of the heightened risk of birth defects, is not performed until the 15th or 16th week of pregnancy. Other fetal defects may be detected on sonograms only at that stage or later. This puts women squarely in the zone where partial-birth abortion becomes an awful possibility.

When it struck down Nebraska's partial-birth abortion law three years ago, the Supreme Court cited two distinct problems. First, the law was supposed to prohibit only partial-birth abortion, in which the fetus is partially delivered and then dismembered. But, intentionally or not, it was written so inexactly that it could also apply to the most common—though scarcely less grisly—technique for second-trimester abortions, dilation and evacuation, in which the fetus is dismembered before being removed from the womb. Such a bar, the court said, would be unconstitutional because it imposes an ''undue burden'' on a woman's right to abortion before the fetus is viable.

Second, the ban made no exception that would allow the procedure to be performed when necessary to protect the health of the mother. In cases of hydrocephaly, for example, partially delivering the fetus and then collapsing the skull can reduce damage to the cervix—and possibly preserve a woman's ability to carry another child to term. The American College of Obstetricians and Gynecologists told the justices that the partial-birth procedure ''presents a variety of potential safety advantages. Especially for women with particular health conditions, there is medical evidence that [it] may be safer than available alternatives.''

The legislation now before Congress tries to avoid the first problem identified by the court by defining partial-birth abortion more precisely. Opponents contend that the new definition could still apply to the more common technique. The bill's supporters argue this is not true, but they could have explicitly exempted such abortions from the law's reach if they really wanted to make that clear.

A bigger problem is the cavalier way in which Congress leapfrogged the court's requirement for a health exception: Lawmakers simply declared that partial-birth abortion ''is never medically indicated to preserve the health of the mother.'' As Justice Clarence Thomas wrote in a different context, if Congress ''could make a statute constitutional simply by 'finding' that black is white or freedom, slavery, judicial review would be an elaborate farce.'' What if Congress, in the aftermath of Brown v. Board of Education, ''found'' that segregated schools could be equal after all?

The political agenda is clear. Ken Connor, president of the conservative Family Research Council, spelled this out in an e-mail after the Senate vote last March. ''With this bill,'' he wrote, ''we are beginning to dismantle, brick by brick, the deadly edifice created by Roe v. Wade.' Indeed, in urging the overturning of partial-birth abortion laws in Illinois and Wisconsin, federal appeals court Judge Richard Posner, one of the nation's most prominent conservative jurist, said such statutes have nothing to do with protecting fetuses. Rather, said the judge, ''they are concerned with making a statement in an ongoing war for public opinion. . . . The statement is that fetal life is more valuable than women's health.''

Mr. Speaker, I yield back the balance of my time.

Mrs. MYRICK. Mr. Speaker, I yield 1½ minutes to the gentleman from Texas (Mr. BURGESS).

Mr. BURGESS. Mr. Speaker, I rise today to express my strong support for the rule on the passage of the Partial-Birth Abortion Ban Act of 2003. As a member of the bipartisan congressional prolife caucus and as a doctor who has dedicated over 2 decades of my life to my obstetrics practice, I believe this unnecessary procedure should be banned.

As a physician who has delivered over 3,000 babies, I am personally opposed to any type of abortion, but in particular the only reason to select the partial-birth abortion procedure is to ensure that the baby is dead when it is delivered.

As a physician, I recognize that serious complications can occur during the last trimester of pregnancy. However, if the mother's health dictates that the pregnancy must be concluded and a normal birth is not possible, the baby, of course, may be delivered by hysterotomy or cesarean section. Whether the infant lives or dies depends upon the severity of the medical complications and the degree of prematurity, but that outcome is dictated by the disease process itself. The fate of the infant during a partial-birth abortion procedure is predetermined by the nature of the procedure performed, and it is uniformly fatal.

During my 2 decades of the practice of obstetrics, with my share of high-risk pregnancies, I never encountered a situation where the partial-birth abortion procedure was required. I believe that it is inhuman and never medically necessary. The procedure itself, always fatal to the baby, carries substantial risk for the mother as well.

Partial birth abortions are done in the third trimester when an unborn child has developed organs and all the characteristics of a newborn baby. Through the use of technology, patients now have the opportunity to see how life develops before birth. Parents can now watch the beating of an unborn child's heart as early as 20 days after conception and can see movement of the child's arms and legs after 3 months' gestation.

In 1995, a panel of 12 doctors representing the American Medical Association voted unanimously to recommend banning partial-birth abortion, calling it ''basically repulsive.''

