The Democrats do have a managed care reform proposal that would ensure the critical health care decisions are made by doctors and patients and not HMO bureaucrats. Yet, the Republican proposals would not provide access to specialty care for cancer patients, provide the necessary needed drugs, prohibit drive-through mastectomies. They have no direct access to OB/GYNs. The last straw is they have no access to State courts if your HMO plan injures you.

What they do allow is for those company accountants to continue to value its HMO healthy profits over the healthy patients that are in this country. Let us return medical decisions back to doctors and patients. Let us pass the Democratic Patients' Bill of Rights.

PARTIAL-BIRTH ABORTION BAN ACT OF 1997—VETO MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 105–158)

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

The SPEAKER pro tempore (Ms. EMERSON). 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. 1122.

(For veto message, see proceedings of the House of October 21, 1997 at page H8891.)

The SPEAKER pro tempore. The gentleman from Florida (Mr. CANADY) is recognized for 1 hour.

Mr. CANADY of Florida. Madam Speaker, I yield the customary 30 minutes to the gentleman from Virginia (Mr. SCOTT), pending which I yield myself such time as I may consume.

□ 1030

Madam Speaker, today for a second time the House considers a presidential veto of bipartisan legislation banning partial-birth abortion. In the last Congress, although the House overrode President Clinton's veto of the Partial-Birth Abortion Ban Act of 1995, the veto was sustained in the other body. Shortly after the current Congress convened, new legislation to ban partial-birth abortion was introduced. In due course, the Partial-Birth Abortion Ban Act of 1997 was passed by both Houses. President Clinton's veto of that legislation is before the House today.

Just 2 weeks ago, the Members of this House and the American people received a stark reminder about the reality of partial-birth abortion. We read in press reports of a tiny baby in Phoenix, Arizona, who was almost killed by a partial-birth abortion. The baby girl survived with a fractured skull and deep lacerations on her face. She survived only because the abortionist stopped the procedure when it became obvious that she was at 9 months and not 5½ months, as had originally been thought. The abortionist stopped, but we know, nevertheless, that partial-birth abortions are performed from the fifth month through the ninth month of pregnancy, and that a baby feels excruciating pain during a partial-birth abortion at any stage of pregnancy. Miraculously, in this case, a little girl who was marked for destruction is alive today and a Texas couple have come forward to adopt her.

Of course, we know that surviving an attempted partial-birth abortion is very much the exception. Tragically, most of the babies singled out for partial-birth abortion have their lives brutally snatched away, just within inches from being fully born.

Now, despite the campaign of deception waged by the abortion industry to cover up the facts about partial-birth abortion, we know that this gruesome procedure is performed thousands of times a year. We know that in the overwhelming majority of cases, it is performed on the healthy mother, mothers of healthy babies.

We know that the abortion industry that claimed that partial-birth abortion is a rare procedure used only in extreme cases was a lie all along. We know this because the facts are undeniable and because representatives of the abortion industry have themselves ultimately admitted that the industry have been lying all along.

With their campaign of deception exposed, with the lies revealed in the full light of day, what do the advocates of partial-birth abortion say now?

They say that partial-birth abortion is necessary to protect the health of women. They say that partial-birth abortion must be preserved as an option for abortionists to use. They say that it is a necessary medical procedure. These claims, like all their other claims about partial-birth abortion, are false, untrue from start to finish.

When we hear the claims of the defenders of partial-birth abortion, I ask the Members of the House to consider what partial-birth abortion is. Look at what this brutal procedure actually involves. This is partial-birth abortion:

Guided by ultrasound, the abortionist grabs the live baby's leg with forceps. Look at this procedure.

The baby's leg in the next step is pulled out into the birth canal.

The abortionist then delivers the living baby's entire body, except for the head, which is deliberately kept lodged just within the uterus.

Then, in the final step of this horrible procedure, the abortionist jams scissors into the baby's skull. The scissors are opened to enlarge the hole.

Then, after the baby has been killed, the scissors are removed and a suction catheter is inserted. The child's brains are sucked out, causing the skull to collapse, and the delivery of the dead child is completed. This is the final step. This is what we see at the conclusion of every partial-birth abortion.

Now, I have described this procedure many times. I wince every time I describe it. It is a horrible thing to describe; it is a horrible thing to contemplate. And to the Members of this House who support partial-birth abortion, I would appeal to them, I would appeal to them to look at what is happening whenever a partial-birth abortion is performed.

Now, let me ask my colleagues, how is this horrific procedure calculated to protect the health of the mother? That claim simply makes no sense. It is absurd to claim that killing a partially-delivered child in the birth canal is necessary to protect the mother's health. How does this death blow delivered by the scissors into the tiny baby's skull help preserve the health of the mother?

Madam Speaker, listen, listen to what Dr. Pamela Smith, Director of Medical Education, Department of Obstetrics and Gynecology at Mt. Sinai Hospital says, and I quote her:

There are absolutely no obstetrical situations encountered which require a partially delivered human fetus to be destroyed to preserve the health of the mother.

Listen to Dr. Nancy Romer, a practicing high-risk obstetrician-gynecologist who is also a professor of medicine. Dr. Romer says this:

People deserve to know that partial-birth abortion is never medically indicated, whether to save the health of a woman or to preserve her future fertility.

I would appeal to my colleagues to also listen to the American Medical Association on this issue, which, despite its strong support for abortion rights, has supported this legislation to ban partial-birth abortion. The American Medical Association itself recognizes that partial-birth abortion is not a legitimate medical procedure.

The health argument used by President Clinton and the other defenders of partial-birth abortion is nothing more than a pretense. It is a cloak for the extremist position that abortion for any reason at any stage of pregnancy, and using any procedure imaginable should receive the absolute protection of the law of the land.

I would appeal to my colleagues to reject this extremist position, listen to the voice of reason, cut through all the lies and deception, base your vote on the truth, think of the babies who are subjected to this horrible practice. If my colleagues do so, they will vote to override the President's veto.

This House should, once again, reject the President's extremist position in support of partial-birth abortion, and move forward to override his veto of the Partial-Birth Abortion Ban Act.

Madam Speaker, I reserve the balance of my time.

Mr. SCOTT. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, the motion before us is to discharge the Committee on the Judiciary from further consideration of the bill. Madam Speaker, the Committee on the Judiciary has not considered the bill at all. It was referred to the Committee on the Judiciary several months ago. The thing that

the Committee on the Judiciary really ought to consider, for example, is: is the bill constitutional or not?

This bill is not about whether or not a decision on abortion should be made; the question is which procedure ought to be used, and there are cases, a long line of cases that say directly that we cannot intervene and make the decision for the physician and the mother as to which procedure ought to be used. The Committee on the Judiciary ought to consider those decisions.

We have been asked now to discharge them from further consideration of the bill. Madam Chairman, the Roe versus Wade decision, the Casey versus Planned Parenthood and other cases have shown that we cannot intervene in this decision.

We have heard the description of a case in Arizona. This bill would not have an effect on that because the decision for the abortion is made and then one decides on the procedure. If one cannot use this procedure, then one would use another procedure. The decision for the abortion is a separate decision.

We ought to oppose the motion to discharge, and instead, require the Committee on the Judiciary to do its job, determine whether or not the bill is constitutional, which the supporters in committee last time it was considered acknowledged that it was not constitutional. We ought to fashion a constitutional bill, and there are many alternatives that we could have brought to the floor rather than this bill.

Madam Speaker, I reserve the balance of my time.

Mr. CANADY of Florida. Madam Speaker, I yield 3 minutes to the gentlewoman from North Carolina (Mrs. MYRICK).

Mrs. MYRICK. Madam Speaker, I rise today in support of the motion to override the President's veto. As a mother and a grandmother of 7, this is an especially heartbreaking issue.

My colleagues have just seen the graphic details. Suffice it to say, partial-birth abortion is a horrific way to end the life of a tiny 9-month-old baby. It has no place in a civilized society.

This should not be a divisive issue. We are talking about killing, killing healthy babies. These are babies that have long been able to survive outside their mother's womb.

Madam Speaker, most Americans are really shocked when they learn that this procedure is legal. It is closer to infanticide than to abortion. For most of us, this is a no-brainer. Today when the vote is called, we will see many pro-choice Members of Congress vote against the President's veto. Madam Speaker, after all, accidental gun deaths are a really big problem in this country, yes, but every year, far more children are killed by partial birth abortions than are killed in accidental shootings.

By overriding the President's veto, we are going to stand up for the thousands of newborn children, those children who do not have a say in our political process. If we fail to do so, I fear that the House will condone infanticide in the name of preserving abortion rights.

The choice is easy. Let us override the President's veto.

Mr. SCOTT. Madam Speaker, I yield 2 minutes to the gentleman from California (Mr. FAZIO).

Mr. FAZIO of California. Madam Speaker, this bill, the subject of this debate, targets the most vulnerable women—women who want to be mothers, but who have found that something has gone terribly wrong with their health or with the fetus. None of us support late-term abortions for no reason, and yet supporters of this bill would have us believe that women come to this terrible and tragic decision arbitrarily. They talk of procedures and ignore the tragedy impacting the lives of real people, real families, women who want to be mothers.

So I urge my colleagues to sustain the President's veto today, and then go back and write a bill that matches the rhetoric that we hear but that takes into consideration the health and life of the mother, because that is consistent with Roe versus Wade, which certainly allows the States to act to ban third-term abortion.

The procedures that we have discussed here are rare and they should be so. Only when no alternative exists should they be used, but to ban them without further recourse is callous in and of itself.

Madam Speaker, I urge my colleagues not to target women and families when a pregnancy has turned to crisis and becomes a tragedy. I think we should let a woman, her doctor, her family make this terrible choice. This is not the role of government. I hope we will sustain the President's courageous decision to veto this bill, and if we fail, I know the Senate will.

This is a terribly complex area in which to legislate. I fear we have made this more of a political debate and over looked the kind of in-depth analysis of the real situation that people caught in this terrible tragedy face.

Mr. CANADY of Florida. Madam Speaker, I yield 1½ minutes to the gentleman from Indiana (Mr. ROEMER).

Mr. ROEMER. Madam Speaker, I rise today to strongly urge my colleagues to vote to ban partial birth abortions. This is a moral blind spot that this Nation can no longer allow. It is gruesome, it is barbaric, and it is brutal. We have the opportunity today to ban this procedure with our vote to override the President's veto.

Killing a baby as it is being born is simply an act of brutality. Our Constitution protects us from cruel and unusual punishment; I submit that partial-birth abortion is both.

Now, last week I joined with some of my colleagues on both sides to provide the option of contraception in order to try to find ways to prevent unwanted pregnancies that too often result in abortion. Today I encourage my colleagues, women and men, Democrats and Republicans, pro-life and pro-choice Members, to come together and ban this procedure today.

□ 1045

I urge support for this. I would encourage my colleagues to come together today and ban this procedure. Not just today, not just for tomorrow, but well into the future.

Join together, as we did last week with the strong support of both sides of the aisle, to try to do what we think is right. It is not oftentimes when we consider budgets and pot holes and hydrogen and space programs that we vote on life itself. This is one of those votes. I encourage bipartisan support for our position.

Mr. SCOTT. Madam Speaker, I yield 3 minutes to the gentleman from Texas (Mr. EDWARDS).

Mr. EDWARDS. Madam Speaker, I am strongly opposed to late-term abortions. In fact, in 1987, as a member of the Texas Senate, I helped pass a law that is law today that is saving babies from late-term abortions.

But, Madam Speaker, there is a huge difference between the bill that we passed that is law today in Texas, that is working, and the bill that was designed for maximum political sound bite impact that we are voting on today.

The first difference, in Texas our goal was to save babies. That is why we outlawed all late-term abortion procedures. This bill, if Members look at it carefully beyond the 30-second sound bite and TV ad appeal of it, this bill still allows abortions to occur in America on the 29th day of the eighth month of pregnancy.

The sponsor of this bill just a moment ago said we should be honest in this debate. Let the proponents of this bill be honest to the American people in saying that this bill, this bill will allow abortions in America at the eight month, 29th day. We did not think that was right in Texas, and that is why we wrote the law differently. I think the supporters of this bill ought to discuss that point. That is one reason, frankly, I think this bill should go back to committee for further consideration, rather than political debate here today.

Second difference. In Texas, because we wanted to save babies and not make a political point, on a bipartisan basis we crafted a bill that would meet constitutional guidelines. This bill is clearly unconstitutional, one of the reasons the President vetoed it under the guidelines of Roe versus Wade and as has been established by Federal judges and courts across this country from one State to another.

The third difference between the Texas law today and the bill we are debating today is in Texas we trusted women to make responsible choices in very rare tragic pregnancies. This bill does not trust women to make those responsible choices.

Specifically, the Texas law said in those rare cases where a woman's health was seriously at risk or her fertility at risk, the incredibly difficult emotional decision about how to preserve the mother's ability to have children in the future should be a decision made by that woman and her doctor and her God, and not by politicians in Austin, Texas, or in Washington, D.C.

Madam Speaker, in my personal opinion, if there is one frivolous late-term abortion using any procedure anywhere in America, that is one too many and we ought to stop it. But this bill does not do that. What this bill does is potentially, according to the American College of Obstetricians and Gynecologists, the experts in this field, this bill what it is really going to do is risk women's health and their ability to have children.

Madam Speaker, we ought to send this bill back to committee and make a bill that works, not a bill that makes sound bites.

Mr. CANADY of Florida. Madam Speaker, I yield 3 minutes to the gentlewoman from Idaho (Mrs. CHENOWETH).

Mrs. CHENOWETH. Madam Speaker, I thank the gentleman from Florida (Mr. CANADY) for yielding me this time.

Madam Speaker, I wanted to address a point by the previous speaker about the fact that the Texas law preserves the right of a woman to more children; that is a higher choice than right to the life of a matured child yet in its mother's womb.

The fact we need to remember is that that baby who is being killed and delivered by the partial-birth abortion will not only not have a choice for its own fertility in the future, it will not even have a life, and that is what this bill is about, preserving life.

Now, we preserve all kinds of things in this Nation, including things that may need to be utilized. But preserving life is our number one criteria and our duty as lawmakers.

I rise in strong support of H.R. 1122, the Partial-birth Abortion Ban Act. Last year, apologists for this abominable practice raised a fog of mendacity over the whole issue, but yet that today, that fog of mendacity has been pierced. There is greater understanding.

Let the truth be known that thousands, thousands of partial-birth abortions are performed every year on mature children that are yet unborn.

On June 30, for instance, of just this year, 1998, an Arizona abortionist stopped a partial-birth abortion right after he began it. The baby's skull was crushed and the baby was born with a crushed skull and facial lacerations. That was carried in the national news, this very disturbing news. But thank goodness that that doctor realized at that very critical moment that was a living being. That was a child, and that he was going to end that child's life.

Even that doctor and everyone else can clearly see that this issue, Madam Speaker, that partial-birth abortion is murder. This procedure is medieval, and so is the logic of those who advocate and apologize for it. This debate is not about when life begins, for the infants targeted by this procedure are mature babies.

Madam Speaker, as lawmakers, we do have our first responsibility to preserve life and preserve life of the most vulnerable kind, babies yet unborn in the mother's womb.

Mr. SCOTT. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, very briefly I would state that the bill does not prevent a single abortion. In fact, if this bill passes, women who have abortions may have to undergo sterilization and not be able to have children in the future, because this bill does not have a health exception.

Madam Speaker, I yield 2 minutes to the gentlewoman from New York (Ms. SLAUGHTER).

Ms. SLAUGHTER. Madam Speaker, this is one of the most painful debates that this House has to face, but it does not compare with the decision facing parents, a medical decision that few have had to confront.

For some families, the only hope of retaining a woman's ability to have children is at stake in this Congress. It has been a tenet of privacy and citizenship in the United States that the doctor-patient relationship is sacrosanct. And yet for the first time in the history of this Republic, over 200 years, this Congress is trying to outlaw a medical procedure and to determine whether it should be used or not.

What is next? Last week the gentlewoman from Connecticut (Mrs. JOHNSON) in what I thought was a very poignant moment, when some were trying to outlaw contraceptives said, ''Is there no limit to where this Congress will go to insert itself into the most private decisions that human beings have to make?''

Perhaps we can go further. Perhaps the next procedure we will outlaw here will be hysterectomy during childbearing years. I submit that some of the people in this House think that should be outlawed.

But most importantly, I want to ask my colleagues and the American public to consider this issue: When confronted with a medical decision that could break a woman's heart and destroy her future chances to be a mother, who would she prefer to consult? Would she in that circumstance want to talk to her doctor, her family, or her spiritual advisor or, as Congress has determined, would she be just as satisfied to talk to her Member of Congress?

Madam Speaker, I submit that we are no way qualified to make this decision and that on behalf of the parents who are confronted with this awful determination to be made, I pray we will not override this veto.

Mr. CANADY of Florida. Madam Speaker, I would inquire concerning the amount of time remaining on each side.

The SPEAKER pro tempore (Ms. EMERSON). The gentleman from Florida (Mr. CANADY) has 16½ minutes remaining, and the gentleman from Virginia (Mr. SCOTT) has 20½ minutes remaining.

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

Mr. SCOTT. Madam Speaker, I yield 3 minutes to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Madam Speaker, I rise today to urge my colleagues to vote against this ill-conceived and mean-spirited effort to override the President's veto of H.R. 1122.

Let us consider what we have learned since the House last considered this so-called partial-birth abortion ban. Six of the nine States that have passed these laws using language from the Federal bill have had their laws enjoined by the courts. Moreover, 18 respected judges from a range of ideological viewpoints across the country have found that H.R. 1122 is so vague and overreaching that it could prevent legal abortions throughout pregnancy.

Make no mistake about it, preventing legal abortions is exactly what the proponents of this bill intended. Their goal is not ultimately to ban a specific medical procedure, but it is ultimately to outlaw abortion altogether.

Members should not just take my word for it, but should listen to the words of the Federal judges from across the political spectrum and across the country. Iowa District Judge Robert W. Pratt held that the partial-birth abortion law is, ''unconstitutionally vague and unduly burdensome on a woman's constitutional right to an abortion.''

Illinois Judge Charles P. Kocoras held that, ''The statute, as written, has the potential effect of banning the most common and safest abortion procedures.''

U.S. District Judge Richard Kopf of Nebraska said, ''A criminal law, especially one banning protected constitutional freedoms like abortion, that fails to give wordings or that allows arbitrary prosecution is 'void for vagueness.' Nebraska's partial-birth abortion ban is the epitome of such a law.''

Now, the esteemed gentleman from Indiana (Mr. ROEMER) said that he was glad, and I am glad too, that last week he voted to allow the free use of contraception. No one likes abortion. I abhor abortion. But abortion is what we need from time to time when pregnancies go tragically awry. In the meantime, we need contraception.

Regrettably, almost 200 of our colleagues did not agree with the gentleman from Indiana, and they in fact would ban four of the five approved forms of contraception in this country.

That is what this agenda item is about. This agenda item is not about saving healthy babies. This agenda item is about ultimately banning not only abortion, but a woman's right to birth control so that she can choose the direction of her own body.

Madam Speaker, if this was such a critical problem in this country right now, why did we wait since October 1997 to override the President's veto? We could have saved, according to my colleagues on that side of the aisle, hundreds of healthy babies. No, this is not a critical health problem in this country. This is a political issue for the 1998 elections.

Mr. CANADY of Florida. Madam Speaker, I yield 4 minutes to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Madam Speaker, 25 years after Roe v. Wade, I believe it is time for a serious reality check and a compassion check as well.

Supreme Court imposed abortion-on-demand in America has claimed the lives of more than 36 million boys and girls and, although grossly under-reported, has resulted in death, injury, and emotional trauma to women.

It is time to come to grips with the truth and to ask the question why we seem to care so little about a whole generation of babies lost.

Abortion methods, Madam Speaker, are violence against children. Abortion methods dismember and chemically poison kids. There is absolutely nothing compassionate about dousing a baby with superconcentrated salt water or lethal injections into the baby's beating heart, or hacking the baby to pieces with surgical knives.

□ 1100

Why do so many of us live in denial concerning this pernicious violence against children?

Today, Planned Parenthood and the rest of the abortion lobby is asking the House to sustain a misguided veto so as to permit and empower abortionists to continue to murder children as they are being born. To legally sanction such an execution begs the question: Is there nothing the Congress or President will not embrace under the banner of ''choice''? Are the lives of little girls and boys so cheap?

Madam Speaker, earlier this month a 6-pound baby girl, ''Baby Phoenix'' as she is now called, was born with a skull fracture and lacerations on her face after an abortionist, Dr. John Biskind, unsuccessfully attempted to perform a partial-birth abortion on her 17-year-old mother. ''Baby Phoenix'' is the first known survivor of this brutal procedure.

It has taken years, and the deaths of thousands of children and at least two women, who he left to bleed to death, but Dr. Biskind now will not be allowed to continue his murderous ways. This week the State medical board voted to suspend his license. The irony is that it is not the deaths he caused that brought the board's disfavor, but the fact that a baby whom he was trying to kill actually survived and was delivered alive.

Madam Speaker, some on this floor, and in Dear Colleagues that have been sent out, suggest that the Hoyer-Greenwood proposal somehow will prohibit all late-term abortions. Nothing, I would say, is further from the truth.

Lest any of us be deceived, the Hoyer-Greenwood bill places no restriction whatever on late term abortions. While it is not on the floor today but it is being referred to in this debate as an alternative, the plain meaning of the language places no restriction whatsoever, not even symbolic limitations, on partial-birth abortions performed before an individual baby can be proven to be viable; that is, definitely able to survive if born prematurely. The vast majority of partial-birth abortions are performed in the 5th and 6th months of pregnancy, when the baby's lung development is not quite sufficient or barely sufficient to allow independent survival.

Second, even after the baby is demonstratively viable, the Hoyer-Greenwood bill would permit abortion by partial-birth abortion or any other method, if in the medical judgment of the attending physician, that is to say the abortionist, that the abortion is necessary to avert serious adverse health consequences to the woman.

In a March 12, 1997 press conference in the House Radio-TV gallery, which was tape-recorded, my good friend and colleague, the gentleman from Maryland (Mr. HOYER), was asked directly what the word health means in his proposal. The gentleman responded. ''It does include mental health. Yes, it does.''

He then went on to explain that mental health would include psychological trauma. Thus, unless my colleagues believe that it should be permissible to kill a baby, even during the final 3 months of pregnancy, a premature infant, for reasons of mental health or psychological trauma, they should not support H.R. 1032. And if my colleagues believe that it should not be permissible to pull a living baby feet first into the birth canal, puncture her skull and remove her brain in the 5th and 6th months, please vote to override the President's veto. Support the motion to override the President's misguided veto.

Mr. SCOTT. Madam Speaker, I yield 5 minutes to the gentleman from Pennsylvania (Mr. GREENWOOD).

Mr. GREENWOOD. Madam Speaker, I thank the gentleman for yielding me this time and stand to oppose the motion to discharge.

The previous speaker, my colleague from New Jersey, said it is time for a reality check and a compassion check. I think that is quite true. Let us start with the reality check.

My friend from New Jersey just described abortion in horrific, horrible terms, as if that is what abortion is all about. In fact, it was just last week that the gentleman from New Jersey stood at this podium and could not tell us whether the birth control pill was abortion. In fact, he told us the IUD is abortion. The reality check is, and I will turn to this chart, the reality check is that this is when abortions occur in America: Overwhelmingly early in pregnancy.

Now, let us have a compassion check. Who could vote against this bill after it has been described in such horrific terms? I am going to vote against this bill, and I will match my compassion ratings with anyone. Most of my career, before I went into politics, was as a social worker. I worked with handicapped children. I worked with abused children. I held them in my arms. I rescued them from danger. I loved them and I cared about them. I love and I care about my children. I love babies. That is not what this is about.

This bill is based on a fraud, and the fraud is that this procedure is used frequently late in pregnancies. As this chart shows, 99 percent of all of the abortions in America occur prior to the 20th week of gestation; the overwhelming majority, 89 percent, prior to 12 weeks; 99½ percent of the abortions in America occur before the 22nd week; and 99.94 percent of abortions in America occur before the 24th week.

The reason Americans are confused about this bill is because people have intentionally tried to confuse them with the notion that somehow women in their 7th, 8th and 9th month of pregnancies are having abortions. And they are not, except for the most extraordinary, extraordinary medical reasons, and reasons that require compassion from all of us.

Now, to put to an end this debate about whether somehow in America women are getting late-term abortions after the 6th month for frivolous reasons, the gentleman from Maryland (Mr. STENY HOYER) and I offered a substitute to this bill which would have banned this procedure and all procedures beyond viability, beyond the 24th week, except for the most extraordinary cases, where the health of the mother or the life of the mother is at risk.

What saddens me is that we, my friends, my colleagues, are not spending our time on the floor of this body trying to prevent 99 percent of the abortions, trying to prevent unintended pregnancy, which we could do in so many ways in which we could agree: Using birth control, using education, helping define mentors for young ladies in situations where they do not have proper guidance in their lives, so they are not the victims of sexual predators way beyond their age engaging them in inappropriate sexual activities and impregnating them.

This is where America's work needs to be done. It does not need to be done out beyond 99.94 percent of the abortions in America. Because, in fact, those abortions are rare and done for the most extraordinary reasons and, again, reasons that require our compassion.

Mr. CANADY of Florida. Madam Speaker, will the gentleman yield?

Mr. GREENWOOD. I yield to the gentleman from Florida.

Mr. CANADY of Florida. Madam Speaker, I appreciate the gentleman yielding.

Is it not true that the bill the gentleman has sponsored would give the abortionist unfettered discretion to determine when an abortion would be performed during the third trimester or post viability? Because the gentleman has an exception in there that says that the abortion can be performed if in the medical judgment of the attending physician, that is the abortionist, the abortionist believes it is necessary. Is that not in the gentleman's bill?

Mr. GREENWOOD. Madam Speaker, it certainly is. It certainly is. And I know that the gentleman knows the facts, because he is a student of them, but anyone who knows the facts knows that that is not a loophole through which hundreds or dozens or scores of women would proceed.

The fact of the matter is that under Roe versus Wade today doctors have the opportunity to allow late-term abortions for medical reasons. And the facts show indisputably that this is an exception that is not abused. We cannot find an abortionist in this country who will do a late-term abortion for frivolous reasons.

Mr. CANADY of Florida. Madam Speaker, I yield 2 minutes to the gentleman from Texas (Mr. DELAY).

Mr. DELAY. Madam Speaker, this is amazing to me. This is a vote about common decency. This is a procedure that is gruesome, it is inhuman, and it is unnecessary. The gentleman from Pennsylvania, I just answer him when he says it is rarely used, that even Everett Koop said, and I quote, ''In no way can I twist my mind to see that partial birth and then destruction of the unborn child before the head is born is a medical necessity for the mother.'' The President has turned his back on millions of Americans who are sickened by this procedure.

To the gentleman from Pennsylvania, who said that this is a rare procedure, and then tried to cover things up with statistics, I would say that, in fact, in New Jersey alone 1,500 babies were killed with this procedure and are killed every year.

Now, we do not like to hear the details about this procedure. We do not like to talk about such things in public or in private. But, Madam Speaker, we must talk about them. The implications that we face if we do not are too far-reaching. The media rarely describes partial-birth abortion. They and some of my colleagues here today will politely call it a certain late-term procedure. Well, I submit to my colleagues that there is nothing polite about this procedure. Certainly the aborted baby, whose life is snuffed out in such a violent way, does not think that this is a polite procedure.

Madam Speaker, human life is precious. When we allow human life to be so coldly and violently taken in the manner of the partial-birth abortion, we are all diminished as a society. So I urge my colleagues to think before they vote. This is a conscience vote. Is this the kind of procedure that my colleagues would be proud to tell their children that they supported? Is this the kind of violence that they would be comfortable in defending when it comes time to meet their maker?

This is a real gut-wrenching conscience vote. Vote to override the President's veto.

Mr. SCOTT. Madam Speaker, I yield 3 minutes to the gentleman from Maryland (Mr. HOYER)

Mr. HOYER. Madam Speaker, I thank the gentleman for yielding me this time, and if the gentleman would stay in the well, I would ask my friend from Texas, I understand what he has said, and I agree with his proposition of the American public's view. I ask him this. He talks about a procedure. Is there a procedure that he believes is preferable?

Mr. DELAY. Madam Speaker, will the gentleman yield?

Mr. HOYER. I yield to the gentleman from Texas.

Mr. DELAY. Madam Speaker, there is no procedure that is preferable in killing a baby that is about to be born naturally, no. I do not believe in a procedure that will kill a baby. I ask the gentleman back——

Mr. HOYER. Reclaiming my time.

Mr. DELAY. At what time is it appropriate to kill a baby?

Mr. HOYER. Reclaiming my time.

Mr. DELAY. What time? The gentleman ought to answer that.

Mr. HOYER. The court clearly has said that in terms of the Constitution there is a right of a woman and her doctor to make that decision and to terminate the pregnancy.

My question, and rather than yell at one another, rather than accuse one another of awful things, I want to find out what we are talking about. It is my premise that the gentleman does not believe there is any procedure, at any time, that is less than objectionable. Am I correct in that premise?

Mr. DELAY. I think the gentleman's question is grammatically in error.

Mr. HOYER. I would ask the gentleman to not quibble with me. I would ask the gentleman not to quibble with me; I am not trying to quibble with him. I am trying really to get to the heart of what I think is a difficult issue for the American public and for everyone on the floor.

Mr. DELAY. Well, ask the question. If the gentleman would ask the question in a manner someone can understand it, I will be glad to answer it.

Mr. HOYER. All right. Does the gentleman believe there is any procedure acceptable to terminate a pregnancy at any time?

Mr. DELAY. No, I do not.

Mr. HOYER. Reclaiming my time.

Mr. DELAY. Unless it is for the life of a mother and a decision must be made between the baby and the life of the mother. Then that decision should be made. But, no, I do not believe that at any time an unborn child should be murdered just for convenience. No.

Mr. HOYER. Reclaiming my time, I understand what the gentleman said. In the case of the life of the mother, which the gentleman indicates he believes is an exception, what procedure would he advocate? What procedure to terminate the pregnancy would the gentleman advocate?

Mr. DELAY. We do not have to use this procedure.

Mr. HOYER. No, I understand that. Which procedure would the gentleman advocate?

Mr. DELAY. I would like to answer the gentleman's question. Doctor after doctor, including C. Everett Koop, who was the surgeon general, says that there is no reason whatsoever, even for the life of a mother, that this particular procedure must be used, where a baby is nearly born and then they suck the brains out of its head before it is fully born.

Mr. HOYER. Reclaiming my time, I know the gentleman wants to make this debate as gruesome as he can. I understand that. I ask the gentleman again: In the instance in which the gentleman says is acceptable, saving the life of the mother, what procedure would the gentleman think is preferable?

Mr. DELAY. And if the gentleman will yield, I will tell the gentleman that this is a gruesome procedure for the baby that it is being performed on.

Mr. HOYER. I understand.

Mr. DELAY. I am once again answering the gentleman that many doctors have already said and written extensively that this particular procedure does not have to be used.

□ 1115

Mr. HOYER. Madam Speaker, reclaiming my time, the gentleman does not either have an answer to my question or does not want to answer it. My presumption is that because he has no alternative, is there a procedure which he would believe was appropriate to save the life of the mother and, if so, what is that procedure.

The SPEAKER pro tempore (Mrs. EMERSON). The gentleman from Virginia (Mr. SCOTT) has 9½ minutes remaining, and the gentleman from Florida (Mr. CANADY) has 10½ minutes remaining.

Mr. CANADY of Florida. Madam Speaker, I yield 4 minutes to the gentlewoman from Washington (Mrs. LINDA SMITH).

Mrs. LINDA SMITH of Washington. Madam Speaker, first I would like to read and then submit for the RECORD the American Medical Association letter endorsing this bill and saying that it is an unnecessary procedure.

I think it is real revealing because the American Medical Association rarely or never interjects and makes illegal an abortion procedure, but they have made an exception in this case. I am going to read this short letter because it says a lot and it blows away a

lot of the smoke about how this bill works.

It says, ''The Partial Birth Abortion Ban Act of 1997,'' as amended, that we support this. Then it goes on to say, ''Although our general policy is to oppose legislation criminalizing medical practice or procedure, the AMA has supported such legislation where the procedure was narrowly defined,'' and listen, ''not medically indicated.'' Otherwise, not medically necessary. ''H.R. 1122 now meets both those tests.

''Our support of this legislation is based on three specific principles. First, the bill would allow a legitimate exception where the life of the mother was endangered, thereby preserving the physician's judgment to take any medically necessary steps to save the life of the mother. Second, the bill would clearly define the prohibited procedure so that it is clear on the face of the legislation what act is to be banned.

''Finally, the bill would give any accused physician the right to have his or her conduct reviewed by the State Medical Board before a criminal trial commenced. In this manner, the bill would provide a formal role for valuable medical peer determination in any enforcement proceeding.

''The AMA believes that with these changes, physicians will be on notice as to the exact nature of the prohibited conduct.''

Then in quotes, they have made it very clear, and I have the quotes and we can submit them, that they do not believe that partial birth abortion is ever needed.

I want to talk about this procedure briefly because sometimes we forget what it is; and it is not pretty, but we are talking about lives and we are talking about law to protect vulnerable women and vulnerable babies.

The procedure takes 3 days, my colleagues. They start by dilating the cervix. They use procedures that soften so that they can eventually find a way to make an opening large enough to pull the baby through. They turn the baby so it is actually breeched opposite the way a baby would be born.

Often in that procedure they will wrap the baby with the cord, and sometimes the baby strangles. If not, they do deliver the baby in all cases. And right after the little feet come out and the little bottom and then they get the shoulders out, right before the head comes out, they hold the baby.

Now, talking to nurses, this is very difficult because the natural process is for the baby to come out and breathe. They hold the baby because they know if that little nose comes out and the mouth the baby will breathe. If the baby breathes, under the law, it is alive. But if the baby does not breathe, it is not considered a person. So this is what we are talking about. The average cost is $1,200 to $1,600. And it has become an industry.

Now, we have got some pretty interesting cases where women have gone and they have actually been hurt and died in partial birth abortions. But I want to talk about one, Louann Herron. And this is reported and it just came out, and it is very unfortunate because she was in the middle of a divorce.

She went to an abortion clinic, where they make a lot of money. In fact, a lot of times the doctors are not there, they have the procedure done by someone else. I think it is very important that we understand that this is not for the baby or the woman. I urge my colleagues to vote against the President.

Madam Speaker, I include the following articles for the RECORD:

[From the Arizona Republic, July 14, 1998]

PATIENT ''DIDN'T HAVE TO DIE''

SHE WAS LEFT TO BLEED 3 HOURS AFTER ABORTION, EX-STAFFERS SAY

(By Heather Ratcliffe, Susie Steckner and Jodie Snyder

Louann Herron lay bleeding from a punctured uterus for more than three hours as a medical assistant at the A–Z Women's Center begged her supervisor to call 911, three former employees of the abortion clinic say.

By the time the supervisor paged Herron's doctor to get permission to call paramedics, it was too late.

Herron died hours after an abortion performed by Dr. John Biskind, the same doctor who delivered a full-term baby at the clinic June 30 after misdiagnosing the fetal age by 13 weeks. Biskind and center officials on Monday refused to comment on the case, which has prompted a police investigation.

Herron's encounter with A–Z Women's Center began in a similar fashion. But it became a saga of disappointment, deception and death, according to three former employees who told their stories to The Arizona Republic.

According to the former employees, Herron, 32, was in the process of being divorced when she visited the center April 7 with a friend for an abortion.

An employee—fairly new to the clinic—performed an ultrasound examination indicating that Herron was 23 weeks and a few days pregnant.

AMERICAN MEDICAL ASSOCIATION,
Chicago, IL, May 19, 1997.

Hon. RICK SANTORUM,
U.S. Senate, Russell Senate Office Bldg., Washington, DC.

DEAR SENATOR SANTORUM: The American Medical Association (AMA) is writing to support HR 1122, ''The Partial Birth Abortion Ban Act of 1997,'' as amended. Although our general policy is to oppose legislation criminalizing medical practice or procedure, the AMA has supported such legislation where the procedure was narrowly defined and not medically indicated. HR 1122 now meets both those tests.

Our support of this legislation is based on three specific principles. First, the bill would allow a legitimate exception where the life of the mother was endangered, thereby preserving the physician's judgment to take any medically necessary steps to save the life of the mother. Second, the bill would clearly define the prohibited procedure so that it is clear on the face of the legislation what act is to be banned. Finally, the bill would give any accused physician the right to have his or her conduct reviewed by the State Medical Board before a criminal trial commenced. In this manner, the bill would provide a formal role for valuable medical peer determination in any enforcement proceeding.

The AMA believes that with these changes, physicians will be on notice as to the exact nature of the prohibited conduct.

Thank you for the opportunity to work with you towards restricting a procedure we all agree is not good medicine.

Sincerely,

P. JOHN. SEWARD, MD.

Mr. SCOTT. Madam Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BENTSEN).

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

Mr. BENTSEN. Madam Speaker, first of all, if we are going to take the AMA's word for this, then we ought to pass the Parker bill or the Patients' Bill of rights because the AMA endorses that. And if we are going to take Mr. Koop's word, then we ought to have a real tobacco bill in the House. But, obviously, the Republican majority wants to play fast and loose on whose advice they want to take and when they want to take it.

I do not think any of us support this particular procedure. But why do we not look at what 40 other states, including my State of Texas, are doing. I have heard a lot of my colleagues, most from the other side, for the last 4 years talk about how the States are the laboratories of government, where we ought to be seeing what they are doing. But I guess that is only when it is convenient or when the States agree with us; and otherwise, if they do not, we are going to tell them what to do. That is what this bill does. But worse, this bill is about politics.

Now, last week we had a vote on taking away abortion rights. Let me read what one of my colleagues said. ''I want this to be a campaign issue. This is going to be great,'' he said, adding that his colleagues who oppose abortion restrictions will face fierce questions in their districts. ''They better be prepared to defend themselves because we are going to have the grassroots out there talking about it.''

That is what this is about. It is not about the women who need the health services so they can bear more children. My good friend and colleague the gentleman from Texas (Mr. DELAY) said, ''where is the common decency?''

Well, how is it for common decency when we tell a woman that she is going to lose the ability to bear more children if she cannot have a certain type of procedure? What is decent about that? Not a single thing. This is politics, pure and simple, and it is about as indecent as this House can get.

Mr. CANADY of Florida. Madam Speaker, I yield 1 minute to the gentleman from Nebraska (Mr. CHRISTENSEN).

Mr. CHRISTENSEN. Madam Speaker, I thank the gentleman for yielding.

Yesterday I had the opportunity to manage the debate on the MFN Normal Trade Relations bill. A number of my pro-choice friends and colleagues over on this side were with me on that losing battle of 166 votes.

But a number of those same people that were crying out for human rights

in China, fighting for the forced abortions in China, talking about the issues of the Chinese women, are now on the same side of allowing this partial birth abortion bill to go forth.

Well, what about the human rights in America? What about the human rights of the unborn children? What about the human rights of Baby Phoenix and the thousands and thousands of little children who are murdered each year? What about the human rights for those that have no say?

If we are going to stand with the Chinese women and the forced abortions, we should stand together to make sure that the children have a voice in this, the Baby Phoenixes of the world, the Baby Phoenixes of America.

Vote to override this partial birth abortion veto. Do what is right.

Mr. SCOTT. Madam Speaker, I yield 2 minutes to the gentlewoman from California (Mrs. TAUSCHER).

Mrs. TAUSCHER. Madam Speaker, I thank my colleague for yielding.

Madam Speaker, I rise in opposition to reconsidering this bill, and I urge my colleagues to join me in sustaining the President's veto.

We all agree that healthy women with healthy fetuses should not have post-viability abortions. But the authors of this bill do nothing to address this issue. Instead by focusing on medical procedures, the Republican leadership's partial birth abortion ban fails to fully address abortions performed post-viability and overreaches by banning abortions pre-viability.

The Republican leadership has refused to bring up a bipartisan bill that accomplishes, in fact, what their bill only achieves in nasty rhetoric.

H.R. 1032, which was introduced by the gentleman from Maryland (Mr. HOYER) and the gentleman from Pennsylvania (Mr. GREENWOOD) at the beginning of the 105th session, would ban all late-term abortions unless it was necessary to save the life of the mother or to avert serious adverse health consequences.

Unfortunately, the House leadership has presented us with the singular option of voting on H.R. 1122, which is believed by many to be unconstitutional.

Despite the fact that a modified ban would pass in the House, despite the fact that the President has said that he would sign the modified ban, this body has not even been given the opportunity to consider the Hoyer-Greenwood bill.

The House leadership is clearly not interested in passing legislation that would set public policy on the issue of late-term abortion. Instead, they have tried to depict pro-choice Members as radical and out of step with the values of mainstream America.

Further, in this debate today, unfortunately, they have chosen to demonize women and to accuse doctors of medical malfeasance.

I and other supporters of the Hoyer-Greenwood bill are pro-choice and are willing to vote for a ban on late-term abortions provided that there are health and life exceptions.

If the House leadership truly wants to reduce the number of late-term abortions performed, they would bring H.R. 1032, the Hoyer-Greenwood bill, to the floor and allow the House to debate a bill that would actually accomplish something.

Mr. CANADY of Florida. Madam Speaker, I yield 2 minutes to my colleague, the gentlewoman from Florida (Ms. ROS-LEHTINEN).

Ms. ROS-LEHTINEN. Madam Speaker, I rise in support of the motion to discharge, because we must override the President's veto of a ban on this horrendous practice of partial birth abortions.

It is an outrage that in this civilized modern society we still allow for this procedure to occur despite the mountain of evidence indicating that it is unnecessary and that it has, as the ultimate consequence of its completion, the killing of a partially delivered baby who cannot defend him or herself against the unscrupulous abortion industry.

It is important to remind our colleagues what this gruesome procedure involves. It consists of partially delivering the life baby's feet first, with only the head inside the mother's womb, and then stabbing the child at the base of the skull, a child that is already able to live outside the mother's womb.

The American Medical Association said about partial birth abortion, ''the partial delivery of a living fetus for the purpose of killing it outside the womb is ethically offensive to most Americans and physicians.''

The AMA ''could not find any identified circumstances in which the procedure was the only safe and effective abortion method.''

Even abortion practitioners, like Martin Haskell, reported to the American Medical News, ''most of my abortions are elective in that 20–24 week range. In my particular case, probably 20 percent of partial birth abortions are performed for genetic reasons. And the other 80 percent are purely elective.''

Madam Speaker, Americans cannot stand idly by while this tragic procedure is performed. Many doctors have stated that this horrid practice can severely damage a woman's health. And let us not forget, it kills an innocent human life.

Let us overturn the veto.

Mr. SCOTT. Madam Speaker, could you advise us as to the time remaining on both sides, please?

The SPEAKER pro tempore. The gentleman from Virginia (Mr. SCOTT) has 5½ minutes remaining, and the gentleman from Florida (Mr. CANADY) has 3½ minutes remaining.

Mr. SCOTT. Madam Speaker, I yield 3 minutes to the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. Madam Speaker, I thank the gentleman for yielding.

I rise today, my colleagues, not so much to speak on the veto override, although the bill in question, I believe sincerely, will not in fact stop any abortion. This is about a procedure, not about abortion. The issue should not be about a procedure. I want to make it clear, I am opposed to late-term abortions by any procedure.

I rise today to call Members' attention to legislation which has been referenced before that has as its intent stopping all late-term abortions by whatever procedure.

I asked the gentleman from Texas (Mr. DELAY) was there an alternative procedure he thought preferable. He would not answer that question. Nor will anybody on this floor. Not one. Because there is no alternative procedure that proponents believe is a preferable procedure.

□ 1130

The fact is I think most of us are against what the gentlewoman from Florida talked about, elective late-term abortions. I am absolutely opposed to that, unequivocally opposed to elective late-term abortions.

Do I make exceptions in my bill? Yes. As the gentleman from Texas intoned, for the life of the mother. There is not a Member, I think, on this floor who would not vote for that exception. Not one. Then, yes, we go on to say for serious adverse health consequences to the mother, a wrenching, difficult decision for a doctor and a patient to make.

But I am opposed and believe that any ethical doctor would oppose elective late-term abortions by whatever procedure. And if they do not, the medical association ought to take them to task and our bill would impose a very significant penalty on so doing.

Whether this bill today passes or fails, I would ask the Committee on the Judiciary and ask the gentleman from Florida to report this bill to the floor. Let us debate. Let us go on record as 41 States in America have gone on record and say, we are opposed as public policy to late-term, elective abortions. Period. No ifs, ands or buts, no this procedure is not good but that procedure is okay. Not deal with procedures. Deal with substance. Deal with saying that we should not have these abortions late-term for elective reasons.

Mr. CANADY of Florida. Madam Speaker, I yield 1 minute to the gentleman from Ohio (Mr. CHABOT).

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

Mr. CHABOT. Madam Speaker, a minute is not nearly enough time to address the horrors of partial-birth abortion. But I trust that during the course of this debate the truth will come through and this body will do the right thing, the decent thing and vote to override the President's unconscionable veto of the partial-birth abortion ban. This ought to be simple. You should not kill babies.

Partial-birth abortion is infanticide. It is the termination of the life of a living baby just seconds before it takes

its first breath outside the womb. The procedure is violent, it is gruesome, it is undeniably wrong. It is the killing of a baby as it is being born.

This morning's vote is among the most important we will ever make. It is one that will long be remembered. I would urge my colleagues to say ''no'' to the abortion President and ''no'' to the most militant leaders of the abortion lobby and vote to protect the lives of helpless, defenseless little babies.

Madam Speaker, let us vote today to defend those little babies who cannot defend themselves.

Mr. SCOTT. Madam Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. CONYERS).

Mr. CONYERS. Madam Speaker, could I ask the gentleman from Ohio (Mr. CHABOT), if he does not like partial-birth, what will he be willing to accept to save the life of the mother if he does not like this measure?

Mr. CHABOT. Madam Speaker, will the gentleman yield?

Mr. CONYERS. I yield to the gentleman from Ohio.

Mr. CHABOT. Under the proposal we have——

Mr. CONYERS. Just answer me.

Mr. CHABOT. We would accept this procedure if the mother's life is at risk.

Mr. CONYERS. Oh, you do accept it?

Mr. CHABOT. I think everybody would accept when you have a balance between the mother's life and the child's life. That is not the issue.

Mr. CONYERS. Then why are you opposing this?

Mr. CHABOT. It is wrong to kill babies, as simple as that.

Mr. CONYERS. Just a moment. No lectures. Just answer the question. What about serious health risk, like sterility?

Mr. CHABOT. If the gentleman will yield further, I think the gentleman is aware of when you talk about health risk.

Mr. CONYERS. Just answer me.

Mr. CHABOT. If somebody feels bad about themselves, that is enough to allow the procedure.

Mr. CONYERS. What do you think about serious health risk, namely, fertility? What is the answer? I yield to the gentleman from Ohio.

Mr. CHABOT. Madam Speaker, I think the gentleman from Michigan is aware that if you allow an exception for health reasons, it can mean if a psychiatrist thinks that somebody is going to feel better about themselves.

Mr. CONYERS. We are talking about serious physical health. Yes or no.

Mr. CHABOT. That is not what your bill says. The bottom line is we are trying to save babies. You are always saying, Let us do this for the children, let us do that for the children. Let us pass this veto override to save the children. This will really save children.

Mr. CONYERS. What about all the other procedures that you allow that we are not doing this that we are doing to partial-birth? What about them?

Mr. CHABOT. The bottom line is the folks that are on our side here want to save kids. We want to save children.

Mr. CONYERS. I am talking about you.

Mr. CHABOT. While they are being born. I think we ought to join together and try to save those babies that would otherwise be born.

Mr. CONYERS. You are against protective procedure and all these other procedures. We will talk later about this.

Mr. CHABOT. I thank the gentleman for yielding.

Mr. CONYERS. It was a pleasure.

Mr. CANADY of Florida. Madam Speaker, I yield 1 minute to the gentleman from Kansas (Mr. RYUN).

Mr. RYUN. Madam Speaker, our civilized society must not allow President Clinton's preference for partial-birth abortions to continue. I not only speak for my fellow Kansans but also for the preborn children throughout this country whose lives are taken by this gruesome procedure.

Recently a doctor performing a partial-birth abortion realized in the middle of the procedure that he had misjudged the baby's age. She was actually only three weeks away from being in full term. Thankfully the doctor was able to stop the abortion and successfully deliver the baby. That is a happy ending.

However, the tragedy of partial-birth abortion is that any preborn baby in the third trimester has a good chance of survival. Only the abortionist's scalpel prevents that baby from having its first breath. Can we seriously allow a few inches to distinguish between a baby and a blob of tissue?

Members of Congress as well as the AMA have not found a single circumstance where partial-birth abortion was the only safe and effective abortion method. It is just not there.

The truth is this procedure poses a greater risk to the mother's health than a full-term delivery. For the health of women, for the lives of our children, and for the future of America, we must put an end to this ghastly procedure.

Mr. SCOTT. Madam Speaker, I yield myself the balance of my time. As has been pointed out in the debate, Madam Speaker, this bill will not stop any abortion. It will just require an alternative procedure to be used. We have had no answer to the question of what that alternative should be. What we should do is defeat the motion to discharge the committee from further consideration of the bill, require the Committee on the Judiciary to in fact consider the bill and the fact that it is unconstitutional and consider alternatives like the Hoyer-Greenwood bill that would prevent the maximum number of abortions consistent with the Supreme Court decisions. I would hope that we would defeat the motion and have the Committee on the Judiciary report a constitutional bill.

Mr. CANADY of Florida. Madam Speaker, I yield the balance of my time to the gentleman from Ohio (Mr. HALL).

The SPEAKER pro tempore (Mrs. EMERSON). The gentleman from Ohio is recognized for 1½ minutes.

Mr. HALL of Ohio. Madam Speaker, I rise as an original cosponsor of this most important act, and I support this motion to override the President's veto.

Abortion, except to save the mother's life, is wrong. However, this particular procedure is doubly wrong. It requires a partial delivery and involves pain to the baby.

Madam Speaker, we have heard the medical details of these abortions from others. I believe that a compassionate society should not promote a procedure that is gruesome and inflicts pain on the victim. We have humane methods of capital punishment. 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.

Many years ago, surgery was performed on newborns with the thought that they did not feel pain. Now, we know they do feel pain. According to Dr. Paul Ranalli, a neurologist at the University of Toronto, at 20 weeks a human fetus is covered by pain receptors and has 1 billion nerve cells. Pain is inflicted to the fetus with this procedure.

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

Enough is enough. One thing this Congress ought to do this year is stop this very reprehensible and gruesome technique of abortion. We treat dogs better than this.

Please vote to override the President's veto.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion.

There was no objection.

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

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

Mr. CANADY of Florida. Madam 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.

Without objection, votes on the motion to instruct and on a motion to authorize closed meetings of conferees on the national defense authorization will be taken immediately following the 15-

minute vote on the motion to discharge, and the vote on closing meetings will be conducted as a 5-minute vote.

There was no objection.

The vote was taken by electronic device, and there were—yeas 295, nays 131, not voting 8, as follows:

[Roll No. 321]

YEAS—295

Aderholt
Archer
Armey
Bachus
Baesler
Baker
Ballenger
Barcia
Barr
Barrett (NE)
Barrett (WI)
Bartlett
Barton
Bass
Bateman
Bereuter
Berry
Bilbray
Bilirakis
Bishop
Bliley
Blunt
Boehlert
Boehner
Bonilla
Bonior
Bono
Borski
Boswell
Boyd
Brady (TX)
Bryant
Bunning
Burr
Burton
Buyer
Callahan
Calvert
Camp
Canady
Cannon
Castle
Chabot
Chambliss
Chenoweth
Christensen
Clement
Coble
Coburn
Collins
Combest
Cook
Cooksey
Costello
Cox
Cramer
Crane
Crapo
Cubin
Cunningham
Danner
Davis (FL)
Davis (VA)
Deal
DeLay
Diaz-Balart
Dickey
Dingell
Doolittle
Doyle
Dreier
Duncan
Dunn
Ehlers
Ehrlich
Emerson
English
Ensign
Etheridge
Everett
Ewing
Fawell
Foley
Forbes
Fossella
Fowler
Fox
Franks (NJ)
Frelinghuysen
Gallegly
Ganske
Gekas
Gephardt
Gibbons
Gilchrest
Gillmor
Goode
Goodlatte
Goodling
Gordon
Goss
Graham
Granger
Gutknecht
Hall (OH)
Hall (TX)
Hamilton
Hansen
Hastert
Hastings (WA)
Hayworth
Hefley
Hefner
Herger
Hill
Hilleary
Hinchey
Hinojosa
Hobson
Hoekstra
Holden
Hostettler
Houghton
Hulshof
Hunter
Hutchinson
Hyde
Inglis
Istook
Jefferson
Jenkins
John
Johnson (WI)
Johnson, Sam
Jones
Kanjorski
Kaptur
Kasich
Kelly
Kennedy (RI)
Kildee
Kim
Kind (WI)
King (NY)
Kingston
Kleczka
Klink
Klug
Knollenberg
Kolbe
Kucinich
LaFalce
LaHood
Lampson
Largent
Latham
LaTourette
Lazio
Leach
Lewis (CA)
Lewis (KY)
Linder
Lipinski
Livingston
LoBiondo
Lucas
Maloney (CT)
Manton
Manzullo
Mascara
McCollum
McCrery
McDade
McHale
McHugh
McInnis
McIntosh
McIntyre
McKeon
McNulty
Metcalf
Mica
Miller (FL)
Minge
Moakley
Mollohan
Moran (KS)
Moran (VA)
Murtha
Myrick
Neal
Nethercutt
Neumann
Ney
Northup
Norwood
Nussle
Oberstar
Obey
Ortiz
Oxley
Packard
Pappas
Parker
Pascrell
Paul
Paxon
Pease
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Pombo
Pomeroy
Porter
Portman
Poshard
Pryce (OH)
Quinn
Radanovich
Rahall
Ramstad
Redmond
Regula
Reyes
Riggs
Riley
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Roukema
Royce
Ryun
Salmon
Sandlin
Sanford
Saxton
Scarborough
Schaefer, Dan
Schaffer, Bob
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Shimkus
Shuster
Sisisky
Skeen
Skelton
Smith (MI)
Smith (NJ)
Smith (OR)
Smith, Linda
Snowbarger
Solomon
Souder
Spence
Spratt
Stearns
Stenholm
Strickland
Stump
Stupak
Sununu
Talent
Tanner
Tauzin
Taylor (MS)
Taylor (NC)
Thomas
Thornberry
Thune
Tiahrt
Traficant
Turner
Upton
Visclosky
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
Weygand
White
Whitfield
Wicker
Wilson
Wolf
Young (AK)

NAYS—131

Abercrombie
Ackerman
Allen
Andrews
Baldacci
Becerra
Bentsen
Berman
Blagojevich
Blumenauer
Boucher
Brady (PA)
Brown (CA)
Brown (FL)
Brown (OH)
Campbell
Capps
Cardin
Carson
Clay
Clayton
Clyburn
Conyers
Coyne
Cummings
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dixon
Doggett
Dooley
Edwards
Engel
Eshoo
Evans
Farr
Fattah
Fazio
Filner
Frank (MA)
Frost
Furse
Gejdenson
Gilman
Greenwood
Gutierrez
Harman
Hastings (FL)
Hilliard
Hooley
Horn
Hoyer
Jackson (IL)
Jackson-Lee (TX)
Johnson (CT)
Johnson, E. B.
Kennedy (MA)
Kennelly
Kilpatrick
Lantos
Lee
Levin
Lewis (GA)
Lofgren
Lowey
Luther
Maloney (NY)
Martinez
Matsui
McCarthy (MO)
McCarthy (NY)
McDermott
McGovern
McKinney
Meehan
Meek (FL)
Meeks (NY)
Menendez
Millender-McDonald
Miller (CA)
Mink
Morella
Nadler
Olver
Owens
Pallone
Pastor
Payne
Pelosi
Pickett
Price (NC)
Rangel
Rivers
Rodriguez
Rothman
Roybal-Allard
Rush
Sabo
Sanchez
Sanders
Sawyer
Schumer
Scott
Sherman
Skaggs
Slaughter
Smith, Adam
Snyder
Stabenow
Stark
Stokes
Tauscher
Thompson
Thurman
Tierney
Torres
Towns
Velazquez
Vento
Waters
Watt (NC)
Waxman
Wexler
Wise
Woolsey
Wynn
Yates

NOT VOTING—8

Condit
Ford
Gonzalez
Green
Markey
Serrano
Smith (TX)
Young (FL)

□ 1202

Mr. BARRETT of Wisconsin changed his 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.

PERSONAL EXPLANATION

Mr. HINCHEY. Madam Speaker, I inadvertently erred this morning when voting to discharge H.R. 1122 from the Judicary Committee. On rollcall No. 321, please let the record show that I meant to vote ''no.''

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 716

Mr. FORBES. Madam Speaker I ask unanimous consent that my name be removed as a cosponsor of H.R. 716.

The SPEAKER pro tempore (Mrs. EMERSON). Is there objection to the request of the gentleman from New York?

There was no objection.

MOTION TO INSTRUCT CONFEREES ON H.R. 3616, NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 1999

The SPEAKER pro tempore. The unfinished business is the vote on the motion to instruct conferees offered by the gentleman from Missouri (Mr. SKELTON).

The Clerk will rereport the motion.

The Clerk read as follows:

Mr. SKELTON moves that the managers on the part of the House at the conference on the disagreeing votes of the two houses on the Senate amendment to the bill, H.R. 3616, be instructed to insist upon the authorization levels provided in title II of the House bill for Theater Missile Defense programs and for space-based lasers.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Missouri (Mr. SKELTON) on which the yeas and nays are ordered.

The vote was taken by electronic device, and there were— yeas 424, nays 0, answered ''present'' 1, not voting 9, as follows:

[Roll No. 322]

YEAS—424

Ackerman
Aderholt
Allen
Andrews
Archer
Armey
Bachus
Baesler
Baker
Baldacci
Ballenger
Barcia
Barr
Barrett (NE)
Barrett (WI)
Bartlett
Barton
Bass
Bateman
Becerra
Bentsen
Bereuter
Berman
Berry
Bilbray
Bilirakis
Bishop
Blagojevich
Bliley
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonior
Bono
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brady (TX)
Brown (CA)
Brown (FL)
Brown (OH)
Bryant
Bunning
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Capps
Cardin
Carson
Castle
Chabot
Chambliss
Chenoweth
Christensen
Clay
Clayton
Clement
Clyburn
Coble
Coburn
Collins
Combest
Condit
Conyers
Cook
Cooksey
Costello
Cox
Coyne
Cramer
Crane
Crapo
Cubin
Cummings
Cunningham
Danner
Davis (FL)
Davis (IL)
Davis (VA)
Deal
DeFazio
DeGette
Delahunt
DeLauro
DeLay
Deutsch
Diaz-Balart
Dickey
Dicks
Dingell
Dixon
Doggett
Dooley
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Ehrlich
Emerson
Engel
English
Ensign
Eshoo
Etheridge
Evans
Everett
Ewing
Farr
Fattah
Fawell
Fazio
Filner
Foley
Forbes
Fossella
Fowler
Fox
Frank (MA)
Franks (NJ)
Frelinghuysen
Frost
Furse
Gallegly
Ganske
Gejdenson
Gekas
Gephardt
Gibbons
Gilchrest
Gillmor
Gilman
Goode
Goodlatte
Goodling
Gordon
Goss
Graham
Granger
Greenwood
Gutierrez
Gutknecht
Hall (OH)
Hall (TX)
Hamilton
Hansen
Harman
Hastert
Hastings (FL)
Hastings (WA)
Hayworth
Hefley
Hefner
Herger
Hill
Hilleary