

Mr. CANADY of Florida. 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.

The vote was taken by electronic device, and there were—yeas 339, nays 58, answered “present” 1, not voting 35, as follows:

[Roll No. 420]

YEAS—339

Ackerman	Deutsch	Kelly
Allard	Diaz-Balart	Kennedy (MA)
Andrews	Dixon	Kennedy (RI)
Archer	Doggett	Kennelly
Army	Dooley	Kildee
Bachus	Doolittle	Kim
Baesler	Doyle	King
Baker (CA)	Dreier	Kingston
Baker (LA)	Duncan	Klecza
Baldacci	Dunn	Klink
Ballenger	Durbin	Klug
Barcia	Edwards	Knollenberg
Barr	Ehlers	Kolbe
Barrett (NE)	Ehrlich	LaHood
Barrett (WI)	Engel	Lantos
Bartlett	Eshoo	Largent
Barton	Evans	Laughlin
Bass	Ewing	Lazio
Bateman	Farr	Leach
Becerra	Fattah	Lightfoot
Bereuter	Fawell	Lincoln
Berman	Foglietta	Linder
Bevill	Foley	Livingston
Bilbray	Forbes	LoBiondo
Bilirakis	Ford	Lofgren
Bishop	Fowler	Lowe
Bliley	Frank (MA)	Lucas
Blumenauer	Franks (CT)	Luther
Blute	Franks (NJ)	Maloney
Boehlert	Frelinghuysen	Manton
Boehner	Frisa	Manzullo
Bonilla	Frost	Martinez
Boucher	Gallegly	Martini
Brewster	Gejdenson	Mascara
Browder	Gekas	Matsui
Brown (FL)	Geren	McCarthy
Brown (OH)	Gilchrest	McCollum
Brownback	Gilman	McCreary
Bryant (TN)	Gonzalez	McDade
Bryant (TX)	Goodlatte	McHale
Bunning	Goodling	McHugh
Burr	Gordon	McInnis
Burton	Goss	McIntosh
Buyer	Graham	McKeon
Callahan	Greene (UT)	McKinney
Calvert	Greenwood	Meehan
Camp	Gunderson	Meek
Campbell	Gutierrez	Metcalfe
Canady	Hall (OH)	Meyers
Cardin	Hall (TX)	Mica
Castle	Hamilton	Millender-
Chabot	Hancock	McDonald
Chambliss	Hansen	Miller (FL)
Chenoweth	Hastert	Minge
Christensen	Hastings (WA)	Mink
Chrysler	Hayworth	Moakley
Clement	Hefner	Molinari
Clinger	Herger	Mollohan
Coble	Hobson	Montgomery
Coburn	Hoekstra	Moorhead
Coleman	Hoke	Moran
Collins (GA)	Holden	Morella
Combest	Horn	Murtha
Condit	Hostettler	Myers
Costello	Houghton	Myrick
Cox	Hoyer	Nadler
Coyne	Hunter	Neal
Cramer	Hyde	Nethercutt
Crapo	Inglis	Neumann
Creameans	Istook	Ney
Cubin	Jackson (IL)	Norwood
Cummings	Jackson-Lee	Nussle
Cunningham	(TX)	Oberstar
Danner	Jefferson	Obey
Davis	Johnson (CT)	Olver
Deal	Johnson (SD)	Ortiz
DeLauro	Johnson, Sam	Orton
DeLay	Kanjorski	Owens
Dellums	Kaptur	Oxley

Packard	Sanford
Pallone	Sawyer
Parker	Saxton
Pastor	Scarborough
Paxon	Schaefer
Payne (NJ)	Schiff
Payne (VA)	Schumer
Pelosi	Scott
Peterson (MN)	Seastrand
Petri	Sensenbrenner
Pomeroy	Serrano
Porter	Shadegg
Portman	Shaw
Pryce	Shays
Quillen	Shuster
Quinn	Sisisky
Radanovich	Skaggs
Rahall	Skeen
Rangel	Skelton
Reed	Slaughter
Regula	Smith (MI)
Riggs	Smith (NJ)
Rivers	Smith (TX)
Roberts	Smith (WA)
Roemer	Solomon
Rogers	Souder
Rohrabacher	Spence
Ros-Lehtinen	Spratt
Rose	Stearns
Roth	Stenholm
Roukema	Stokes
Roybal-Allard	Studds
Royce	Talent
Salmon	Tanner
Sanders	Tate

Tauzin
Taylor (NC)
Tejeda
Thomas
Thornberry
Thurman
Tiahrt
Torres
Torricelli
Towns
Traficant
Upton
Velazquez
Vucanovich
Walker
Walsh
Wamp
Ward
Waters
Watt (NC)
Waxman
Weldon (FL)
Weldon (PA)
White
Whitfield
Wicker
Wise
Wolf
Woolsey
Wynn
Yates
Young (AK)
Young (FL)
Zeliff

DISCHARGING THE COMMITTEE ON THE JUDICIARY FROM FURTHER CONSIDERATION OF THE PRESIDENT'S VETO OF H.R. 1833, PARTIAL-BIRTH ABORTION BAN ACT OF 1995

Mr. CANADY of Florida. Mr. Speaker, I offer a privileged motion.

The SPEAKER pro tempore (Mr. LAHOOD). The clerk will report the motion.

The clerk read as follows:

Mr. CANADY of Florida moves to discharge the Committee on the Judiciary from the further consideration of the President's veto of the bill, H.R. 1833.

The SPEAKER pro tempore. The gentleman from Florida [Mr. CANADY] is recognized for 1 hour.

□ 1100

Mr. CANADY of Florida. Mr. Speaker, I yield the customary 30 minutes to the gentlewoman from Colorado [Mrs. SCHROEDER], pending which I yield myself such time as I may consume.

(Mr. CANADY of Florida asked and was given permission to revise and extend his remarks.)

Mr. CANADY of Florida. Mr. Speaker, on April 15 this year President Bill Clinton vetoed H.R. 1833, the Partial Birth Abortion Ban Act.

As a result, the President is the one person standing in the way of Congress saving thousands of children from being partially delivered and then killed with an abortion procedure that has shocked the conscience of the American people.

The drawings here describe the procedure called partial-birth abortion. These drawings describe this horrible procedure step by step. Mr. Speaker, in the partial-birth abortion procedure, the physician or the abortionist begins in this way. Guided by ultrasound, he grabs the live baby's leg with forceps. Then the abortionist pulls the baby's leg out into the birth canal. The abortionist delivers the living baby's entire body except for the head, which is deliberately kept lodged just within the uterus, as is depicted in this drawing.

Then the abortionist jams scissors into the baby's skull. The scissors are opened to enlarge the hole. This is the step in this procedure which kills a living human child.

Next, in completing this horrible procedure, the abortionist removes the scissors and inserts a suction catheter into the baby's skull. The child's brains are removed, causing the skull to collapse, and the delivery of a dead child is completed. This tells the truth about partial-birth abortion. This is the truth that the proponents of partial-birth abortion have tried to conceal from the very day that the debate over this bill began. These are the drawings that the supporters of partial-birth abortion tried to censor and tried to prevent this House from even seeing and tried to prevent the American people from even seeing, but this is the truth that cannot be concealed.

After the President vetoed this bill, which was passed with strong bipartisan support here in this House and in

NAYS—58

Abercrombie	Gephardt
Bonior	Gibbons
Borski	Gillmor
Brown (CA)	Green (TX)
Bunn	Gutknecht
Clay	Hefley
Clyburn	Hilleary
Collins (IL)	Hilliard
Collins (MI)	Hinchee
Cooley	Hutchinson
Crane	Jacobs
Dingell	Johnson, E. B.
English	Jones
Ensign	Latham
Everett	Levin
Fazio	Lewis (GA)
Flake	Lewis (KY)
Flanagan	Lipinski
Fox	Markey
Funderburk	Miller (CA)

ANSWERED "PRESENT"—1

Harman

NOT VOTING—35

Beilenson	Fields (TX)	Longley
Bentsen	Filner	McDermott
Bono	Furse	McNulty
Chapman	Ganske	Menendez
Clayton	Hastings (FL)	Peterson (FL)
Conyers	Hayes	Richardson
de la Garza	Heineman	Stark
DeFazio	Johnston	Stump
Dickey	Kasich	Thornton
Dicks	LaFalce	Williams
Dornan	LaTourette	Wilson
Fields (LA)	Lewis (CA)	

□ 1054

Mr. HINCHEY changed his vote from “nay” to “yea.”

So the Journal was approved.

The result of the vote was announced as above recorded.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Mr. Sherman Williams, one of his secretaries.

the Senate, Senator DANIEL PATRICK MOYNIHAN of New York said, and I quote, "I think this is just too close to infanticide. A child has been born and it has exited the uterus, and what on earth is this procedure?"

Senator MOYNIHAN is right. The only difference between the partial-birth abortion procedure and homicide is a mere 3 inches. President Clinton and the abortion lobby have tried to defend this indefensible procedure by propagating a number of myths to mislead the press and the public.

Supporters of partial-birth abortion have repeatedly denied or misrepresented the facts about partial-birth abortion. But the truth cries out against them. Despite their relentless effort to misrepresent and confuse the issue, the evidence continues to mount against this horrible practice. Both the National Abortion Federation and the National Abortion Rights Action League claim that anesthesia administered to the mother before a partial-birth abortion is performed kills the child, and therefore the child feels no pain when those scissors are being inserted into the child's head. Norig Ellison, the President of the American Society of Anesthesiologists, unequivocally stated that those claims had absolutely no basis in scientific fact.

Dr. David Birnbach, the President-elect of the Society for Obstetric Anesthesia and Perinatology, said the claims were crazy, but despite these and other authoritative statements to the contrary, the abortion lobby continued to assert the falsehood concerning anesthesia.

Dr. Ellison said that he was deeply concerned that widespread publicity may cause pregnant women to delay necessary and perhaps life-saving medical procedures, totally unrelated to the birthing process, due to misinformation regarding the effect of anesthetics on the fetus.

Consequently, I held a hearing in the Subcommittee on the Constitution to put to rest the anesthesia myth. The facts were clear: Anesthesia administered to the mother during a partial-birth abortion does not kill the child, nor does the anesthesia alleviate the child's pain. Dr. Jean Wright, a professor of pediatrics and anesthesia at the Emory University School of Medicine in Atlanta, concluded that the partial-birth abortion procedure, if it were done on an animal in my institution, would not make it through the institutional review process. The animal would be more protected than this child is.

The National Abortion Federation, a lobbying group that represents abortion providers, also claims that partial-birth abortion was inconsequential because only 500 children per year were being aborted using the method. This myth exploded when the Record, a daily newspaper published in northern New Jersey, documented that doctors at a single abortion clinic in Englewood, NJ, performed 1,500 partial-birth

abortions per year on women who are 20 to 24 weeks pregnant. That is three times the number the abortion lobby claims nationwide.

The paper also reported that the New Jersey doctors say only a minuscule amount are for medical reasons. That is very interesting that the National Abortion Federation, which represents abortion providers, did not know about this. The people who are doing this are represented by that organization. Yet they claim such a small number of these procedures were being performed. It simply was not true. I would suggest it is very likely they knew it was not true.

The admission of these New Jersey doctors that only a minuscule amount of the 1,500 partial-birth abortions they perform every year are for medical reasons brings me to the most pervasive myth promulgated by the abortion lobby. The abortion lobby claims that partial-birth abortion is only used in cases where a mother needs the procedure to spare her health or future fertility. President Clinton used this claim when he vetoed the Partial Birth Abortion Ban Act, asserting that the procedure is necessary for women's health.

Unfortunately, for the most part this claim has been reported uncritically, although the evidence is overwhelmingly against it. Former Surgeon General C. Everett Koop insists that the President is misinformed about partial-birth abortion. Dr. Koop explains:

In no way can I twist my mind to see that the late-term abortion as described, partial-birth, and then destruction of the unborn child before the head is born, is a medical necessity for the mother. It certainly can't be a necessity for the baby. So I'm opposed to partial-birth abortions.

Dr. Martin Haskell, who has performed over 1,000 partial-birth abortions, wrote that he routinely performs this procedure on all patients 20 through 24 weeks; that is, 4½ to 5½ months into pregnancy. Haskell told the American Medical News.

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

Another abortionist, Dr. James McMahan, who performed partial-birth abortions in the third trimester on five women who appeared with President Clinton at his April 15 veto event, submitted to Congress a detailed breakdown of a series of over 2,000 partial-birth abortions. He classified only 9 percent as involving maternal health indications, of which the most common was depression. Other health reasons included spousal drug exposure and the youth of the mother. That is what they are talking about when they talk about health.

Another 56 percent of these abortions were for fetal flaws, but these included a great many nonlethal disorders such as cleft lip and Down's syndrome.

Most strikingly, Dr. McMahan did not list reasons, not even depression or

cleft lip, for more than one-third of the partial-birth abortions he performed. McMahan candidly admitted that he used the procedure for elective abortions, explaining "after 20 weeks, where it frankly is a child to me, I really agonize over it," but he added, "Who owns the child? Who owns the child? It's got to be the mother." Property can be disposed of in such a heinous manner.

Just this week the Washington Post described the real circumstances behind most partial-birth abortions. Dr. David Brown, a staff writer, wrote:

The typical patients tend to be young, low-income women, often poorly-educated or naive, whose reasons for waiting so long to end their pregnancies are rarely medical.

Clearly, most partial-birth abortions are performed on the healthy children of healthy mothers. But let me address the small percentage of partial-birth abortions that are performed on children with conditions that may be incompatible with life outside the womb. The President of the United States used his bully pulpit to tell women throughout the country that the gruesome partial-birth abortion procedure must remain available because the only alternative is to allow doctors to " * * * rip your bodies to shreds, and you could never have another baby even though the baby you were carrying couldn't live."

In response to this statement, this outrageous statement, Dr. Nancy Romer, a practicing high-risk obstetrician-gynecologist who is also a professor of medicine, said, this is totally untrue. There is no basis in fact for what the President has claimed. There is no scientific evidence, there is no medical evidence, to support that.

The President has relied on a campaign of misinformation. The supporters of partial-birth abortion have relied on a campaign of misinformation. But it is time that we put a stop to the misinformation about partial-birth abortion.

We have had women who have come forward who have had similar circumstances to the women who were there at the White House at the veto ceremony. They went forward with their pregnancies. They delivered the babies without the use of this procedure, and there was no harm done to them. They have stood and given witness to that fact.

These brave women took it upon themselves to request that the President give them the same opportunity to meet with him that he extended to families who have had partial-birth abortions. On behalf of the women, Mrs. Jeannie French wrote to the President.

Perhaps inadvertently, you sent a message of hopelessness to women and families who anticipate the birth of children with serious or fatal disabilities. This message is so wrong.

Unfortunately, the President flatly refused to meet with them.

When asked about vetoing the Partial-Birth Abortion Ban Act, Bill Clinton said:

The President is the only place in this system of ours where there is one person who can stand up for the people with no voice, no power, who are going to be eviscerated.

Eviscerate has a medical meaning; that is, to remove the contents of a body organ.

Mr. Speaker, partially born children are being eviscerated. You can see it right here. Instead of standing up for these tiny, defenseless people, Bill Clinton stood in their way and stands in their way. I urge my colleagues to take this opportunity today to stand up for children with no voice, no power; children who are going to be eviscerated in the future unless we pass this bill over the President's veto.

Vote yes on the motion to discharge, and then vote yes to override President Clinton's veto of the Partial-Birth Abortion Ban Act. Let us put a stop to this horrendous procedure. Let us stop partial-birth abortion in America.

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

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

THE SPEAKER (Mr. LAHOOD). The Chair will remind all persons in the gallery that they are guests of the House, and that any manifestation of approval or disapproval of proceedings is a violation of the House rules.

Mrs. SCHROEDER. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Massachusetts [Mr. FRANK], chairman of the subcommittee.

□ 1115

Mr. FRANK of Massachusetts. It is the chairman in exile, Mr. Speaker.

The gentleman who just spoke acknowledged that there are cases where there are health reasons. He said they are a small number. This bill is controversial for one reason and one reason only. The majority absolutely, in both branches, refused to allow an amendment that would have provided an exception where the health of the mother was at stake. In the other body, such an amendment was put forward and it was defeated. In this House, we went to the Committee on Rules and asked for the right to present it, and we were not allowed to do it.

If the majority feels that the health-generated abortions of this sort are such a minuscule portion of the total, why have they adamantly refused to allow us to vote on such an amendment? We are talking here when we talk about health, about cases where the child to be born is unfortunately so severely deformed as to have no chance of life whatsoever, and the question is, if a doctor decides late in a pregnancy when this is discovered that the child will not survive if born and that this is the method of abortion that minimizes risk to the mother, this bill makes that a crime. We were not even allowed to vote on that.

Members have said that on the other side, "Well, if you just say health, it will be too vague." Well, they have got

the votes. They could have defined health. They could have said physical health. They could have said significant physical health.

Understand that this bill would outlaw, as it is presented to us, and this is what the President justifiably discussed when he vetoed it, this would outlaw the doctor deciding in his or her judgment what is the best procedure for a fetus that has no chance of life outside the mother and the doctor says this is the safest way.

We have had people who have said, "Look, the doctor said to me if I didn't use this procedure, my ability to have children in the future would have been wiped out."

This bill says no. If in fact they believe that medical-generated cases are a small number, why did they not allow us to vote on this? The reason is, this is part of an effort by people who conscientiously believe that all abortion is wrong. The people pushing for this bill do not really differentiate in their own minds, morally, philosophically, any other way, between this particular form of abortion and any other form performed in the second or third month. They do not like the whole notion. No one does. It is not a pleasant thing to describe in any form. But the question is, if a doctor says to a woman in her sixth or seventh month, "Look, we have sad news, the child you will give birth to will have no chance whatsoever of life and in fact if you give birth in the normal fashion, this could damage your health, and I want to use this procedure"; the doctor says, "I advise that we follow this procedure, because in my medical judgment any other action would threaten your health," that doctor has just proposed the commission of a crime.

Send this back to conference, give us an amendment that says significant physical health effects would be a reason to allow this, and you would not have a controversy because the President would have signed the bill.

So that is the whole story. This bill refuses to allow a doctor and the pregnant woman to decide that in the case of a fetus that has no chance to live this is the best procedure and you would make that a crime.

Mr. CANADY of Florida. Mr. Speaker, I yield 2½ minutes to the gentleman from Indiana [Mr. ROEMER].

Mr. ROEMER. Mr. Speaker, we are talking today about a procedure that is defined as the following: "Partially delivers a living fetus before killing the fetus and completing the delivery." And we are talking about doing this with a pair of scissors inserted into the back of this baby's skull.

Now, let me gently try to contrast that image that you have right now with one that is given in a very popular book today on the bestseller list, "What To Expect When You're Expecting," when people are ready for the joy of a new birth in their family. In the fifth and the sixth month when many of these gruesome procedures are per-

formed, here is what is happening to this baby:

By the end of the sixth month, the fetus is about 13 inches long and weighs about a pound and a quarter. Its skin is thin and shiny with no underlying fat. Its finger and toe prints are visible. Eyelids begin to part. The eyes are opening. With intensive care, the fetus may survive now outside the womb.

So we are now contrasting a procedure that is brutal and gruesome and abominable with what we could put into care and technology and love and commitment to have that baby survive.

Let me say, Mr. Speaker, that in this body we spend billions of dollars on satellites in space that can pick up a license plate on Earth. We spend billions on defense, for F-117's to deliver cruise missiles. Can we not find a measure to ban these procedures?

Mr. Speaker, pro-life, pro-choice people, this is not a question of one's philosophy. We all agree abortion should be rare. This procedure should be banned. Let us vote today in a bipartisan way to save our children, to be bipartisan, and to permanently ban the procedure that takes these precious lives that might and could be saved.

Mrs. SCHROEDER. Mr. Speaker, I yield 2½ minutes to the gentlewoman from Texas [Ms. JACKSON-LEE], a distinguished member of the Committee on the Judiciary.

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, with great emotion I rise this morning really to speak to the American people, for giving birth, as I have done, is not a pretty picture. But, oh, what a wonderful sight when that bouncing and wonderfully larger than life human being comes into your arms.

So as a member of the House Committee on the Judiciary, it was with great trepidation and tears and emotion that I listened to women come and not talk about death but talk about life, the kind of life that you see in these families.

I am pained now to be on the floor of the House because Republicans have made a medical procedure now a political cause. I am pained because I personally know the pain of praying for a fetus to survive and it did not. I am glad I had the support of my God, my doctor, and my family. I believe Americans are praying people, who believe in the right to privacy in this most difficult and private matter.

This is a medical procedure that is only done to save the life of the mother and to give a family the opportunity to bear children again. Note that I say a family, for this is a significant decision that must be made with the significant partner, the husband, the wife, the family, and, yes, the physician and their spiritual leader and their God.

Listening to the testimony about a woman who had a child that could not be viable, the doctors told this woman

who testified that there was no hope, she asked about utero surgery, about shunts to remove the fluid that was on the brain. Nothing would work. There was pain. And the only thing that could work would be this procedure.

In trying to seek some relief, this particular woman who testified at the Judiciary Committee went to several specialists, looking for an opportunity to preserve life. I ask for mercy today that we would be allowed to go back to committee to address the question of life.

Birth is not pretty, but we want it to occur. This procedure is not pretty, and it should not be on the floor of the House, but God help us that we not take this time to deny American women and families the opportunity for life. Sustain the President. Allow us to fix it to provide life for Americans.

Mr. CANADY of Florida. Mr. Speaker, I would inquire of the Chair concerning the amount of time remaining on both sides.

The SPEAKER pro tempore (Mr. LAHOOD). The gentleman from Florida [Mr. CANADY] has 13½ minutes remaining and the gentlewoman from Colorado [Mrs. SCHROEDER] has 24 minutes remaining.

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

Mrs. SCHROEDER. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Florida [Mr. DEUTSCH].

Mr. DEUTSCH. Mr. Speaker, I would like to speak in the short time that I have for the people who are not in this Chamber today, who cannot speak for themselves but have spoken in other settings.

This is a picture of Coreen Costello and her family. I am going to quote from a letter that she has written. If anyone wants it, they can ask their Member of Congress for the complete letter.

Those who want to ban a controversial late-term abortion technique might think I would be an ally. I was raised in a conservative, religious family. My parents are Rush Limbaugh fans. I'm a Republican who always believed that abortion was wrong.

Then I had one.

Disaster struck in my seventh month. Ultrasound testing showed that something was terribly wrong with my baby. Because of a lethal neuromuscular disease, her body had stiffened up inside my uterus.

Our doctors told us that Katherine Grace could not survive, and that her condition made giving birth dangerous for me—possibly even life threatening. Because she could not absorb amniotic fluid, it had gathered in my uterus to such dangerous levels that I weighed as much as if I were at full term.

At first I wanted the doctors to induce labor, but they told me that Katherine was wedged so tightly in my pelvis that there was a good chance my uterus would rupture. We talked about a caesarean section. But they said this, too, would have been too dangerous for me.

Finally we confronted the painful reality: Our only real option was to terminate the pregnancy.

She goes on to mention that "I'm pregnant again and due in June."

There are health issues that this procedure protects that would be banned and made criminal by this bill. That is a fact. The gentleman from Florida [Mr. CANADY] might want to ignore that, but it is a fact. I do not think there is any person that would want this.

The gentleman from Florida [Mr. CANADY], our colleague, we have got great news that he is engaged now, just got engaged, I guess, recently. Hopefully he is going to have children. I have a daughter who is 4 years old. Some day hopefully she will have children.

I pray that no one would ever have to face the choice that some of these women faced, but in the real world people will have those choices and they will have to make that choice of their own health or not, as to the best procedure that is available. I just do not think that it is the right thing for the U.S. Congress to do, to tell Mrs. Costello or other women that they should put their lives at risk in this type of situation.

Mrs. SCHROEDER. Mr. Speaker, I yield 2½ minutes to the gentlewoman from California [Ms. PELOSI].

Ms. PELOSI. I thank the gentlewoman from Colorado for her leadership and for yielding me this time.

Mr. Speaker, I rise in opposition to this legislation and to the veto override of H.R. 1833. I believe it is unconstitutional and interferes directly with the practice of medicine. It is an unwarranted and unneeded government intrusion into medicine and into the family. The bill destroys the family's right to face a devastating circumstance with safety and dignity. But don't listen to me. I think that nothing speaks more eloquently to this issue than the voice of some of the families who have been through these very, very sad circumstances.

□ 1130

Many women who have undergone this procedure have bravely shared their stories with Members of Congress and the country, because of their great fear that other women facing tragic circumstances late in pregnancy will not have access to the safest possible procedures.

One such woman is Vikki Stella, whose beautiful family is shown here. Vikki writes that her husband Archer and she live in Illinois, in a western suburb of Chicago. They have three children, Lindsay, Natalie, and Nicholas.

A little less than 2 years ago Vikki had a procedure that this legislation would ban. She was in the third trimester of pregnancy for a much-wanted son. She was diabetic and therefore her health was of particular concern. During the pregnancy she had to inject herself many times a day with insulin, et cetera.

She had prenatal tests showing her pregnancy was normal, but at 32 weeks she says her world was turned upside

down. She went in for another ultrasound which found grave problems that had not been detected before. "Ultimately," she said, "my son was diagnosed with at least nine major anomalies that included a fluid-filled cranium with no brain tissue at all."

Vikki said never in the lives of her family would they have imagined a disaster like this could happen to them. Their options were extremely limited because of her diabetic situation. A C-section or a normal labor were not options available to her without having potentially severe health consequences.

The best option was a highly specialized surgical abortion procedure developed for women with similar difficult conditions, called an intact D&E. "This procedure was gentle," says Vikki. "Our baby was delivered intact. We held him in our arms and said our goodbyes. We named him Anthony."

Losing Anthony was a great tragedy for her, which she so generously, the Stella family has so generously shared with this Congress so that other women will have the best possible options available to them.

Mr. Speaker, I include for the RECORD the letter from Vikki Stella referred to above:

JULY 29, 1996.

Member of Congress,
U.S. House of Representatives,
Washington, DC.

DEAR MEMBER OF CONGRESS: My name is Vikki Stella. My husband Archer and I live in Naperville, Illinois, in the western suburbs of Chicago. We have three children, Lindsay, who is twelve; Natalie, who is seven; and Nicholas Archer, who is seven months old. I am one of the women who stood with President Clinton as he vetoed H.R. 1833, the so-called "Partial Birth Abortion" Ban Act.

A little less than two years ago I had a procedure that the legislation would ban. I was in my third trimester of pregnancy with a much-wanted son. I am diabetic and, therefore, my health is of particular concern. During the pregnancy, I injected myself twice a day with insulin and checked my blood sugars eight times a day by pricking my finger and using a glucose meter. I had more prenatal tests than most women including an amniocentesis and five ultrasounds. Our doctor had pronounced my pregnancy "disgustingly normal." But then at 32 weeks, our world turned upside-down. I went in for another ultrasound, which found grave problems that had not been detected before. Ultimately, my son was diagnosed with at least nine major anomalies: these included a fluid-filled cranium with no brain tissue at all; compacted, flattened vertebrae; congenital hip dysplasia; skeletal dysplasia; and hypertelorism eyes. He would never have survived outside my womb.

Never in our lives had we imagined that a disaster like this could happen to us. We went home to our house in Naperville, to the bedroom prepared for our little boy—tiny clothes folded, crib assembled, walls painted—and we cried.

Our options were extremely limited because of my diabetes: I don't heal as well as other people so waiting for normal labor to occur, inducing labor early, or having a C-section would have had potentially severe health consequences for me. The best option was a highly specialized, surgical abortion

procedure developed for women with similar difficult conditions called an intact D&E.

The procedure was gentle and our baby boy was delivered intact. We held him and said our goodbyes. We named him Anthony.

Losing Anthony was the most difficult thing we have gone through. When I was asked to come to Washington to share this personal grief, I agonized over the decision to come forward. This is not an easy story to tell. It's very private and very painful. But I know there will be other women after me who will need this procedure. Contrary to the image that is portrayed by supporters of this bill, we are not mothers who want "perfect babies" or mothers who are having third-trimester abortions because of cleft palates and missing fingers. Well, yes, Anthony had a cleft palate. I wish to God that was his only problem! He wasn't just imperfect—his anomalies were incompatible with life. The only thing that was keeping him alive was my body. He could never have survived outside my womb, so I did the kindest thing, the most loving thing I know to do. I took my son off life support.

When I went to Washington to tell Congress the truth about this procedure, my oldest daughter asked me why I was going. I told her that I was going because of Anthony. Lindsay who was eleven at the time and very smart for her age, wanted to know why I had to go to Washington because her baby brother died. So I told her the whole story. When I finished she looked up at me with her great big eyes and said, without hesitation, "Mommy, you did the right thing." It's a sad thing when an eleven-year-old is wiser than some Members of Congress.

Fortunately President Clinton listened to my story and the stories of families like mine and the tragedies we faced. He took the time to meet with me and hear how important it was for me to have the compassionate procedure. Holding Nicky in his arms, the President understood that that beautiful baby boy would not have been possible if it were not for the safety of the surgical procedure that protected my reproductive health.

Please stand with the President and vote to sustain his veto.

Sincerely,

VIKKI STELLA,
Naperville, Illinois.

Mrs. SCHROEDER. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois [Mr. DURBIN].

Mr. DURBIN. Mr. Speaker, in the 14 years that I have served in Congress I have faced many votes on this issue. Not one of these votes has been an easy one. I have tried to make a decision of conscience in each case.

When I took a look at the drawings which the Republicans bring forward about this procedure, it troubled me. And I am sure as we hear this procedure described, it troubles us all, as it would most Americans.

But then one day a woman walked into my office whom I had never met before, from Naperville, IL. Her name was Vikki Stella. She said to me, "Congressman, let me tell you my story. We had several children in our family and our baby was on the way. We had named the child. We had painted the nursery. We had the baby shower. And we were told late in the pregnancy that a sonogram disclosed that this poor new baby of ours would never survive because of tragic deformities."

Because Vikki was also diabetic and had her own medical conditions to be

concerned about, the doctors warned her that if she went through a normal pregnancy at that point she ran the risk of never having another child. A double tragedy: Losing this baby and never being able to bear another.

She and her husband laid awake at night crying over this decision. It was no frivolous, easy decision for selfish reasons, and they decided that it was best for them and their family to terminate that pregnancy with the procedure that would be prohibited and criminalized by this bill.

She cried as she told me this story, and I started to have a little tear in my eye too, as anyone would. And then she brightened up and she said, "You know what, Congressman? I'm pregnant again. We are going to have another baby. We will never forget our baby that we left and lost in this procedure, but our family is going to have another chance."

Think about that for a minute. Not one of us, not one of us would have wanted to face this tragedy with our family. But think of this possibility. If we override the President's veto, we would eliminate the medical procedure that gave Vikki Stella of Naperville, IL another chance to have a baby.

Mrs. SCHROEDER. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Florida [Mrs. THURMAN].

Mrs. THURMAN. Mr. Speaker, I thank the gentlewoman from Colorado for yielding this time and for her leadership.

Mr. Speaker, I have only one thing to say today. I want to ask in this forum what one of the women who has had this procedure has been asking for weeks: Who are we to judge her and her family's heartache?

I want this body to know that I listened closely to Vikki Stella's story of her family tragedy. I saw the anguish in her eyes, but I marveled at her willingness to retell the story of her heartache, of learning in the third trimester of fetal fetal abnormalities and the tremendous threat her diabetes presented if she were to deliver such a child.

The Stella family's decision was not easy, and it has not been easy for her to spend the last year fighting against this legislation, but she has done it. She told me and she has told others so families faced with this personal tragedy have options.

I want my colleagues to think about us who have had critical family health emergencies. We know that it is important that the medical community has the opportunity to tell us what will best preserve and protect the health and safety of our families. Intact D&E gave the Stella family the chance to protect Vikki's health so she could continue to be a good healthy mother for her two daughters. It also allowed Vikki and her husband, Archer, to have a beautiful son, Nicholas, who is now 8 months old.

I do not support third trimester abortions except for in severe health situa-

tions. Vikki's story shows us why American families need this severe health exception, and this legislation does not contain it.

Mr. CANADY of Florida. Mr. Speaker, I yield 1 minute to the gentlewoman from California [Mrs. SEASTRAND].

Mrs. SEASTRAND. Mr. Speaker, today this body of Representatives decides one of the most profound moral debates in the history of our Nation. Our children will look upon this day to see if we stood for principle. Will we vote to defend and protect the women and future children of this Nation? Will we vote for principle over political party? Will we defend our children or the President's veto?

Almost as shameless as the President's veto were his efforts to paint himself as the defender of the health of women. According to Mr. Clinton, the life and health of women depend on the employment of this brutal procedure.

No less an authority than former Surgeon General C. Everett Koop has made it clear that a partial birth abortion is never necessary under any circumstance.

I commend Democrat leaders, the gentleman from Missouri [Mr. GEPHARDT] and the gentleman from Michigan [Mr. BONIOR], for their vote to ban partial birth abortions. And just as these two leaders stood up to their President, I hope all will follow their consciences and vote to override the President's veto.

Mrs. SCHROEDER. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from West Virginia [Mr. WISE].

Mr. WISE. Mr. Speaker, there is no issue that I agonize over, and I suspect many Members here agonize over, more than abortion. Except for the most committed on either side, the issues are not clear-cut and they are not easily resolved.

I also believe that reasonable limitations can be placed upon abortions performed late in pregnancy. But this legislation goes too far because it says doctors performing abortion using this procedure can be fined or jailed for 2 years.

The tragedy of this debate is not what is being said, it is what is not being said. Supporters say they want to prevent abortion. Yet the mothers who have this procedure, such as the women who have visited my office, did not want an abortion. They had to have this procedure to safeguard their health, their life, or because there was such a gross deformity of the fetus it was not likely to live.

It is important to note also what is not in this bill, Mr. Speaker: Any language that would permit the doctor to perform this procedure if the mother's health was seriously endangered. That is right. Even when a mother's health is seriously endangered a doctor performing this procedure can be jailed.

The supporters of this bill show dramatic pictures, artist's drawings, to make a case. Let me show a real photo

to make my case. This is Coreen Costello, who visited my office, and this is her family. Late in her pregnancy she learned the child she was carrying had a severe and fatal disability. Her doctors recommended this procedure because her child could not live and her health was seriously endangered. She had this procedure.

Mr. Speaker, she has now had another child, Tucker, and so this photo becomes even more complete with Tucker being added to it. There are other photos, Mr. Speaker, and other real families: Vikki Stella; Claudia Ades and her family.

Mr. Speaker, I cannot believe that when a mother's health is seriously endangered this Congress would stand between the mother, her family, and her God. There can be reasonable limitations, yes, on abortion, but I cannot support, Mr. Speaker, any legislation that is going to tell a doctor that if he or she performs the procedure that they feel necessary because a mother's health is seriously endangered, they can go to jail. I do not believe the American people want that either.

Mr. CANADY of Florida. Mr. Speaker, I yield 2 minutes to my colleague, the gentleman from Florida [Mr. STEARNS].

Mr. STEARNS. Mr. Speaker, I thank my colleague for yielding me this time.

Mr. Speaker, it is difficult to comprehend an act that takes away the life of an infant just moments before his or her first breath. It is just as difficult to comprehend the veto of the bill that would halt this life-ending procedure by a President who claims to promote family values and respect for human life.

I have received over 8,000 letters and postcards from my constituents urging me on to vote to override President Clinton's veto of the partial birth abortion ban. I completely agree with these people. This procedure is a violation of the sixth Commandment: Thou shalt not murder.

In fact, hundreds of doctors, including Dr. Karrer, from Jacksonville, FL, a practicing obstetrician-gynecologist with 30 years' experience, all of them have come forward to say that partial birth abortions are never, never needed to preserve the life or fertility of the mother.

As we may recall, President Clinton's argument for vetoing this legislation was that this procedure is needed to prevent a serious adverse health consequence. However, the Supreme Court's definition of the term "health" includes all factors: physical, emotional, psychological. Using these definitions, partial birth abortions are justified for reasons ranging from the mother's depression to a baby's cleft palate.

Perhaps the President was misinformed, perhaps he turned a deaf ear to those who tried to give him these facts, or maybe he did not hear that 80 percent of partial birth abortions are performed for purely elective reasons.

Whatever the case, President Clinton's arguments are flat-out wrong.

If President Clinton hears nothing else in all of these arguments, I urge him to listen to the words of Mother Teresa who said, "The greatest destroyer of peace is abortion. Because if a mother can kill her own child, what is left? For me to kill you and you to kill me. There is nothing in between."

I strenuously object to President Clinton's veto of this ban, and I urge my colleagues today to vote to override this shameful veto.

Mrs. SCHROEDER. Mr. Speaker, I yield 2½ minutes to the distinguished gentleman from Texas [Mr. DOGGETT].

Mr. DOGGETT. Mr. Speaker, this debate has nothing to do with murdering babies; it has everything to do with murdering the truth.

It is a deplorable and cynical move that the sponsors of this measure engage in to exploit the very deeply held and genuine religious convictions of millions of Americans.

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If anyone, no matter how religious and how committed on this issue, really believes the opening statement of the gentleman from Florida [Mr. CANADY] that there are thousands of babies across this country that are being stabbed to death moments before they are born into this world, then I would say to all these antichoice Republican militants, "The blood is on your hands this year, gentlemen, because you sat here after President Clinton wisely vetoed your bill on April 10."

They sat here at the scene of these alleged scissors murders. They sat here through April; they sat here through May; they sat here through June; they sat here through July; they sat here through August doing little or nothing as these supposed thousands of murders took place. They sat here until election eve because they were not concerned about these procedures; you were concerned about gaining political advantage with the millions of Americans who are genuinely concerned about the question of abortion.

And, of course, my colleagues and their Republican antichoice militants, they have a broader pledge. Their pledge is to end every abortion, even when it results from rape, even when it results from incest. By golly, in Texas they even went a little further. They said even when a teenage father who will not marry the mother objects, there is not going to be any abortion. And this is the first step, not the last step, in addressing that agenda that mandates motherhood, whether the mother wants to or not.

This same crowd will then come to this Congress and begin talking about scissor murders which are not occurring in America today; this same crowd will be here then telling the American people what kind of birth control, if any, they can use. Today is the first time that American women, facing a

troubling health decision, are told: Do not ask your doctor; ask your Congressman.

We are not going to follow that troubled path. It is time to stop meddling in the personal lives, in the most personal decision that American people face, that American women face.

Mr. CANADY of Florida. Mr. Speaker, I yield 1 minute to the gentleman from Missouri [Mr. VOLKMER].

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

Mr. VOLKMER. Mr. Speaker, I rise to strongly urge Members to vote to override the President's veto on this legislation.

This legislation is much-needed if we are going to save the thousands of children who are killed unnecessarily each year by this procedure.

There is a provision in this bill that exempts those procedures where it is necessary in order to save the life of the mother. So all other procedures not necessary to save the life of the mother are just for the purpose of killing a baby, because the mother feels, or the doctor feels, that it is not appropriate to have this baby at this time.

It is a procedure that I feel, the scissors issues and the procedure is when this baby is at the moment of being born, taking its first breath and ready to live a life just like all of us, and then a moment comes where the doctor kills the baby, sucks it out and takes it out, and that is the end of it.

I say, let us vote to override the President's veto.

Mrs. SCHROEDER. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Texas [Mr. EDWARDS].

Mr. EDWARDS. Mr. Speaker, when this bill first came to the House floor, my wife was 8 months pregnant with our very first child. We were soon blessed to have a healthy baby who turned 9 months old yesterday. Our son is love of my wife's life and my life. He is the fulfillment of our hopes and dreams and prayers.

Yesterday, I met another little child named Nicholas Stella. Because Nicholas was born within 8 days of our own child, I could understand the joy of his mother as he playfully strode across my office floor.

Had this bill been law 2 years ago, Nicholas might not be alive today. As a new father, that is all the reason I need to vote to sustain this bill's veto.

This bill is not about saving baby's lives; it is about politics in an election year. This bill risks the fertility and health of women in order to make a political statement in a 30-second TV ad or 8-second sound bite.

What most citizens are not being told in America is that this bill will not outlaw late-term abortions; rather, it prohibits only one procedure that many physicians believe is needed to protect the health and fertility of a pregnant woman in tragic cases where her fetus has no chance of survival.

All other late-term abortion procedures under this bill would be perfectly

legal, even if those procedures pose a greater threat to a woman's health or fertility.

For anyone, for anyone here or elsewhere to suggest that I as a new father or anyone else in this House would want to allow the abortion of a healthy baby just moments before normal childbirth is ludicrous, it is deceptive, and it is totally dishonest.

Mr. DORNAN. And it happens.

Mr. EDWARDS. It does not happen.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LAHOOD). The gentleman from Texas has the time.

Mrs. SCHROEDER. Regular order.

The SPEAKER pro tempore. The Chair would ask the gentleman from California [Mr. DORNAN] to please be seated. The Chair would ask the gentleman from California to abide by the rules of the House. The gentleman from Texas [Mr. EDWARDS] has the time.

Mr. DORNAN. I will, Mr. Speaker, but it happens. It happens.

Mrs. SCHROEDER. Regular order.

The SPEAKER pro tempore. The Chair would ask the gentleman from California to abide by the rules of the House. The gentleman from Texas [Mr. EDWARDS] has the time.

Mr. DORNAN. I will, Mr. Speaker, but it happens.

The SPEAKER pro tempore. The Chair would ask all Members to abide by the rules. The gentleman from Texas has the time.

Mr. EDWARDS. Mr. Speaker, if that happens anywhere at any time, if these Members of the House, including the one that just spoke, would work with us to pass a bill, we could put into law in the next few weeks, we could stop it from happening.

But for anyone to suggest, as they have in fliers and ads, that we want to allow the abortion of a healthy baby just moments before childbirth is, as I said before and say again, totally dishonest and disgusting.

I helped pass a bill that outlawed not one late-term-abortion procedure in Texas; we outlawed all late-term-abortion procedures in Texas. But in that bill that is now law in Texas we did what this bill should do. We said if the life or the health or the fertility of a woman is at risk, that moral and medical decisions should be made by a woman, her family and her doctor, and not by politicians and not by the government.

Mr. Speaker, I urge the Members of this House to support the veto of this ill-fated, ill-designed legislation.

Mr. CANADY of Florida. Mr. Speaker, I yield such time as he may consume to the gentleman from California [Mr. DORNAN].

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

Mr. DORNAN. Mr. Speaker, I rise in support of this bill and against infanticide and I will do a 1 hour special order tonight continuing the debate. I say to my colleagues, please join me tonight.

Mr. CANADY of Florida. Mr. Speaker, I yield 2½ minutes to the gentleman from Utah [Ms. GREENE].

Ms. GREENE of Utah. Mr. Speaker, I first learned about the partial-birth-abortion practice about a year-and-a-half ago when I was pregnant with my daughter. At that time, I was asked to be a part of the original cosponsors of that bill and, frankly, I did not want to be involved.

At that point, I felt that if, as a pregnant woman, I stepped forward to engage in this debate, that the abortion supporters would pillory me as the poster child of the right. I did not want to tarnish the excitement and the joy of my pregnancy with this gruesome debate.

But, Mr. Speaker, I had to change my mind after I read this. It is the Medical Journal article prepared by the doctor who pioneered this so-called practice, this so-called procedure. I read it through. I tried to forget what I had read. It haunted me for 2 weeks. I daily thought about what I had read here about a procedure that is, in fact, infanticide. And I decided that I had to step forward.

Mr. Speaker, this so-called procedure has been defended as an emergency procedure when, in fact, this procedure takes 3 days to complete because the practitioner has to induce labor for 2 days before the person who is receiving the abortion can go in to partially deliver the child.

It has been defended as being painless for the fetus, and yet anesthesiologists say, if they are using anesthetics for the mother appropriately, quote, "Then it has little or no effect on the fetus. From a clinical point of view, you cannot depend on the fetus being asleep." That from the president of the Society for Obstetric Anesthesia and Perinatology.

Mr. Speaker, we have provided an exception where the life of the mother is at stake. This gruesome horrific practice is opposed by the American Medical Association legislative counsel. It has been opposed by C. Everett Koop, our former Surgeon General, who says he believes the President has been misled as to the medical facts behind this so-called procedure.

Mr. Speaker, I believe that the highest calling of this body is to protect the rights and interests of those who are too weak to protect themselves. Protect these children. Vote to override the President's veto and establish some civilized approach to a heinous practice that should not be allowed to continue in our Nation.

Mr. Speaker, today I will vote in favor of overriding President Clinton's veto of H.R. 1833, a bill to eliminate an abortion procedure commonly called a partial-birth abortion. I believe it is important for my colleagues to read a paper prepared by Dr. W. Martin Haskell describing the partial-birth abortion procedure, and to read an interview with Dr. Haskell in the Cincinnati Medicine. I would like to insert the interview and paper into the CONGRESSIONAL RECORD.

[From Cincinnati Medicine, Fall 1993]

SECOND TRIMESTER ABORTION

AN INTERVIEW WITH W. MARTIN HASKELL, MD

Last summer, American Medical News ran a story on abortion specialists. Included was W. Martin Haskell, MD, a Cincinnati physician who introduced the D&X procedure for second trimester abortions. The Academy received several calls requesting information about D&X. The following interview provides an overview.

Q. What motivated you to become an abortion specialist?

A: I stumbled into it by accident. I did an internship in anesthesia. I worked for a year in general practice in Alabama. I did two years in general surgery, then switched into family practice to get board certified. My intentions at that time were to go into emergency medicine. I enjoyed surgery, but I realized there was an abundance of really good surgeons here in Cincinnati. I didn't feel I'd make much of a contribution. I'd be just another good surgeon. While I was in family practice, I got a parttime job in the Women's Center. Over the course of several months, I recognized things there could be run a lot better, with a much more professional level of service—not necessarily in terms of medical care—in terms of counseling, the physical facility, patient flow, and in the quality of people who provided support services. The typical abortion patient spends less than ten minutes with the physician who performs the surgery. Yet, that patient might be in the facility for three hours. When I talked to other physicians whose patients were referred here, I saw problems that could be easily corrected. I realized there was an opportunity to improve overall quality of care, and make a contribution. I own the center now.

Q: Back in 1979 when you were making these decisions, did you consider yourself pro-choice?

A: I've never been an activist. I've always felt that no matter what the issue, you prove your convictions by your hard work—not by yelling and screaming.

Q: Have there been threats against you?

A: Not directly. Pro-life activist Randall Terry recently said to me that he was going to do everything within his power to have me tried like a Nazi war criminal.

Q: A recent American Medical News article stated that the medical community hadn't really established a point of fetal viability. Why not?

A: Probably because it can't be established with uniform certainty. Biological systems are highly variable. The generally accepted point of level viability is around 24-26 weeks. But you can't take a given point in fetal development and apply that 100 percent of the time. It just doesn't happen that way. If you look at premature deliveries and survival percentages at different weeks of gestation, you'll get 24-week fetuses with some survival rate. The fact that you get some survivors demonstrates the difficulty in defining a point.

Q: Most women who get abortions end pregnancies during the first trimester. Who is the typical second-trimester patient?

A: I don't know that there is a typical second-trimester abortion. But if you look at the spectrum of abortions (most women are between the ages of 19 and 29) they tend to be younger. Some are older. The typical thing that happens with older women is that they never realize they were pregnant because they were continuing to bleed during the pregnancy. The other thing we see with older women is fetal malformations or Down's

Syndrome. These are being diagnosed much earlier now than they used to be. We're seeing a lot of genetic diagnoses with ultrasound and amniocentesis at 17-18 weeks instead of 22-24 weeks. With the teenagers, anybody who has ever worked with or had teenagers can appreciate how unpredictable they can be at times. They have adult bodies, but a lot of times they don't have adult minds. So their reaction to problems tends to get much more emotional than an adult's might be. It's a question of maturity. So even though they may have been educated about all kinds of issues in reproductive health, when a teenager becomes pregnant, depending up on her relationship with her family, the amount of peer support she has—every one is a highly-individual case—sometimes they delay until they can no longer contain their problem and it finally comes out. Sometimes it's money: It takes them a while to get the money. Sometimes it's just denial.

Q: Do you think more information on abstinence and contraceptives would decrease the number of teenage pregnancies?

A: I grew up in the sixties and nobody talked about contraception with teenagers in the sixties. But today, though it may be controversial in some areas, there's a lot being taught about reproductive health in the high school curricula. I think a lot more is being done, but the bottom line is we're all still just human—with human emotions, and particularly with teenagers, a sense of invulnerability; it can't happen to me. So education helps a lot, but it's not going to eliminate the problem. You can teach a person the skills, but you can't make them use them.

Q: Does it bother you that a second trimester fetus so closely resembles a baby?

A: I really don't think about it. I don't have a problem with believing the fetus is a fertilized egg. Sure it becomes more physically developed but it lacks emotional development. It doesn't have the mental capacity for self-awareness. It's never been an ethical dilemma for me. For people for whom that is an ethical dilemma, this certainly wouldn't be a field they'd want to go into. Many of our patients have ethical dilemmas about abortion. I don't feel it's my role as a physician to tell her she should not have an abortion because of her ethical feelings. As individuals grow and mature, learn more, feel more, experience more, their perspective about themselves and life, morality and ethics change. Facing the situation of abortion is a part of that passage through life for some women—how they resolve that is their decision. I can be their advisor much as a lawyer can be; he can tell you your options, but he can't make you file a suit or tell you not to file a suit. My role is to provide a service and, to a limited degree, help women understand themselves when they make their decision. I'm not to tell them what's right or wrong.

Q: Do your patients ever reconsider?

A: Between our two centers, that happens maybe once a week. There's a patient who changes her mind or becomes truly ambivalent and goes home to reconsider, then might come back a week or two later. I feel that's one of the strengths of how we approach things here. We try not to create pressure to have an abortion. Our view has always been that there are enough women who want abortions that we don't have to coerce anyone to have one. We've always been strongly against pressure on our patients to go ahead with an abortion.

Q: How expensive is a second trimester abortion?

A: Fees range from \$1,200-\$1,600 depending on length of pregnancy. More insurance companies cover abortion that don't cover it. About 15 percent of our patients won't use

insurance because they want to maintain privacy. About 10-20 percent use insurance. The rest pay out of pocket.

Q: What led you to develop D & X?

A: D & E's, the procedure typically used for later abortions, have always been somewhat problematic because of the toughness and development of the fetal tissues. Most physicians do terminations after 20 weeks by saline infusion or prostaglandin induction, which terminates the fetus and allows tissue to soften. Here in Cincinnati, I never really explored it, but I didn't think I had that option. There certainly weren't hospitals willing to allow inductions past 18 weeks—even Jewish, when they did abortions, their limit was 18 weeks. I don't know about University. What I saw here in my practice, because we did D & Es, was that we had patients who needed terminations at a later date. So we learned the skills. The later we did them, the more we saw patients who needed them still later. But I just kept doing D & Es because that was what I was comfortable with, up until 24 weeks. But they were very tough. Sometimes it was a 45-minute operation. I noticed that some of the later D & Es were very, very easy. So I asked myself why can't they all happen this way. You see the easy ones would have a foot length presentation, you'd reach up and grab the foot of the fetus, pull the fetus down and the head would hang up and then you would collapse the head and take it out. It was easy. At first, I would reach around trying to identify a lower extremity blindly with the tip of my instrument. I'd get it right about 30-50 percent of the time. Then I said, "Well gee, if I just put the ultrasound up there I could see it all and I wouldn't have to feel around for it." I did that and sure enough, I found it 99 percent of the time. Kind of serendipity.

Q: Does the fetus feel pain?

A: Neurological pain and perception of pain are not the same. Abortion stimulates fibers, but the perception of pain, the memory of pain that we fear and dread are not there. I'm not an expert, but my understanding is that fetal development is insufficient for consciousness. It's a lot like pets. We like to think they think like we do. We ascribe human-like feelings to them, but they are not capable of the same self-awareness we are. It's the same with fetuses. It's natural to project what we feel for babies to a 24-week old fetus.

THE D & X PROCEDURE

Dilation and Extraction (D & X), a method for second trimester abortion up to 26 weeks, was developed in 1992 by Cincinnati physician W. Martin Haskell, MD. It is a modification of Dismemberment and Extraction (D & E) which has been used in the US since the 1970s. Haskell has performed more than 700 D & X procedures in his office.

Step One—The patient's cervix is dilated to 9-11 mm over a period of two days using Dilapan hydroscopic dilators. The patient remains at home during the dilation period.

Step Two—In the operating room, patients are given Valium, the Dilapan are removed and the cervix is scrubbed, anesthetized and grasped with a tenaculum. Membranes are ruptured.

Step Three—The surgical assistant scans the fetus with ultrasound, locating the lower extremities.

Step Four—Using a large forcep, the surgeon opens and closes its jaws to firmly grasp a lower extremity. The surgeon turns the fetus if necessary and pulls the extremity into the vagina.

Step Five—The surgeon uses his fingers to deliver the opposite lower extremity, then the torso, shoulders, and upper extremities.

Step Six—The skull lodges at the internal cervical os. Usually there is not enough dila-

tion for it to pass through. The fetus is spine up.

Step Seven—A right-handed surgeon slides the fingers of his left hand along the back of the fetus and hooks the shoulders of the fetus with the index and ring fingers (palm down). He slides the tip of his middle finger along the spine towards the skull while applying traction to the shoulder and lower extremities. The middle finger lifts and pushes the anterior cervical lip out of the way.

Step Eight—While maintaining this tension, the surgeon takes a pair of blunt curved scissors in the right hand. He advances the tip, curved down, along the spine and under his middle finger until he feels it contact the base of the skull under the tip of his middle finger. The surgeon forces the scissors into the base of the skull and spreads the scissors to enlarge the opening.

Step Nine—The surgeon removes the scissors and introduces a suction catheter into this hole and evacuates the skull contents.

Step Ten—With the catheter still in place, he applies traction to the fetus, removing it completely from the patient, then removes the placenta.

DILATION AND EXTRACTION FOR LATE SECOND TRIMESTER ABORTION

(By Martin Haskell, M.D.)

INTRODUCTION

The surgical method described in this paper differs from classic D&E in that it does not rely upon dismemberment to remove the fetus. Nor are inductions or infusions used to expel the intact fetus.

Rather, the surgeon grasps and removes a nearly intact fetus through an adequately dilated cervix. The author has coined the term Dilation and Extraction or D&X to distinguish it from dismemberment-type D&E's.

This procedure can be performed in a properly equipped physician's office under local anesthesia. It can be used successfully in patients 20-26 weeks in pregnancy.

The author has performed over 700 of these procedures with a low rate of complications.

BACKGROUND

D&E evolved as an alternative to induction or instillation methods for second trimester abortion in the mid 1970's. This happened in part because of lack of hospital facilities allowing second trimester abortions in some geographic areas, in part because surgeons needed a "right now" solution to complete suction abortions inadvertently started in the second trimester and in part to provide a means of early second trimester abortion to avoid necessary delays for instillation methods.¹ The North Carolina Conference in 1978 established D&E as the preferred method for early second trimester abortions in the U.S.^{2, 3, 4}

Classic D&E is accomplished by dismembering the fetus inside the uterus with instruments and removing the pieces through an adequately dilated cervix.⁵

However, most surgeons find dismemberment at twenty weeks and beyond to be difficult due to the toughness of fetal tissues at this stage of development. Consequently, most late second trimester abortions are performed by an induction method.^{6, 7, 8}

Two techniques of late second trimester D&E's have been described at previous NAF meetings. The first relies on sterile urea intra-amniotic infusion to cause fetal demise and lysis (or softening) of fetal tissues prior to surgery.⁹

The second technique is to rupture the membranes 24 hours prior to surgery and cut the umbilical cord. Fetal death and ensuing autolysis soften the tissues. There are attendant risks of infection with this method.

Footnotes are at the end of article.

In summary, approaches to late second trimester D&E's rely upon some means to induce early fetal demise to soften the fetal tissues making dismemberment easier.

PATIENT SELECTION

The author routinely performs this procedure on all patients 20 through 24 weeks LMP with certain exceptions. The author performs the procedure on selected patients 25 through 26 weeks LMP.

The author refers for induction patients falling into the following categories:

- Previous C-section over 22 weeks.
- Obese patients (more than 20 pounds over large frame ideal weight).
- Twin pregnancy over 21 weeks.
- Patients 26 weeks and over.

DESCRIPTION OF DILATION AND EXTRACTION METHOD

Dilation and extraction takes place over three days. In a nutshell, D&X can be described as follows:

- Dilation
- MORE DILATION
- Real-time ultrasound visualization
- Version (as needed)
- Intact extraction
- Fetal skull decompression
- Removal
- Clean-up
- Recovery

Day 1—Dilation

The patient is evaluated with an ultrasound, hemoglobin and Rh. Hadlock scales are used to interpret all ultrasound measurements.

In the operating room, the cervix is prepped, anesthetized and dilated to 9–11mm. Five, six or seven large Dilapan hydroscopic dilators are placed in the cervix. The patient goes home or to a motel overnight.

Day 2—More Dilation

The patient returns to the operating room where the previous day's Dilapan are removed. The cervix is scrubbed and anesthetized. Between 15 and 25 Dilapan are placed in the cervical canal. The patient returns home or to a motel overnight.

Day 3—The Operation

The patient returns to the operating room where the previous day's Dilapan are removed. The surgical assistant administers 10 IU Pitocin intramuscularly. The cervix is scrubbed, anesthetized and grasped with a tenaculum. The membranes are ruptured, if they are not already.

The surgical assistant places an ultrasound probe on the patient's abdomen and scans the fetus, locating the lower extremities. This scan provides the surgeon information about the orientation of the fetus and approximate location of the lower extremities. The transducer is then held in position over the lower extremities.

The surgeon introduces a large grasping forcep, such as a Bierer or Hern, through the vaginal and cervical canals into the corpus of the uterus. Based upon his knowledge of fetal orientation, he moves the tip of the instrument carefully towards the fetal lower extremities. When the instrument appears on the sonogram screen, the surgeon is able to open and close its jaws to firmly and reliably grasp a lower extremity. The surgeon then applies firm traction to the instrument causing a version of the fetus (if necessary) and pulls the extremity into the vagina.

By observing the movement of the lower extremity and version of the fetus on the ultrasound screen, the surgeon is assured that his instrument has not inappropriately grasped a maternal structure.

With a lower extremity in the vagina, the surgeon uses his fingers to deliver the opposite lower extremity, then the torso, the shoulders and the upper extremities.

The skull lodges at the internal cervical os. Usually there is not enough dilation for it to pass through. The fetus is oriented dorsum or spine up.

At this point, the right-handed surgeon slides the fingers of the left hand along the back of the fetus and "hooks" the shoulders of the fetus with the index and ring fingers (palm down). Next he slides the tip of the middle finger along the spine towards the skull while applying traction to the shoulders and lower extremities. The middle finger lifts and pushes the anterior cervical lip out of the way.

While maintaining this tension, lifting the cervix and applying traction to the shoulders with the fingers of the left hand, the surgeon takes a pair of blunt curved Metzenbaum scissors in the right hand. He carefully advances the tip, curved down, along the spine and under his middle finger until he feels it contact the base of the skull under the tip of his middle finger.

Reassessing proper placement of the closed scissors tip and safe elevation of the cervix, the surgeon then forces the scissors into the base of the skull or into the foramen magnum. Having safely entered the skull, he spreads the scissors to enlarge the opening.

The surgeon removes the scissors and introduces a suction catheter into this hole and evacuates the skull contents. With the catheter still in place, he applies traction to the fetus, removing it completely from the patient.

The surgeon finally removes the placenta with forceps and scrapes the uterine walls with a large Evans and a 14 mm suction curette. The procedure ends.

Recovery

Patients are observed a minimum of 2 hours following surgery. A pad check and vital signs are performed every 30 minutes. Patients with minimal bleeding after 30 minutes are encouraged to walk about the building or outside between checks.

Intravenous fluids, pitocin and antibiotics are available for the exceptional times they are needed.

ANESTHESIA

Lidocaine 1% with epinephrine administered intra-cervically is the standard anesthesia. Nitrous-oxide/oxygen analgesia is administered nasally as an adjunct. For the Dilapan insert and Dilapan change, 12cc's is used in 3 equidistant locations around the cervix. For the surgery, 24cc's is used at 6 equidistant spots.

Carbocaine 1% is substituted for lidocaine for patients who expressed lidocaine sensitivity.

MEDICATIONS

All patients not allergic to tetracycline analogues receive doxycycline 200 mgm by mouth daily for 3 days beginning Day 1.

Patients with any history of gonorrhea, chlamydia or pelvic inflammatory disease receive additional doxycycline, 100 mgm by mouth twice daily for six additional days.

Patients allergic to tetracyclines are not given prophylactic antibiotics.

Ergotrate 0.2 mgm by mouth four times daily for three days is dispensed to each patient.

Pitocin 10 IU intramuscularly is administered upon removal of the Dilapan on Day 3. Rhogam intramuscularly is provided to all Rh negative patients on Day 3.

Ibuprofen orally is provided liberally at a rate of 100 mgm per hour from Day 1 onward.

Patients with severe cramps with Dilapan dilation are provided Phenergan 25 mgm suppositories rectally every 4 hours as needed.

Rare patients require Synalogs DC in order to sleep during Dilapan dilation.

Patients with a hemoglobin less than 10 g/dl prior to surgery receive packed red blood cell transfusions.

FOLLOW-UP

All patients are given a 24 hour physician's number to call in case of a problem or concern.

At least three attempts to contact each patient by phone one week after surgery are made by the office staff.

All patients are asked to return for check-up three weeks following their surgery.

THIRD TRIMESTER

The author is aware of one other surgeon who uses a conceptually similar technique. He adds additional changes of Dilapan and/or laminaria in the 48 hour dilation period. Coupled with other refinements and a slower operating time, he performs these procedures up to 32 weeks or more.¹⁰

SUMMARY

In conclusion, Dilation and Extraction is an alternative method for achieving late second trimester abortions to 26 weeks. It can be used in the third trimester.

Among its advantages are that it is a quick, surgical outpatient method that can be performed on a scheduled basis under local anesthesia.

Among its disadvantages are that it requires a high degree of surgical skill, and may not be appropriate for a few patients.

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- ²Borell, U., Emberey, M.P., Bygdeman, M., et al: Midtrimester Abortion by Dilation and Evacuation (Letter), American Journal of Obstetrics and Gynecology, 131:232, 1978.
- ³Centers for Disease Control: "Abortion Surveillance 1978," p. 30, November, 1980.
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- ⁵Ibid, p. 121-128.
- ⁶Ibid, p. 121.
- ⁷Kerenyi, T.D. (Bergen, G.S., et al, ed): Hypertonic Saline Instillation, "Second Trimester Abortion—Perspectives After a Decade of Experience," Boston, John Wright—PSG, 1981, p. 79.
- ⁸Hanson, M.S. (Zatuchni, G.I., et al, ed): Midtrimester Abortion: Dilation and Extraction Preceded by Laminaria, "Pregnancy Termination Procedures, Safety and New Developments," Hagerstown, Harper and Row, 1979, p. 192.
- ⁹Hern, W.M., "Abortion Practice," Philadelphia, J.B. Lippincott, 1990, p. 127, 144-6.
- ¹⁰McMahon, J., personal communications, 1992.

Mrs. SCHROEDER. Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from California [Ms. LOFGREN], a member of the committee.

Ms. LOFGREN. Mr. Speaker, this vote today regrettably has more to do with politics than it has to do with medicine or what families need. We know that the 30-second ads are running throughout the country—the hit pieces and mailers are going forward. It is a political issue for this Congress, but it is a real life issue for families that need this procedure.

I saw Viki Wilson, my friend, yesterday. I was friends with her mother-in-law, Suzy, for 20 years, and I remember April 8, 1994 when they lost their daughter, Abigail.

Abigail was a much-wanted child. They had two baby showers for her. The nursery was garnished with pink ribbons, but they found out in the eighth month that Abigail's brain had formed outside of the cranium and there was no way that Abigail could survive.

They sought medical help to see whether some medical procedure could

be done to cure the defect in Abigail. They wanted her to live. But instead, their doctor advised that this procedure should be used so that Viki's uterus would not burst, so that they might have an opportunity to have another child, which they wanted to do.

I remember the tears and the prayers of the friends of the Wilson family at that time. They needed friendship. They needed the Lord's help and guidance. They did not need the Congress of the United States to be involved in political wedge issues.

This is about politics. Although I disagree with the gentleman from Illinois [Mr. HYDE], the chairman of the Committee on the Judiciary, I do respect him. He has announced publicly that his goal is to have a constitutional amendment to preclude all abortions in America. I do not agree with him, but I respect his honesty in saying that.

This is the first step toward that. It is about politics, and I hope that the American people understand that.

In closing, I got a call from my late mother's very best friend, a devout Catholic who goes to Mass every single morning, and she told me that the priest had asked her to distribute cards against this procedure and she refused to do so.

Mr. CANADY of Florida. Mr. Speaker, I yield 2 minutes to the gentleman from Florida [Mr. WELDON].

Mr. WELDON of Florida. Mr. Speaker, I thank the gentleman for yielding and I rise in strong support of this veto override. And I want to address one very important issue in this debate. I remember reading the original American Medical News article back in 1993 when it came across my desk, when I was still practicing medicine, describing this procedure. And the people on the other side keep talking about these particular cases where we may, on an emotional basis, be able to justify doing such a gruesome procedure, but those doctors, Haskell and McMahon, admitted that in 85 percent of the cases these were in perfectly normal, healthy babies.

□ 1200

Partially delivering the baby, arms and legs moving, putting a scissors in the back of the head and then sucking the brains out in a perfectly normal healthy baby, 58 percent of the cases. In the 15 percent of cases where there was birth defects, the majority of them were nonlethal birth defects, cleft lip, cleft palate.

What kind of a nation are we, what kind of people are we where we would allow this procedure to be done on not only a healthy baby but a baby that simply has a cleft lip and a cleft palate? Where is our soul?

Mr. Speaker, I personally believe that when the President vetoed this bill, it was the most cynical and despicable thing that he has ever done in his 4 years in the White House. I urge all my colleagues to vote in support of this veto override.

Mrs. SCHROEDER. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from New York [Ms. SLAUGHTER].

Ms. SLAUGHTER. Mr. Speaker, everything about this debate is heartbreaking. It is heartbreaking the misinformation that has been disseminated. The thing that hurts me most hurt me back in the days before abortion was legal for women. And that is that women have no rights or abilities to choose. They are not bright enough. They are not nurturing enough. They do not have enough sense. It is only up to men in suits and ties to tell them what is good for them and how to think.

Imagine a scene in a doctor's office where a doctor, a woman, her husband, awaiting a baby, desperately excited about it. The doctor says, I have bad news for you. Something seriously has gone wrong and we need to discuss our options. Now, they have some options. If this Congress has its ways, they will not.

I remember as I grew up, young girls, knew that their future at the point of giving birth, if there was to be a choice between their lives or the baby would die. I remember kids, when I was growing up, who had no mother. She had died in childbirth. The woman who would have been my mother-in-law died in childbirth. My husband had a very difficult time ever finding out anything about her. No one wanted to talk about her.

Before I gave birth to my first child, I worried terribly about that. I wondered, if my husband would be married again, would he marry a woman, as my father-in-law had, someone who would never discuss who I was or what I meant. Now, fewer women die in childbirth. There are options.

How in the world can we make these kinds of decisions? It is the height of hypocrisy for Congress to decide. These babies that are aborted are desperately wanted. If they were not wanted, if the woman did not want this baby, she would have had the abortion early. There would have been no question about it. After waiting this long, carrying that child, you may believe me that child is wanted. The tragedy of a woman who said she could feel life and learned later that this was only seizures because the baby's brain was outside its body, the tragedy of a woman whose fetus had no lungs and yet people on radio programs said to her, why could you not give it the chance to live. How could it live?

Can we please be sensible here and determine that American men and women really want what is best for their families. If we talk family values and family love, we have to say that families have some right to make some choices without an infallible Congress interfering.

Mr. CANADY of Florida. Mr. Speaker, I yield 1 minute to the gentleman from Ohio [Mr. HALL].

Mr. HALL of Ohio. Mr. Speaker, this procedure is simply wrong. A compas-

sionate society should not promote a procedure that is gruesome and inflicts pain on the victim. We have humane methods of capital punishment, and we have humane treatment of prisoners. We even have laws to protect animals. It seems to me we should have some standards for abortion as well.

This procedure is only performed in a few places around the country. Unfortunately one of those places is in my district. A local city council in Kettering, OH, took the rare step and passed a resolution supporting the override of the President's veto. I submit that in the RECORD at this time:

CITY OF KETTERING, OH, STATEMENT OF PERSONAL INTENT SUPPORTING AN OVERRIDE OF THE PRESIDENTIAL VETO OF THE PARTIAL-BIRTH ABORTION BAN ACT OF 1995

Whereas: the partial birth abortion method has been the subject of action by both the U.S. Senate through SB 939 and the U.S. House of Representatives through HB 1833 both of which pieces of legislation amend Title 18 of the United States Code; and

Whereas: this legislation received bipartisan support and passed by sizeable majorities; and

Whereas: President Clinton vetoed that legislation on April 10, 1996; and

Whereas: the members of Council feel that the partial birth abortion procedure should not be permitted.

Now, therefore, be it made known:

SECTION 1. The members of the Council of the City of Kettering who are present urge the U.S. House of Representatives and the U.S. Senate to override President Clinton's veto of the legislation referred to in the introductory paragraphs of this resolution.

SECTION 2. The residents of Kettering are encouraged to become informed about this issue and then to contact Senator DeWine, Senator Glenn and Representative Hall, as well as other congressional representatives, to make their opinions known.

Mayor Richard P. Hartman, Vice Mayor Marilou W. Smith, Councilmember John J. Adams, Councilmember Keith Thompson, Councilmember Raymond P. Wasky, Councilmember John J. White.

July 23, 1996.

Finally, I do not want to discuss a bill relating to abortion without saying that I also have a deep moral obligation to improving the quality of life for children after they are born. I could not sit here and honestly debate this subject with a clear conscience if I did not spend a good portion of my time working on childhood hunger and trying to help families achieve a just life.

I urge my colleagues to vote for this bill.

Mrs. SCHROEDER. Mr. Speaker, I yield 2 minutes to the gentleman from California [Mr. CAMPBELL].

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

Mr. CAMPBELL. Mr. Speaker, some of us are called to the ministry. Some of us are called to the priesthood or the rabbinate. We are called to be Members of Congress. When we take our obligation, we swear an oath to uphold and defend the Constitution of the United States.

This bill is unconstitutional. Our highest obligation is to uphold and defend the Constitution because that is

the oath that we take. Hence, we should vote no.

Many conservative legal scholars applauded the Supreme Court's opinion in 1995, *United States versus Lopez*; so did I. In that case, the Supreme Court struck down the attempt by Congress to restrict the possession of handguns in schools. Not because it was a bad idea; I happen to think it is a great idea to restrict handguns in schools. But because it was beyond the ability of Congress; because it had nothing to do with interstate commerce. The Supreme Court said:

The Constitution mandates * * * withholding from Congress a plenary police power that would authorize enactment of every type of legislation.

The Supreme Court ruled that, in order for the Federal Government to have authority, the subject matter of the bill there had to be control over a means of interstate commerce, or interstate commerce itself, or something which had a substantial effect upon interstate commerce. None of those premises was present in that instance.

The Supreme Court then gave examples of the kinds of things that the Federal Government constitutionally could not regulate. The examples they gave were "family law," "marriage," "divorce," "child custody," "criminal law enforcement," "child rearing." I am quoting each of those phrases from the Supreme Court opinion.

What we have today is an attempt to regulate beyond the ability of Congress to regulate. Conservatives, who are so careful to protect the rights of the individual States against the intrusion of the Federal Government, should listen to the words of James Madison in the *Federalist No. 45* and agree that this is an unconstitutional act. Madison's words were, "The powers delegated by the proposed Constitution to the Federal Government are few and defined. Those which are to remain in the State governments are numerous and indefinite."

Please obey your oath of office. Do not allow this unconstitutional law to become law.

Mr. CANADY of Florida. Mr. Speaker, I yield myself such time as I may consume.

I would point out to the gentleman from California that the language of the bill specifically provides that any physician who in or affecting interstate or foreign commerce knowingly performs a partial birth abortion. The provisions of the bill, specifically, only govern those circumstances in or affecting interstate commerce.

Mr. Speaker, I yield 1 minute to the gentleman from South Carolina [Mr. INGLIS].

Mr. INGLIS of South Carolina. Mr. Speaker, there are a lot of victims of abortion walking around today, people who now realize what they did. In fact, it is almost in all of our families, somebody had an abortion that now they know what it was.

I cannot believe the Orwellian language on this floor today, that Members actually defend this procedure. The gentlewoman from Texas in the back of the Chamber said earlier, this is only about life of the mother. It is not. The guy who does this says that 80 percent of his cases are solely for convenience. So why did she say that? Why did the gentleman from Texas say things like, this is only about life? Why did the gentleman from California say it is about interstate commerce?

Let me tell my colleagues what this is about: This is about a procedure where an abortionist delivers all but the head of a child. It does not deal with interstate commerce. That is not the essence of this. It is about sucking the brains of the child out. That is amazing that we would rely on that.

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

I include for the RECORD letters from the American Nurses Association, the American College of Obstetricians and Gynecologists, and the American Medical Women's Association.

AMERICAN NURSES ASSOCIATION,
Washington, DC, July 30, 1996.

The PRESIDENT,
The White House, Washington, DC.

DEAR MR. PRESIDENT: As the Congress prepares to reconsider vetoed legislation which would prohibit health care providers from performing a certain type of late-term abortions, I am writing to commend you for your veto of H.R. 1833 and to reiterate the opposition of the American Nurses Association to this legislation.

It is the view of the American Nurses Association that this proposal would involve an inappropriate intrusion of the federal government into a therapeutic decision that should be left in the hands of a pregnant woman and her health care provider. ANA has long supported freedom of choice and equitable access of all women to basic health services, including services related to reproductive health. This legislation would impose a significant barrier to those principles.

Furthermore, very few of those late-term abortions are performed each year, and they are necessary either to protect the health of the mother or because of severe fetal abnormalities. It is inappropriate for Congress to mandate a course of action for a woman who is already faced with an intensely personal and difficult decision. This procedure can mean the difference between life and death for a woman.

The American Nurses Association is the only full-service professional organization representing the nation's 2.2 million Registered Nurses through its 53 constituent associations. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

The American Nurses Association respectfully urges members of Congress to uphold your veto when H.R. 1833 is considered again.

Sincerely,

GERI MARULLO, MNS, RN
Executive Director.

THE AMERICAN COLLEGE OF
OBSTETRICIANS AND GYNECOLOGISTS,
Albany, NY, August 1, 1996.

WILLIAM JEFFERSON CLINTON,
*The President of the United States of America,
The White House, Washington, DC.*

DEAR MR. PRESIDENT: The American College of Obstetricians and Gynecologists (ACOG), District II, an organization representing more than 3,000 physicians practicing in New York State, does not support HR 1833, the "Partial-Birth Abortion Ban Act of 1995." As an organization dedicated to improving women's health care, ACOG, District II is disturbed that Congress would take any action that would supersede the medical judgment of trained physicians and would criminalize medical procedures that may be necessary to save the life of a woman. Further, this legislation employs terminology that is not even recognized in the medical community to define what procedures doctors may or may not perform. This clearly demonstrates why Congressional opinion should never be substituted for professional medical judgment. For these reasons, ACOG, District II supports your decision to veto this legislation.

Thank you for considering our views on this important matter.

Sincerely,

JOHN G. BOYCE, MD,
Chairperson.

THE AMERICAN COLLEGE OF
OBSTETRICIANS AND GYNECOLOGISTS,
Burlington, MA, August 1, 1996.

WILLIAM JEFFERSON CLINTON,
*The President of the United States of America,
The White House, Washington, DC.*

DEAR MR. PRESIDENT: The American College of Obstetricians and Gynecologists (ACOG), an organization representing more than 37,000 physicians dedicated to improving women's health care, does not support H.R. 1833, the Partial-Birth Abortion Ban Act of 1995. The College finds it very disturbing that Congress would take any action that would supersede the medical judgment of trained physicians and criminalize medical procedures that may be necessary to save the life of a woman. Moreover, in defining what medical procedures doctors may or may not perform, H.R. 1833 employs terminology that is not even recognized in the medical community—thus demonstrating that Congressional opinion should never be substituted for professional medical judgment. Accordingly, ACOG supports your decision to veto this legislation.

Thank you for considering our views on this important matter.

Sincerely,

JOSEPH K. HURD, Jr., M.D.,
Chairman, Massachusetts Section.

THE AMERICAN COLLEGE OF
OBSTETRICIANS AND GYNECOLOGISTS,
Harrisburg, PA, August 1, 1996.

WILLIAM JEFFERSON CLINTON,
*The President of the United States of America,
The White House, Washington, DC.*

DEAR MR. PRESIDENT: The Pennsylvania Section of the American College of Obstetricians and Gynecologists (ACOG), an organization representing more than 1,700 physicians dedicated to improving women's health care in the state of Pennsylvania, does not support H.R. 1833, the Partial-Birth Abortion Ban Act of 1995.

The PA Section of ACOG finds it very disturbing that Congress would take any action that would supersede the medical judgment of trained physicians and criminalize medical procedures that may be necessary to save the life of a woman. Moreover, in defining what medical procedures doctors may or may not perform, H.R. 1833, employs terminology that is not even recognized in the

medical community—demonstrating why Congressional opinion should never be substituted for professional and medical judgment.

Accordingly, the PA Section of ACOG supports your decision to veto this legislation.

Thank you for considering our views on this important matter.

Sincerely,

OWN C. MONTGOMERY, MD,
Section Chairman.

KRISTI WASSON,
Executive Director.

THE AMERICAN COLLEGE OF
OBSTETRICIANS AND GYNECOLOGISTS,
Albuquerque, NM, August 2, 1996.

WILLIAM JEFFERSON CLINTON,
The President of the United States of America,
The White House, Washington, DC.

DEAR MR. PRESIDENT: The New Mexico section of ACOG fully supports your decision to veto H.R. 1833, the Partial-Birth Abortion Ban Act of 1995. We find it very disturbing that Congress would take any action that would supersede the medical judgment of trained physicians and criminalize medical procedures that may be necessary to save the life of a woman.

I am sending a copy of this letter to the New Mexico members of Congress hoping that you all will consider our views in this matter.

Respectfully,

LUIS B. CURET, M.D.,
Chairman, NM ACOG.

THE AMERICAN COLLEGE OF
OBSTETRICIANS AND GYNECOLOGISTS,
Lincoln, NE, August 5, 1996.

WILLIAM JEFFERSON CLINTON,
The President of the United States of America,
The White House, Washington, DC.

DEAR MR. PRESIDENT: The American College of Obstetricians and Gynecologists (ACOG), an organization representing more than 37,000 physicians dedicated to improving women's health care, does not support H.R. 1833, the Partial-Birth Abortion Ban Act of 1995. The College finds very disturbing that Congress would take any action that would supersede the medical judgment of trained physicians and criminalize medical procedures that may be necessary to save the life of a woman. Moreover, in defining what medical procedures doctors may or may not perform, H.R. 1833 employs terminology that is not even recognized in the medical community—demonstrating why congressional opinion should never be substituted for professional medical judgment. Accordingly, ACOG supports your decision to veto this legislation.

Thank you for considering our views on this important matter.

Sincerely,

JOSEPH G. ROGERS, M.D.,
Chairman, Nebraska Section.

THE AMERICAN COLLEGE OF
OBSTETRICIANS AND GYNECOLOGISTS,
Memphis, TN, August 6, 1996.

WILLIAM JEFFERSON CLINTON,
The President of the United States of America,
The White House, Washington, DC.

DEAR MR. PRESIDENT: I write in support of your veto of H.R. 1833. The Tennessee Section of the American College of Obstetricians and Gynecologists similarly does not support any governmental action that would intervene in a Physician's ability to apply his or her best medical judgment. Similarly, we do not support any legislation which would criminalize medical procedures that may be necessary to save the life of a woman. Our particular concern is the terminology used in H.R. 1833. The term "partial-birth abortion" is not one which is an ac-

cepted or defined medical term. We fully support your decision to veto this legislation.

We appreciate your consideration in this matter.

Sincerely,

FRANK W. LING, M.D.,
Faculty Professor and Chair, Department of
Obstetrics and Gynecology, University of
Tennessee College of Medicine.

AMERICAN MEDICAL WOMEN'S
ASSOCIATION, INC.,
Alexandria, VA, July 31, 1996.

Hon. HERBERT H. KOHL,
U.S. Senate,
Washington, DC.

DEAR SENATOR KOHL: On behalf of the American Medical Women's Association, a national organization representing more than 11,000 women physicians and medical students, and several of our branches, we are writing to urge your opposition to H.R. 1833, which would outlaw a particular abortion procedure—the D and E (dilation and extraction) technique, referred to as the "partial-birth" abortion method by those opposed to abortion. Although this bill was vetoed by President Clinton, we understand that efforts are under way to override his veto.

As physicians, we oppose any laws and court rulings that interfere with the doctor-patient relationship, either in requiring or proscribing specific medical advice to pregnant women. Further, we oppose any measures that limit access to medical care for pregnant women, particularly the poor or underserved, and measures that involve spousal or parental interference with a woman's personal decision to terminate pregnancy. This bill would not only restrict the reproductive rights of American women but also impose legal requirements for medical care decisions.

Our organization strongly oppose H.R. 1833 on several grounds. We support a woman's right to determine whether to continue or terminate her pregnancy without government restrictions placed on her physicians' medical judgment and without spousal or parental interference. This bill would subject physicians to civil action and criminal prosecution for making a particular medical decision. We do not believe that the federal government should dictate the decisions of physicians and feel that passage of H.R. 1833 would in effect prescribe the medical procedures to be used by physicians rather than allow physicians to use their medical judgment in determining the most appropriate treatment for their patients. The passage of this bill would set a dangerous precedent—undermining the ability of physicians to make medical decisions. It is medical professionals, not the President or Congress, who should determine appropriate medical options.

Sincerely,

Jean Fourcroy, MD, PhD, *President, American Medical Women's Association*;
Robin Oshman, MD, *President, AMWA Branch 100, Fairfield County, Connecticut*;
Jill Braverman Panza, MD, *President, AMWA Branch 102, Albany, New York*;
Rosalinda Rubenstein, MD, *President, AMWA Branch 14, New York City, NY*;
Kathryn Budzack, MD, *Co-President, AMWA Branch 86, Madison, Wisconsin*.

Mr. Speaker, I yield the balance of my time, 2 minutes, to the very distinguished gentlewoman from Michigan [Ms. RIVERS].

Ms. RIVERS. Mr. Speaker, this debate is not about abortion on demand in the 7th, 8th, or 9th month. Roe versus Wade and the law of the land allows

for States to make that procedure illegal. So the specter of perfect babies being killed moments before they draw their first breaths is irrelevant to the discussion here today and are being used as a way to inflame the rhetoric and cloud the debate.

What we are fighting about today is whether or not we should have a specific provision in the law allowing when the mother's life or health is threatened, that this procedure be available.

We have started this debate with a picture. I wonder about some other pictures. Where is the picture of these moms who are for the most part older, married, have other children, are in the pregnancy that is desperately wanted, celebrated, with babies' rooms already decorated, tiny little clothes already purchased? Where is the picture of the agony that these families go through, cry through, pray through over the promise of a pregnancy that will never be fulfilled?

Where is the picture of the horrible second guessing, the terrible hoping against hope that some sort of miracle is going to save this baby that can never live, all the while the mother knows that her health or her ability to have another baby could very much be in jeopardy? Where is the picture of mothers like Tammi Watts who wept when asked the question, do you have any other children? She said, well, I have one baby in heaven. That is not a woman who would cheerfully end a baby's life moments before it would draw its first breath.

Do not believe the discussion we are hearing today. Look at the pictures. Look at the facts. The debate is whether or not we will allow a woman's health to be an exemption from this law. One side says no, our side says yes. Get the real picture.

Mr. CANADY of Florida. Mr. Speaker, I yield the balance of my time to the gentleman from New Jersey [Mr. SMITH].

The SPEAKER pro tempore (Mr. LAHOOD). The gentleman from New Jersey [Mr. SMITH] is recognized for 3 minutes.

Mr. SMITH of New Jersey. Mr. Speaker, let us stop kidding ourselves. Partial birth abortion is child abuse. That some otherwise smart and even brilliant people have been so thoroughly fooled by the abortion industry's outrageous lies and distortions and half-truths and those surface appeal arguments is at best disappointing and unsettling.

How can anyone in this Chamber or in the White House defend sticking a pair of scissors into a partially born child's head so as to puncture the child's skull and then a suction catheter is inserted to suck out the child's brains? How can anybody defend that?

My wife Marie is a former elementary schoolteacher. This morning she said that, if a child or a student were to do that to her doll, stick the doll in the back of the head with scissors, we

would think the child needed psychological counseling and would immediately call for that kind of help. Yet the abortion President, Bill Clinton, seeks to continue legal sanction of this gruesome assault on children, with real scissors and real babies.

Finally, we are seeing what the right to choose really means executing untold thousands of children by stabbing them and sucking out their brains. I guess we now know how far the so-called prochoice movement will go to sustain the Orwellian supermyth that abortion is somehow sane, somehow compassionate, and even prochild.

Americans will now see that the real extremists are not the people who insist on calling attention to the grisly details of abortion, dismemberment of the baby's fragile body, brain-sucking abortions or chemical injections. They will see that the people who actually dismember, poison, or hold the scissors at the base of the skull, they are the dangerous people.

Mr. Speaker, there are a lot of myths that the abortion lobby has circulated about partial-birth abortion. This past Sunday in the Sunday Record (of Bergen), a proabortion newspaper in my State, again exposed the lie that there are 500 partial-birth abortions in the country each year. The proabortion lobby seeks to trivialize the issue by grossly undercounting the actual number. The article, however, points out that in one New Jersey abortion mill alone, each year 1,500 partial-birth abortions are performed.

□ 1215

The Record article also points out that the indicators for most of those abortions are nonmedical in that abortion clinic. Just like Dr. Haskill, one of the pioneers in this gruesome procedure, who has said that 80 percent of those who he sees are doing it for purely elective reasons. The Sunday Record pointed out, and I quote:

Interviews with physicians who use the method reveal that in New Jersey alone at least 1,500 partial-birth abortions are performed each year, three times the supposed national rate. Moreover, doctors say that only a minuscule amount are for medical reasons.

Mr. Speaker, it is time to begin to stand up for these unborn children and these partially born children and these newly born children. This is a matter of human rights. The abortion side, the abortion lobby, has sanitized these killings, they have kept people in the dark. But, the dirty secret of the abortion rights movement is finally out: Abortion kills babies, it is child abuse and we can stop some of that abuse by overriding Bill Clinton's antichild veto.

The SPEAKER pro tempore (Mr. LAHOOD). Without objection, the previous question is ordered.

There was no objection.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida [Mr.

CANADY] to discharge the Committee on the Judiciary from the further consideration of the veto message on H.R. 1833.

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

Mr. CANADY of Florida. 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.

The vote was taken by electronic device, and there were—yeas 288, nays 133, not voting 12, as follows:

[Roll No. 421]

YEAS—288

Allard	Dornan	Klink
Archer	Doyle	Klug
Armey	Dreier	Knollenberg
Bachus	Duncan	Kolbe
Baesler	Dunn	LaFalce
Baker (CA)	Ehlers	LaHood
Baker (LA)	Ehrlich	Largent
Baldacci	English	Latham
Ballenger	Ensign	LaTourette
Barcia	Eshoo	Laughlin
Barr	Everett	Lazio
Barrett (NE)	Ewing	Leach
Barrett (WI)	Fawell	Lewis (CA)
Bartlett	Flanagan	Lewis (KY)
Barton	Foley	Lightfoot
Bass	Forbes	Linder
Bateman	Fowler	Lipinski
Bereuter	Fox	Livingston
Bevill	Franks (NJ)	LoBiondo
Bilbray	Frisa	Lucas
Bilirakis	Funderburk	Manton
Bliley	Gallagher	Manzullo
Blute	Gekas	Martinez
Boehner	Gephardt	Martini
Bonilla	Geren	Mascara
Bonior	Gilchrest	McCollum
Bono	Gillmor	McCrery
Borski	Goodlatte	McDade
Brewster	Goodling	McHale
Browder	Gordon	McHugh
Brownback	Goss	McInnis
Bryant (TN)	Graham	McIntosh
Bunn	Greene (UT)	McKeon
Bunning	Gunderson	McNulty
Burr	Gutknecht	Metcalf
Burton	Hall (OH)	Meyers
Buyer	Hall (TX)	Mica
Callahan	Hamilton	Miller (FL)
Calvert	Hancock	Minge
Camp	Hansen	Moakley
Canady	Hastert	Molinari
Castle	Hastings (WA)	Mollohan
Chabot	Hayworth	Montgomery
Chambliss	Hefley	Moorhead
Chenoweth	Hefner	Moran
Christensen	Herger	Murtha
Chrysler	Hilleary	Myers
Clement	Hobson	Myrick
Clinger	Hoekstra	Neal
Coble	Hoke	Nethercutt
Coburn	Holden	Neumann
Collins (GA)	Hostettler	Ney
Combest	Houghton	Norwood
Condit	Hunter	Nussle
Cooley	Hutchinson	Oberstar
Costello	Hyde	Obey
Cox	Inglis	Ortiz
Cramer	Istook	Orton
Crane	Jacobs	Oxley
Crapo	Johnson (SD)	Packard
Creameans	Johnson, Sam	Parker
Cubin	Jones	Paxon
Cunningham	Kanjorski	Payne (VA)
Danner	Kaptur	Peterson (MN)
Davis	Kasich	Petri
de la Garza	Kennedy (MA)	Pombo
Deal	Kennedy (RI)	Pomeroy
DeLay	Kildee	Porter
Diaz-Balart	Kim	Portman
Dickey	King	Poshard
Dingell	Kingston	Pryce
Doolittle	Klecza	Quillen

Quinn	Shaw	Tejeda
Radanovich	Shuster	Thomas
Rahall	Sisisky	Thornberry
Ramstad	Skeen	Tiahrt
Regula	Skelton	Traficant
Richardson	Smith (MI)	Upton
Riggs	Smith (NJ)	Visclosky
Roberts	Smith (TX)	Volkmer
Roemer	Smith (WA)	Vucanovich
Rogers	Solomon	Walker
Rohrabacher	Souder	Walsh
Ros-Lehtinen	Spence	Wamp
Roth	Spratt	Watts (OK)
Roukema	Stearns	Weldon (FL)
Royce	Stenholm	Weldon (PA)
Salmon	Stockman	Weller
Sanford	Stump	White
Saxton	Stupak	Whitfield
Scarborough	Talent	Wicker
Schaefer	Tanner	Williams
Schiff	Tate	Wolf
Seastrand	Tauzin	Young (AK)
Sensenbrenner	Taylor (MS)	Young (FL)
Shadegg	Taylor (NC)	Zeliff

NAYS—133

Abercrombie	Frank (MA)	Nadler
Ackerman	Franks (CT)	Olver
Andrews	Frelinghuysen	Owens
Becerra	Frost	Pallone
Beilenson	Gejdenson	Pastor
Bentsen	Gibbons	Payne (NJ)
Berman	Gilman	Pelosi
Bishop	Gonzalez	Pickett
Blumenauer	Green (TX)	Rangel
Boehlert	Greenwood	Reed
Boucher	Gutierrez	Rivers
Brown (CA)	Harman	Rose
Brown (FL)	Hastings (FL)	Roybal-Allard
Brown (OH)	Hilliard	Rush
Bryant (TX)	Hinchee	Sabo
Campbell	Horn	Sanders
Cardin	Hoyer	Sawyer
Chapman	Jackson (IL)	Schroeder
Clay	Jackson-Lee	Schumer
Clayton	(TX)	Scott
Clyburn	Jefferson	Serrano
Coleman	Johnson (CT)	Shays
Collins (IL)	Johnson, E. B.	Skaggs
Collins (MI)	Kelly	Slaughter
Conyers	Kennelly	Stark
Coyne	Lantos	Stokes
Cummings	Levin	Studds
DeFazio	Lewis (GA)	Thompson
DeLauro	Lofgren	Thurman
Dellums	Lowey	Torkildsen
Deutsch	Luther	Torres
Dixon	Maloney	Torricelli
Doggett	Markey	Towns
Dooley	Matsui	Velazquez
Durbin	McCarthy	Vento
Edwards	McDermott	Ward
Engel	McKinney	Waters
Evans	Meehan	Watt (NC)
Farr	Meek	Waxman
Fattah	Menendez	Wilson
Fazio	Millender	Wise
Filner	McDonald	Woolsey
Flake	Miller (CA)	Wynn
Foglietta	Mink	Yates
Ford	Morella	Zimmer

NOT VOTING—12

Dicks	Ganske	Lincoln
Fields (LA)	Hayes	Longley
Fields (TX)	Heineman	Peterson (FL)
Furse	Johnston	Thornton

□ 1236

The Clerk announced the following pair: On this vote:

Mr. Hayes for, with Ms. Furse against.

Mr. TORKILDSEN changed his vote from "yea" to "nay."

Ms. ESHOO and Mr. WILLIAMS changed their vote from "nay" to "yea."

So the motion was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.