I agree with my colleagues at the AMA that it is repulsive and unnecessary. I strongly support the Partial-Birth Abortion Ban Act of 2003. I believe the United States Constitution is

very clear when it guarantees a right to life. Partial-birth abortion has no place in a civilized society.

Mr. LARSON of Connecticut. Mr. Speaker, I regret that due to a family medical emergency, I am unable to be present for the debate and vote on H. Res. 257, the rule providing for consideration of the bill H.R. 760. However, I wish to submit this statement for the RECORD to ensure that my position on this legislation is clear.

While I am opposed to H.R. 760, I am encouraged that the Rules Committee has finally allowed a substitute amendment to this bill. For the fifth time in nine years, this bill has been brought to the floor of the House for a vote. But, for the first time, a compromise substitute amendment is being allowed. I support the substitute amendment offered by Representatives GREENWOOD and HOYER and therefore, if I had been present, would have voted in favor of H. Res. 257 to allow this compromise to be brought to the floor.

Mrs. MYRICK. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The SPEAKER pro tempore (Mr. SIMPSON). The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Ms. SLAUGHTER. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

Following this vote, proceedings will resume on 3 motions to suspend the rules considered earlier today and those votes will be conducted as 5-minute votes.

The vote was taken by electronic device, and there were—yeas 280, nays 138, not voting 15, as follows:

[Roll No 236]

YEAS—280

Aderholt	Brown-Waite, Ginny	Davis, Tom
Akin	Burgess	Deal (GA)
Alexander	Burns	DeLay
Bachus	Burr	DeMint
Baker	Buyer	Diaz-Balart, L.
Ballenger	Calvert	Diaz-Balart, M.
Barrett (SC)	Camp	Dingell
Bartlett (MD)	Cannon	Doolittle
Barton (TX)	Cantor	Doyle
Bass	Capito	Dreier
Beauprez	Cardoza	Duncan
Bereuter	Carter	Dunn
Berry	Castle	Ehlers
Biggert	Chabot	Emerson
Bilirakis	Chocola	English
Bishop (GA)	Coble	Everett
Bishop (UT)	Cole	Feeney
Blackburn	Collins	Ferguson
Blunt	Costello	Flake
Boehlert	Cox	Fletcher
Boehner	Cramer	Foley
Bonilla	Crane	Forbes
Bonner	Crenshaw	Ford
Bono	Cubin	Fossella
Boozman	Culberson	Franks (AZ)
Boswell	Cunningham	Frelinghuysen
Boyd	Davis (CA)	Gallegly
Bradley (NH)	Davis (TN)	Garrett (NJ)
Brady (TX)	Davis, Jo Ann	Gerlach
Gibbons	Linder	Rogers (AL)
Gilchrest	Lipinski	Rogers (KY)
Gillmor	LoBiondo	Rogers (MI)
Gingrey	Lucas (KY)	Rohrabacher
Goode	Lucas (OK)	Ros-Lehtinen
Goodlatte	Lynch	Ross
Gordon	Manzullo	Royce
Goss	Marshall	Ruppersberger
Granger	Matheson	Ryun (KS)
Graves	McCotter	Saxton
Green (WI)	McCrery	Schiff
Greenwood	McHugh	Schrock
Gutknecht	McInnis	Sensenbrenner
Hall	McIntyre	Sessions
Harris	McKeon	Shadegg
Hart	McNulty	Shaw
Hastings (WA)	Mica	Shays
Hayes	Michaud	Sherwood
Hayworth	Miller (FL)	Shimkus
Hefley	Miller (MI)	Shuster
Hensarling	Miller, Gary	Simmons
Herger	Mollohan	Simpson
Hill	Moore	Skelton
Hinojosa	Moran (KS)	Smith (MI)
Hobson	Murphy	Smith (NJ)
Hoekstra	Murtha	Smith (TX)
Holden	Musgrave	Snyder
Hostettler	Myrick	Souder
Houghton	Neal (MA)	Stearns
Hoyer	Nethercutt	Stenholm
Hulshof	Ney	Strickland
Hunter	Northup	Stupak
Hyde	Norwood	Sullivan
Isakson	Nunes	Sweeney
Israel	Nussle	Tancredo
Issa	Obey	Tanner
Istook	Ortiz	Tauzin
Janklow	Osborne	Taylor (MS)
Jenkins	Ose	Taylor (NC)
John	Otter	Terry
Johnson (CT)	Oxley	Thomas
Johnson (IL)	Paul	Thompson (CA)
Johnson, Sam	Pearce	Thornberry
Jones (NC)	Pence	Tiahrt
Kanjorski	Peterson (MN)	Tiberi
Keller	Peterson (PA)	Toomey
Kelly	Petri	Turner (OH)
Kennedy (MN)	Pitts	Turner (TX)
Kennedy (RI)	Platts	Upton
Kildee	Pombo	Vitter
King (IA)	Pomeroy	Walden (OR)
King (NY)	Porter	Walsh
Kingston	Portman	Wamp
Kirk	Pryce (OH)	Waters
Kleczka	Putnam	Weldon (FL)
Kline	Quinn	Weldon (PA)
Knollenberg	Radanovich	Weller
Kolbe	Rahall	Whitfield
LaHood	Ramstad	Wicker
Lampson	Regula	Wilson (NM)
Langevin	Rehberg	Wilson (SC)
Latham	Renzi	Wolf
LaTourette	Reyes	Young (AK)
Leach	Reynolds	Young (FL)
Lewis (CA)		

