

come home. So when that supplemental comes before the Senate I intend to offer an amendment, along with Senator AKAKA, the ranking member on the Veterans' Committee, to add \$2 billion to the supplemental to make sure our veterans get the services they need.

We cannot rely on rhetoric. We cannot rely on empty promises. We need to make sure that the part of the commitment we have when we go to war includes taking care of those men and women when they return home.

These proposals are not about growing the size of the Government. They are not about expanding what we owe. It is about keeping a promise. It is about living up to the promises we have made to those who have given so much to all of us. Our veterans deserve the best from us. S. 13, this legislation I just talked about, works to make sure those goals become a reality. We have a tremendous responsibility and we have a great opportunity in this Congress to keep the promise President Abraham Lincoln made 140 years ago, and that is to care for the veteran who has borne the battle, his widow and his orphan. Those words ring as true today as they did 140 years ago, and I intend in every way I can, both in my work on the Veterans Committee, my work on the Appropriations Committee, and my work on the floor, to keep the promise we gave to those who are serving us to make sure they are taken care of when they return home.

I yield the floor.

The PRESIDENT pro tempore. The Senator from Arizona.

Mr. MCCAIN. Mr. President, what is the parliamentary situation?

The PRESIDENT pro tempore. The minority has 8½ minutes. The majority has 22½ minutes. We are in morning business.

Mr. MCCAIN. Mr. President, I ask unanimous consent to speak for 4 minutes as in morning business.

The PRESIDENT pro tempore. We are in morning business.

NOMINATION OF CONDOLEEZZA RICE

Mr. MCCAIN. Mr. President, I rise to support the nomination of Condoleezza Rice as Secretary of State. Dr. Rice has served the President with distinction over the past 4 years as National Security Adviser, and I have complete confidence she will bring the same talents, energy, and vision we have witnessed thus far to her new job at the State Department's helm.

In many of her recent remarks and those of President Bush, Dr. Rice has emphasized the promotion of freedom and democracy as a hallmark of American foreign policy. Not only has Dr. Rice made democracy a centerpiece of her time at the White House, but also her life itself illustrates the final triumph of true democracy at home.

Dr. Rice grew up in Birmingham, AL, in the heart of the segregated South.

She has spoken movingly about her memory of the 1963 church bombing in her hometown. One of the innocent little girls who died there was a friend of hers.

Dr. Rice grew up in a time and place where America's founding ideals had not yet become reality for all of our citizens. The United States, a country built on the idea of freedom, was not yet a full democracy.

Perhaps it was this experience that led Dr. Rice to make the study and practice of political systems her life's work. After receiving her Ph.D. at the University of Denver, she joined Stanford University and quickly became identified as one of the world's leading scholars of the Soviet Union. We all know of her distinguished career since then.

Dr. Rice has the confidence of the President of the United States. Dr. Rice has the confidence of the majority of this Senate. We know, as many of her critics have admitted on this floor, she will be easily confirmed.

So I wonder why we are starting this new Congress with a protracted debate about a foregone conclusion. It cannot be for a lack of priorities because we surely have enough on our legislative plate this year. It can't be because Dr. Rice has suggested she has some flaw so fundamental that the Senate must block the President's choice. I can only conclude we are doing this for no other reason than because of lingering bitterness at the outcome of the elections.

We need to move on. The people of the United States made their choice last November and they expect their elected officials to govern accordingly.

When President Clinton was re-elected for his second term, I didn't share the policy views of some of the officials he nominated, but I do not recall going through protracted battles such as this. We all have varying policy views, but the President, in my view, has a clear right to put into place the team he believes will serve him best.

I believe this Nation is honored by the presence of Dr. Rice, by what she represents, by what she has achieved, and I believe she will be an enduring role model to all Americans, particularly Americans who are not of the majority in race in our country.

I believe Dr. Rice is a living example of what can happen in America. From a beginning in a segregated South to the Secretary of State of the most powerful nation in the world is a great American success story. I hope all my colleagues, at the completion of this overwhelming vote in favor of her confirmation, will celebrate this great American success story and all of us will look forward to her leadership of the Department of State, and working with her here in the Halls of Congress.

I yield the remainder of my time. I suggest the absence of a quorum.

The PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. BROWNBACK. Mr. President, I understand we are in morning business and I have about 18 minutes; is that accurate?

The PRESIDING OFFICER. The Senator has 17 minutes 15 seconds.

OUR LOSS IN IRAQ TODAY

Mr. BROWNBACK. I have an introduction of a bill I wish to talk about, but first I want to express our sympathy to the families of those who were lost in Iraq within the last 24 hours. There was a helicopter crash that took place. As I understand from the early news, 31 marines were killed in that helicopter crash. There were several other deaths in the last 24 hours leading up to this election in Iraq that takes place on Sunday. If we recall, there has been an increased level of violence taking place. We don't know the cause of this helicopter crash that took place, but we do know there was significant loss of life.

Our hearts and our prayers go out to the lost soldiers who stand in harm's way as we seek democracy, liberty, and freedom for the people of Iraq. Our heartfelt sympathies to the families, and our deepest dedication and devotion to those who continue to serve who are in harm's way.

I ask unanimous consent, Mr. President, that it be in order for us to take a moment of silence and prayer for those who have just lost their lives in Iraq.

The PRESIDING OFFICER. Without objection, we will have a moment of silence.

(Moment of silence.)

UNBORN CHILD PAIN AWARENESS ACT

Mr. BROWNBACK. Mr. President, these are difficult times but they are also times of opportunity. We will face on Sunday, with the vote in Iraq, difficulty, but also a time of opportunity for people to know democracy and freedom who have never known it before. Freedom, however, always comes at a price. We are paying for this opportunity for freedom with loss of life from our own country. Yet democracy and freedom is something for which we have fought for over 200 years.

I rise today to speak about something else we need to fight for. I speak of one of the most difficult debates we have had to discuss in this country: it is the debate on the issue of life and the moment that life begins. I am introducing today, with over 30 cosponsors, a bill that speaks to this critical issue. It is S. 51, the Unborn Child Pain Awareness Act. It has 31 cosponsors. This legislation, I believe, is strongly pro-woman, pro-child and pro-life, and

it will help in the creation of a culture of life in America.

The Unborn Child Pain Awareness Act is about empowering women with information. It is also about respecting and treating the unborn child more humanely. This legislation is, at heart, an informed consent bill, which would do two simple things:

First, it would require abortion providers to present medical, scientific information to a woman, who is seeking a late-term abortion, about what is known regarding the development of the unborn child inside of her womb.

Second, should the woman desire to continue with the abortion after being presented with this information, the legislation calls for her to be given the opportunity to choose anesthesia for the unborn child in order to lessen its pain.

No abortion procedures would be prohibited by the Unborn Child Pain Awareness Act. It is an informed consent bill.

I do not believe that anyone in this esteemed chamber thinks that women should not be fully informed. I believe, along with a majority of Americans, according to all the polls of which I am aware, that women have the right to know what their unborn child experiences during an abortion. Most Americans believe that women are capable of processing information, even when faced with a crisis pregnancy.

In fact, according to a Wirthlin Worldwide poll conducted after the November election, 75 percent of respondents favored:

laws requiring that women who are 20 weeks or more along in their pregnancies be given information about fetal pain before having an abortion.

After being presented with the medical and scientific information on the development of the unborn child 20 weeks after fertilization, the woman is more aware of the pain experienced by the child during an abortion procedure, and more equipped—at the very least—to make an informed decision. It is simply not fair for a pregnant mother to be uninformed.

In the proposed legislation, we have settled on a 20-week benchmark because there is a strong medical and scientific knowledge that unborn children feel and experience pain by 20 weeks after fertilization.

Looking over the data—and I am certainly not a doctor—but it seems reasonable to me that unborn children actually feel pain weeks earlier, but we chose the 20-week benchmark as a point on which more scientists and doctors can agree. At some point, perhaps Dr. Coburn—a new member who is a physician who has delivered thousands, of babies, one of this bill's cosponsors—might further enlighten us on this subject based on his extensive experience.

How do we know that unborn children can feel pain? We know that unborn children can—and do—feel pain thanks to great advances in medical

technology. Unborn children, experience pain as evidenced by anatomical, functional, physiological and behavioral indicators that are correlated with pain in children and adults. We have Dr. Sonny Anand's Expert Report for the Partial-Birth Abortion trials, that were made part of the Federal Court record.

Of course—though perhaps less scientific—any mother can tell you her unborn child can feel. The little unborn child most certainly feels and responds to stimuli from outside the womb. Sometimes a voice will cause the unborn child to stir. And usually, at some point in the late second trimester, even the father can feel and see the unborn child's movements. And if you push the unborn child's limb, the limb may push back. I have happy memories of this with my wife and our children.

All along, women have been able to feel the child inside of them, but now, science is telling us exactly what the child inside of his or her mother can feel. We now know that unborn children can not only feel, but that their ability to experience pain is heightened. The highest density of pain receptors per square inch of skin in human development occurs in utero from 20 to 30 weeks gestation.

Think about the pain that unborn children can experience, and then think about some commonly used abortion procedures. Of course, we have heard about Partial-Birth Abortion, but also consider the D&E abortion.

During this procedure, commonly performed after 20 weeks when there is medical evidence that the child can experience severe pain, and we have a chart of this that I will show, the child is torn apart limb from limb. Think about how that must feel to a young human. We would not allow an animal to be treated this way. Yet, the creature we are talking about is a young, unborn child.

Women certainly have a right to be given the facts about the baby growing inside of them. Armed with these facts, women then have the opportunity to make a more informed decision.

Should the woman continue with the late-term abortion, she ought to have the option of anesthetizing the unborn child before it undergoes a painful termination of its young life.

This should not be a Republican or a Democratic issue. This should be a human issue.

The Unborn Child Pain Awareness Act offers us a rare chance to transcend the traditional political boundaries. It is a matter of human decency.

It is my hope that this bill will offer us a chance to work across political divides to forge new understandings in this Chamber.

I think that we can all support giving women more information when they are making life-altering decisions.

A recent Los Angeles Times—December 23, 2004—article offers a glimmer of hope in this regard. The article notes that:

[Democrats] are looking at ways to soften the hard line [support for abortion-rights], such as promoting adoption and embracing parental notification requirements for minors and bans on late-term abortions.

Adoption and parental notification for minors are issues, on which I hope we can work together. Perhaps we can begin with this measure: The Unborn Child Pain Awareness Act is not a ban on late-term abortions, but it is a measure that would provide a wonderful opportunity for us to work together on an issue that is pro-woman, pro-child, and pro-life. It is creating a culture of life.

I want to take a few of the minutes I have to describe a procedure that takes place on a post-20-weeks-of-age gestation child, described here on this chart. There may be people who may not want to look at this. I would offer that they not, if they choose not to, but I think it is important they have this information.

We are talking about a D&E procedure at 23 weeks performed on an unborn child. It is important to note that the legislation that I have introduced today does not ban this procedure or limit it in any way; this legislation simply says that a woman needs to be informed about the pain the child in her womb would experience if she undergoes that procedure, and be given the option to offer the child in the womb anesthesia in the procedure of the child being pulled out of the womb, as you can see in this diagram.

I want to get some expert testimony that was provided at the partial-birth abortion trials.

This was information submitted by Dr. Sonny Anand at the trial about the nature of the pain the child experiences.

I held hearings in the Senate Commerce Committee about in utero surgery. The surgeon talked about having to chase the child around in the womb somewhat to give it its shot to anesthetize the child because the child didn't want the needle to go into its buttock. He described how the child was constantly moving around to avoid the needle. That made perfect sense to me, having children who do not like to get shots. I don't like shots. And the child would move around.

But it also heightened my awareness—that if you go through this abortion procedure, what does the child feel at that point in time? It doesn't want to get a shot in its rear end. What does it feel when it goes through a procedure like this?

This was reported by the Associated Press at the trials last year, April 4, 2004. Dr. Sonny Anand said:

Abortion would cause severe and excruciating pain to 20-week-old fetuses.

There is now scientific information about the increase in the heart rate of the child when a procedure like this is taking place, the increase in the physiological trauma that indicates somebody going through excruciating pain. And while you can't hear the child in

the womb—it can't scream—it has a silent scream, nonetheless it is showing all the time the physiological nature of going through excruciating pain.

I have another chart to put up here to illustrate this point as well. This is from the same physician. Dr. Annand says:

The fetuses show increased heart rate, blood flow and hormone level in response to pain.

This is how you and I, adults, respond to pain, although the difference for us is we have less pain receptors per square inch, and we also have developed a part of the brain that holds down or suppresses pain. So actually we feel less pain because of the way our brain is further developed. But the child feels more pain.

This issue is something I think most of us would probably choose to ignore, if we could, and say "let's just not talk about it." But when this is going on and you know about it, how can you ignore it? It would be like us saying, about some of the tragedies in our history, I just do not want to know about it. Just do not tell me about it. I would rather be ignorant. Yet today we cannot deny the scientific information.

Here is a picture of a child in the womb. I do not know the age of this child. But can you deny the humanity of this child?

I have a coin given to me yesterday from a Croatian, a gentleman from Croatia that I want to show you has the same picture of this unborn child imprinted on this coin minted in Croatia. They just ask basically on the coin, as you can in the picture, how can you deny the humanity of this child? If that is the case—and if you dismember this child in a late-term abortion, how can you deny the humanity of this child and the pain it experiences? We know physiologically because of the scientific advances taking place what this child experiences. How can you ignore scientific evidence and say it is simply not taking place, or I just do not want to see it, which was unfortunately typically done too often in our past. But the facts seem too horrific for us to look at. We have seen recently in places around the world the horrific suffering. Many times we just want to say: Don't show it to me. I don't really want to see it. Yet it can't be denied. It must be confronted. The sooner it is talked about, the sooner it will be addressed.

Let us have a lively debate. If people don't believe the child is experiencing pain, come forward with the scientific information. It would be counter to all common experience of women in pregnancy at that 20-week stage or later. It would be counter to all the current scientific information. Bring it forward. Let us have a lively debate about this. This bill does not ban any abortion procedure. It simply is an informed consent bill that women deserve to know about.

It is my hope that once a woman receives this information she would de-

cide to go ahead with the pregnancy and have the child. If she looks at her situation and believes it is just too difficult to continue to care for the child, she could put the child up for adoption. There are millions of families who would love to provide a loving home for a child. No matter what the difficult circumstance, they would love to adopt; but perhaps she would choose to make her child go through this procedure. What if she decided to go through the procedure, and then later found out through scientific evidence that she put her child through this pain and had to live with that in her life. We have women coming forward now in the Silent No More Campaign—women who have had abortions who have for years afterwards—decades afterwards—struggled with the thought of having an abortion. They say: My goodness. How could I do that to my own child in the womb? They are saying women deserve better. They have struggled with this for years and are now coming out with it; receiving the sympathy which they deserve for having gone through something at a very difficult time in their lives.

This bill will be introduced in both Chambers today. It is an important piece of legislation. It is one which I hope we can move forward with aggressively. If there is evidence on the other side, I would welcome it coming forward. Let us have this debate, but let us not ignore it any longer.

Thank you, very much, Mr. President. I yield the floor.

The PRESIDING OFFICER. The majority side has 40 seconds remaining.

The Senator from Virginia is recognized.

ORDER OF PROCEDURE

Mr. ALLEN. Mr. President, I would like to speak later in commending Senator BROWNBACK on his legislation. I am proud to be a cosponsor of it. I think it is a reasonable moderation on the excesses of abortion. I commend him for his leadership. I will speak on the Rice nomination later.

I was asked to propound this request:

I ask unanimous consent that during the hour of debate on the Rice nomination, time on the Democratic time be divided as follows: Senator BIDEN, 20 minutes; Mrs. BOXER, 5 minutes; Mr. LIEBERMAN, 5 minutes, which was originally reserved for Senator BYRD.

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

Mr. ALLEN. I further ask unanimous consent that the order of speakers remain divided under the previous order.

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

Who yields time?

NOMINATION OF CONDOLEEZZA RICE

Mr. ALLEN. Mr. President, I understand that the Democratic side has yielded their time.

Mr. President, we are going to be in the final debate on the nomination of Dr. Rice. Yesterday, I asked my colleagues to be careful in their criticism. The position of Secretary of State is the voice and the advocacy of the policy of our country. We need to have a unity of purpose for the advancement of freedom. If people want to criticize some things, they should come up with positive, constructive ideas so as not to diminish the credibility of our Secretary of State.

What I saw yesterday on the floor—and to some extent in the Foreign Relations Committee—that the confirmation proceeding of Dr. Rice is evolving into an overly partisan attack. I found out later yesterday evening that some of the attacks have really gone overboard. We heard about accountability—accountability for the prosecution of the war on terrorism, whether in Afghanistan or in the Iraq theater. The accountability was really determined by the people of this country with their votes for President George W. Bush to be reelected as President.

However, we have heard from some on the other side of the aisle a continuation of their campaign arguments, whether here on the floor or in committee.

There has been for years a very logical approach that in times of war, when we have our troops in harm's way overseas, in precarious and dangerous positions with their boots on the ground, that partisan politics ends at our waters' edge. We have heard that. When troops are abroad, partisan politics ends at our waters' edge.

Unfortunately, that time-honored, respectful practice has been breached. Even worse than the outrageous statements in these serious times is we find that statements are being used for political posturing—but even worse, political fundraising. We have heard the arguments made in the sense that Oh well, this is advice and consent. This is from a fundraising letter based upon the argument and opposition to Condoleezza Rice. The fundraising letter from the DSCC sent to DSCC friends, talks about how the Senate must take its advice and consent role during the confirmation process. Advice and consent is fine. That is to be allowed, but advice and consent doesn't mean politicking and soliciting funds.

That is exactly what has happened, in a very, and in my view, harmful way in some of the debate. It harms and diminishes the ability of our Secretary of State, Dr. Rice. She has great credibility, and I think she will still have great credibility. But there is going to be the question: Gosh, some in the United States don't think she is up to the task.

There have been certain personal attacks.

But to try to solicit political contributions from such damaging rhetoric, in my view, is deplorable; it is dangerous; and, it is disgusting.

Here is how they end the letter. This is signed by the junior Senator from