NAYS—138

Abercrombie	DeGette	Kaptur
Ackerman	Delahunt	Kilpatrick
Allen	DeLauro	Kind
Andrews	Deutsch	Kucinich
Baca	Doggett	Larsen (WA)
Baird	Dooley (CA)	Lee
Baldwin	Edwards	Levin
Ballance	Emanuel	Lewis (GA)
Becerra	Engel	Lofgren
Bell	Etheridge	Lowey
Berkley	Evans	Majette
Berman	Farr	Maloney
Bishop (NY)	Fattah	Markey
Blumenauer	Filner	Matsui
Boucher	Frank (MA)	McCarthy (MO)
Brady (PA)	Frost	McCarthy (NY)
Brown (OH)	Gonzalez	McCollum
Brown, Corrine	Green (TX)	McDermott
Capps	Grijalva	McGovern
Capuano	Gutierrez	Meehan
Cardin	Harman	Meek (FL)
Carson (IN)	Hastings (FL)	Meeks (NY)
Case	Hinchey	Menendez
Clay	Hoeffel	Millender-McDonald
Clyburn	Holt	Miller (NC)
Conyers	Honda	Miller, George
Cooper	Hooley (OR)	Moran (VA)
Crowley	Inslee	Nadler
Cummings	Jackson (IL)	Napolitano
Davis (AL)	Jackson-Lee (TX)	Olver
Davis (FL)	Jefferson	Owens
Davis (IL)	Johnson, E. B.	Pallone
DeFazio	Pascrell	Towns
Pastor	Sanders	Udall (CO)
Payne	Sandlin	Udall (NM)
Pelosi	Schakowsky	Van Hollen
Price (NC)	Scott (GA)	Velazquez
Rangel	Scott (VA)	Visclosky
Rodriguez	Serrano	Watson
Roybal-Allard	Sherman	Watt
Rush	Slaughter	Waxman
Ryan (OH)	Solis	Weiner
Sabo	Spratt	Wexler
Sanchez, Linda T.	Stark	Woolsey
Sanchez, Loretta	Tauscher	Wu
	Thompson (MS)	Wynn
	Tierney	

NOT VOTING—15

Brown (SC)	Gephardt	Oberstar
Burton (IN)	Jones (OH)	Pickering
Carson (OK)	Lantos	Rothman
Dicks	Larson (CT)	Ryan (WI)
Eshoo	Lewis (KY)	Smith (WA)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SIMPSON) (during the vote). Members are advised that 2 minutes remain in this vote.

□ 1658

Messrs. HONDA, SPRATT and BERMAN changed their vote from ''yea'' to ''nay.''

Messrs. HINOJOSA, JOHN, ISRAEL and BUYER changed their vote from ''nay'' to ''yea.''

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H. Con. Res. 177, by the yeas and nays;

H. Res. 201, by the yeas and nays; and

H.R. 1954, by the yeas and nays.

Remaining electronic votes will be conducted as 5-minute votes.

RECOGNIZING AND COMMENDING ALL WHO PARTICIPATED IN AND SUPPORTED OPERATION ENDURING FREEDOM IN AFGHANISTAN AND OPERATION IRAQI FREEDOM IN IRAQ

The SPEAKER pro tempore. The pending business is the question of suspending the rules and agreeing to the concurrent resolution, H. Con. Res. 177, as amended.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. HUNTER) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 177, as amended, on which the yeas and nays are ordered.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 406, nays 2, answered ''present'' 8, not voting 17, as follows: