an agent of the United States Government or serving as a repository for United States Government funds;

agencies shall not procure, or enter into a contract for the procurement of, any goods or services from the sanctioned person;

the Secretary of the Treasury shall take actions where necessary to:

prohibit any United States financial institution from making loans or providing credits to the sanctioned person totaling more than $10,000,000 in any 12-month period unless such person is engaged in activities to relieve human suffering and the loans or credits are provided for such activities;

prohibit any transactions in foreign exchange that are subject to the jurisdiction of the United States and in which the sanctioned person has any interest; o prohibit any transfers of credit or payments between financial institutions or by, through, or to any financial institution, to the extent that such transfers or payments are subject to the jurisdiction of the United States and involve any interest of the sanctioned person;

block all property and interests in property that are in the United States, that come within the United States, or that are or come within the possession or control of any United States person, including any foreign branch, of the sanctioned person, and provide that such property and interests in property may not be transferred, paid, exported, withdrawn, or otherwise dealt in; or

restrict or prohibit imports of goods, technology, or services, directly or indirectly, into the United States from the sanctioned person.

Section 5 of the order authorizes the Secretary of the Treasury, in consultation with the Secretary of State, to block all property and interests in property that are in the United States, that come within the United States, or that are or come within the possession or control of any United States person, including any foreign branch, of any person upon determining that the person has materially assisted, sponsored, or provided financial, material, or technological support for, or goods or services in support of, NIOC, NICO, or the Central Bank of Iran, or the purchase or acquisition of U.S. bank notes or precious metals by the Government of Iran.

I have delegated to the Secretary of the Treasury the authority, in consultation with the Secretary of State, to take such actions, including the promulgation of rules and regulations, and to employ all powers granted to the President by IEEPA, as may be necessary to carry out the purposes of sections 1, 4, and 5 of the order.

The order was effective at 12:01 a.m. eastern daylight time on July 31, 2012. All agencies of the United States Government are directed to take all appropriate measures within their authority to carry out the provisions of the order.

I am enclosing a copy of the Executive Order I have issued.

BARACK OBAMA.

THE WHITE HOUSE, *July 30, 2012*.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess for a period of less than 15 minutes.

Accordingly (at 5 o'clock and 31 minutes p.m.), the House stood in recess.

□ 1745

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. POE of Texas) at 5 o'clock and 45 minutes p.m.

DISTRICT OF COLUMBIA PAIN-CAPABLE UNBORN CHILD PROTECTION ACT

Mr. FRANKS of Arizona. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3803) to amend title 18, United States Code, to protect pain-capable unborn children in the District of Columbia, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3803

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''District of Columbia Pain-Capable Unborn Child Protection Act''.

SEC. 2. LEGISLATIVE FINDINGS.

Congress finds and declares the following:

(1) Pain receptors (nociceptors) are present throughout the unborn child's entire body and nerves link these receptors to the brain's thalamus and subcortical plate by no later than 20 weeks after fertilization.

(2) By 8 weeks after fertilization, the unborn child reacts to touch. After 20 weeks, the unborn child reacts to stimuli that would be recognized as painful if applied to an adult human, for example, by recoiling.

(3) In the unborn child, application of such painful stimuli is associated with significant increases in stress hormones known as the stress response.

(4) Subjection to such painful stimuli is associated with long-term harmful neurodevelopmental effects, such as altered pain sensitivity and, possibly, emotional, behavioral, and learning disabilities later in life.

(5) For the purposes of surgery on unborn children, fetal anesthesia is routinely administered and is associated with a decrease in stress hormones compared to their level when painful stimuli are applied without such anesthesia.

(6) The position, asserted by some medical experts, that the unborn child is incapable of experiencing pain until a point later in pregnancy than 20 weeks after fertilization predominately rests on the assumption that the ability to experience pain depends on the cerebral cortex and requires nerve connections between the thalamus and the cortex. However, recent medical research and analysis, especially since 2007, provides strong evidence for the conclusion that a functioning cortex is not necessary to experience pain.

(7) Substantial evidence indicates that children born missing the bulk of the cerebral cortex, those with hydranencephaly, nevertheless experience pain.

(8) In adult humans and in animals, stimulation or ablation of the cerebral cortex does not alter pain perception, while stimulation or ablation of the thalamus does.

(9) Substantial evidence indicates that structures used for pain processing in early development differ from those of adults, using different neural elements available at specific times during development, such as the subcortical plate, to fulfill the role of pain processing.

(10) The position, asserted by some commentators, that the unborn child remains in a coma-like sleep state that precludes the unborn child experiencing pain is inconsistent with the documented reaction of unborn children to painful stimuli and with the experience of fetal surgeons who have found it necessary to sedate the unborn child with anesthesia to prevent the unborn child from engaging in vigorous movement in reaction to invasive surgery.

(11) Consequently, there is substantial medical evidence that an unborn child is capable of experiencing pain at least by 20 weeks after fertilization, if not earlier.

(12) It is the purpose of the Congress to assert a compelling governmental interest in protecting the lives of unborn children from the stage at which substantial medical evidence indicates that they are capable of feeling pain.

(13) The compelling governmental interest in protecting the lives of unborn children from the stage at which substantial medical evidence indicates that they are capable of feeling pain is intended to be separate from and independent of the compelling governmental interest in protecting the lives of unborn children from the stage of viability, and neither governmental interest is intended to replace the other.

(14) The District Council of the District of Columbia, operating under authority delegated by Congress, repealed the entire District law limiting abortions, effective April 29, 2004, so that in the District of Columbia, abortion is now legal, for any reason, until the moment of birth.

(15) Article I, section 8 of the Constitution of the United States of America provides that the Congress shall ''exercise exclusive Legislation in all Cases whatsoever'' over the District established as the seat of government of the United States, now known as the District of Columbia. The constitutional responsibility for the protection of pain-capable unborn children within the Federal District resides with the Congress.

SEC. 3. DISTRICT OF COLUMBIA PAIN-CAPABLE UNBORN CHILD PROTECTION.

(a) IN GENERAL.—Chapter 74 of title 18, United States Code, is amended by inserting after section 1531 the following:

''§ 1532. District of Columbia pain-capable unborn child protection

''(a) UNLAWFUL CONDUCT.—Notwithstanding any other provision of law, including any legislation of the District of Columbia under authority delegated by Congress, it shall be unlawful for any person to perform an abortion within the District of Columbia, or attempt to do so, unless in conformity with the requirements set forth in subsection (b).

''(b) REQUIREMENTS FOR ABORTIONS.—

''(1) The physician performing or attempting the abortion shall first make a determination of the probable post-fertilization age of the unborn child or reasonably rely upon such a determination made by another physician. In making such a determination, the physician shall make such inquiries of the pregnant woman and perform or cause to be performed such medical examinations and tests as a reasonably prudent physician, knowledgeable about the case and the medical conditions involved, would consider necessary to make an accurate determination of post-fertilization age.

''(2)(A) Except as provided in subparagraph (B), the abortion shall not be performed or attempted, if the probable post-fertilization age, as

determined under paragraph (1), of the unborn child is 20 weeks or greater.

''(B) Subject to subparagraph (C), subparagraph (A) does not apply if, in reasonable medical judgment, the abortion is necessary to save the life of a pregnant woman whose life is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself, but not including psychological or emotional conditions.

''(C) Notwithstanding the definitions of 'abortion' and 'attempt an abortion' in this section, a physician terminating or attempting to terminate a pregnancy under the exception provided by subparagraph (B) may do so only in the manner which, in reasonable medical judgment, provides the best opportunity for the unborn child to survive, unless, in reasonable medical judgment, termination of the pregnancy in that manner would pose a greater risk of—

''(i) the death of the pregnant woman; or

''(ii) the substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions, of the pregnant woman;

than would other available methods.

''(c) CRIMINAL PENALTY.—Whoever violates subsection (a) shall be fined under this title or imprisoned for not more than 2 years, or both.

''(d) BAR TO PROSECUTION.—A woman upon whom an abortion in violation of subsection (a) is performed or attempted may not be prosecuted under, or for a conspiracy to violate, subsection (a), or for an offense under section 2, 3, or 4 based on such a violation.

''(e) CIVIL REMEDIES.—

''(1) CIVIL ACTION BY WOMAN ON WHOM THE ABORTION IS PERFORMED.—A woman upon whom an abortion has been performed or attempted in violation of subsection (a), may in a civil action against any person who engaged in the violation obtain appropriate relief.

''(2) CIVIL ACTION BY RELATIVES.—The father of an unborn child who is the subject of an abortion performed or attempted in violation of subsection (a), or a maternal grandparent of the unborn child if the pregnant woman is an unemancipated minor, may in a civil action against any person who engaged in the violation, obtain appropriate relief, unless the pregnancy resulted from the plaintiff's criminal conduct or the plaintiff consented to the abortion.

''(3) APPROPRIATE RELIEF.—Appropriate relief in a civil action under this subsection includes—

''(A) objectively verifiable money damages for all injuries, psychological and physical, occasioned by the violation of this section;

''(B) statutory damages equal to three times the cost of the abortion; and

''(C) punitive damages.

''(4) INJUNCTIVE RELIEF.—

''(A) IN GENERAL.—A qualified plaintiff may in a civil action obtain injunctive relief to prevent an abortion provider from performing or attempting further abortions in violation of this section.

''(B) DEFINITION.—In this paragraph the term 'qualified plaintiff' means—

''(i) a woman upon whom an abortion is performed or attempted in violation of this section;

''(ii) any person who is the spouse, parent, sibling or guardian of, or a current or former licensed health care provider of, that woman; or

''(iii) the United States Attorney for the District of Columbia.

''(5) ATTORNEYS FEES FOR PLAINTIFF.—The court shall award a reasonable attorney's fee as part of the costs to a prevailing plaintiff in a civil action under this subsection.

''(6) ATTORNEYS FEES FOR DEFENDANT.—If a defendant in a civil action under this section prevails and the court finds that the plaintiff's suit was frivolous and brought in bad faith, the court shall also render judgment for a reasonable attorney's fee in favor of the defendant against the plaintiff.

''(7) AWARDS AGAINST WOMAN.—Except under paragraph (6), in a civil action under this subsection, no damages, attorney's fee or other monetary relief may be assessed against the woman upon whom the abortion was performed or attempted.

''(f) PROTECTION OF PRIVACY IN COURT PROCEEDINGS.—

''(1) IN GENERAL.—Except to the extent the Constitution or other similarly compelling reason requires, in every civil or criminal action under this section, the court shall make such orders as are necessary to protect the anonymity of any woman upon whom an abortion has been performed or attempted if she does not give her written consent to such disclosure. Such orders may be made upon motion, but shall be made sua sponte if not otherwise sought by a party.

''(2) ORDERS TO PARTIES, WITNESSES, AND COUNSEL.—The court shall issue appropriate orders under paragraph (1) to the parties, witnesses, and counsel and shall direct the sealing of the record and exclusion of individuals from courtrooms or hearing rooms to the extent necessary to safeguard her identity from public disclosure. Each such order shall be accompanied by specific written findings explaining why the anonymity of the woman must be preserved from public disclosure, why the order is essential to that end, how the order is narrowly tailored to serve that interest, and why no reasonable less restrictive alternative exists.

''(3) PSEUDONYM REQUIRED.—In the absence of written consent of the woman upon whom an abortion has been performed or attempted, any party, other than a public official, who brings an action under paragraphs (1), (2), or (4) of subsection (e) shall do so under a pseudonym.

''(4) LIMITATION.—This subsection shall not be construed to conceal the identity of the plaintiff or of witnesses from the defendant or from attorneys for the defendant.

''(g) REPORTING.—

''(1) DUTY TO REPORT.—Any physician who performs or attempts an abortion within the District of Columbia shall report that abortion to the relevant District of Columbia health agency (hereinafter in this section referred to as the 'health agency') on a schedule and in accordance with forms and regulations prescribed by the health agency.

''(2) CONTENTS OF REPORT.—The report shall include the following:

''(A) POST-FERTILIZATION AGE.—For the determination of probable postfertilization age of the unborn child, whether ultrasound was employed in making the determination, and the week of probable post-fertilization age that was determined.

''(B) METHOD OF ABORTION.—Which of the following methods or combination of methods was employed:

''(i) Dilation, dismemberment, and evacuation of fetal parts also known as 'dilation and evacuation'.

''(ii) Intra-amniotic instillation of saline, urea, or other substance (specify substance) to kill the unborn child, followed by induction of labor.

''(iii) Intracardiac or other intra-fetal injection of digoxin, potassium chloride, or other substance (specify substance) intended to kill the unborn child, followed by induction of labor.

''(iv) Partial-birth abortion, as defined in section 1531.

''(v) Manual vacuum aspiration without other methods.

''(vi) Electrical vacuum aspiration without other methods.

''(vii) Abortion induced by use of mifepristone in combination with misoprostol.

''(viii) If none of the methods described in the other clauses of this subparagraph was employed, whatever method was employed.

''(C) AGE OF WOMAN.—The age or approximate age of the pregnant woman.

''(D) COMPLIANCE WITH REQUIREMENTS FOR EXCEPTION.—The facts relied upon and the basis for any determinations required to establish compliance with the requirements for the exception provided by subsection (b)(2).

''(3) EXCLUSIONS FROM REPORTS.—

''(A) A report required under this subsection shall not contain the name or the address of the woman whose pregnancy was terminated, nor shall the report contain any other information identifying the woman.

''(B) Such report shall contain a unique Medical Record Number, to enable matching the report to the woman's medical records.

''(C) Such reports shall be maintained in strict confidence by the health agency, shall not be available for public inspection, and shall not be made available except—

''(i) to the United States Attorney for the District of Columbia or that Attorney's delegate for a criminal investigation or a civil investigation of conduct that may violate this section; or

''(ii) pursuant to court order in an action under subsection (e).

''(4) PUBLIC REPORT.—Not later than June 30 of each year beginning after the date of enactment of this paragraph, the health agency shall issue a public report providing statistics for the previous calendar year compiled from all of the reports made to the health agency under this subsection for that year for each of the items listed in paragraph (2). The report shall also provide the statistics for all previous calendar years during which this section was in effect, adjusted to reflect any additional information from late or corrected reports. The health agency shall take care to ensure that none of the information included in the public reports could reasonably lead to the identification of any pregnant woman upon whom an abortion was performed or attempted.

''(5) FAILURE TO SUBMIT REPORT.—

''(A) LATE FEE.—Any physician who fails to submit a report not later than 30 days after the date that report is due shall be subject to a late fee of $1,000 for each additional 30-day period or portion of a 30-day period the report is overdue.

''(B) COURT ORDER TO COMPLY.—A court of competent jurisdiction may, in a civil action commenced by the health agency, direct any physician whose report under this subsection is still not filed as required, or is incomplete, more than 180 days after the date the report was due, to comply with the requirements of this section under penalty of civil contempt.

''(C) DISCIPLINARY ACTION.—Intentional or reckless failure by any physician to comply with any requirement of this subsection, other than late filing of a report, constitutes sufficient cause for any disciplinary sanction which the Health Professional Licensing Administration of the District of Columbia determines is appropriate, including suspension or revocation of any license granted by the Administration.

''(6) FORMS AND REGULATIONS.—Not later than 90 days after the date of the enactment of this section, the health agency shall prescribe forms and regulations to assist in compliance with this subsection.

''(7) EFFECTIVE DATE OF REQUIREMENT.—Paragraph (1) of this subsection takes effect with respect to all abortions performed on and after the first day of the first calendar month beginning after the effective date of such forms and regulations.

''(h) DEFINITIONS.—In this section the following definitions apply:

''(1) ABORTION.—The term 'abortion' means the use or prescription of any instrument, medicine, drug, or any other substance or device—

''(A) to intentionally kill the unborn child of a woman known to be pregnant; or

''(B) to otherwise intentionally terminate the pregnancy of a woman known to be pregnant with an intention other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead unborn child who died as the result of natural causes in utero, accidental trauma, or a criminal assault on the pregnant woman or her

unborn child, and which causes the premature termination of the pregnancy.

''(2) ATTEMPT AN ABORTION.—The term 'attempt', with respect to an abortion, means conduct that, under the circumstances as the actor believes them to be, constitutes a substantial step in a course of conduct planned to culminate in performing an abortion in the District of Columbia.

''(3) FERTILIZATION.—The term 'fertilization' means the fusion of human spermatozoon with a human ovum.

''(4) HEALTH AGENCY.—The term 'health agency' means the Department of Health of the District of Columbia or any successor agency responsible for the regulation of medical practice.

''(5) PERFORM.—The term 'perform', with respect to an abortion, includes induce an abortion through a medical or chemical intervention including writing a prescription for a drug or device intended to result in an abortion.

''(6) PHYSICIAN.—The term 'physician' means a person licensed to practice medicine and surgery or osteopathic medicine and surgery, or otherwise licensed to legally perform an abortion.

''(7) POST-FERTILIZATION AGE.—The term 'post-fertilization age' means the age of the unborn child as calculated from the fusion of a human spermatozoon with a human ovum.

''(8) PROBABLE POST-FERTILIZATION AGE OF THE UNBORN CHILD.—The term 'probable postfertilization age of the unborn child' means what, in reasonable medical judgment, will with reasonable probability be the postfertilization age of the unborn child at the time the abortion is planned to be performed or induced.

''(9) REASONABLE MEDICAL JUDGMENT.—The term 'reasonable medical judgment' means a medical judgment that would be made by a reasonably prudent physician, knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

''(10) UNBORN CHILD.—The term 'unborn child' means an individual organism of the species homo sapiens, beginning at fertilization, until the point of being born alive as defined in section 8(b) of title 1.

''(11) UNEMANCIPATED MINOR.—The term 'unemancipated minor' means a minor who is subject to the control, authority, and supervision of a parent or guardian, as determined under the law of the State in which the minor resides.

''(12) WOMAN.—The term 'woman' means a female human being whether or not she has reached the age of majority.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 74 of title 18, United States Code, is amended by adding at the end the following new item:

''1532. District of Columbia pain-capable unborn child protection.''.

(c) CHAPTER HEADING AMENDMENTS.—

*(1) CHAPTER HEADING IN CHAPTER.—The chapter heading for chapter 74 of title 18, United States Code, is amended by striking ''**PARTIAL-BIRTH ABORTIONS**'' and inserting ''**ABORTIONS**''.*

(2) TABLE OF CHAPTERS FOR PART I.—The item relating to chapter 74 in the table of chapters at the beginning of part I of title 18, United States Code, is amended by striking ''Partial-Birth Abortions'' and inserting ''Abortions''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona (Mr. FRANKS) and the gentleman from Michigan (Mr. CONYERS) each will control 20 minutes.

The Chair recognizes the gentleman from Arizona.

GENERAL LEAVE

Mr. FRANKS of Arizona. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 3803, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arizona?

There was no objection.

Mr. FRANKS of Arizona. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the gruesome late-term abortions of unborn children who can feel pain is the greatest human rights atrocity in the United States today. H.R. 3803, the bipartisan District of Columbia Pain-Capable Unborn Child Protection Act, has more than 220 cosponsors in the House of Representatives. It protects unborn children who have reached 20 weeks' development, their being subjected to inhumane torturous late-term abortions on the basis that the unborn child feels pain by at least this stage of development, if not much earlier. Just 2 days ago, a Federal court upheld Arizona's version of this bill.

Mr. Speaker, throughout America's history, the hearts of the American people have always been moved with compassion when they discover a theretofore hidden class of victims once the humanity of the victim and the inhumanity of what was being done to them finally became clear in their minds. Mr. Speaker, America is on the cusp of another such realization.

Medical science regarding the development of unborn babies and their capacities at various stages of growth has advanced dramatically, and incontrovertibly it demonstrates that unborn children clearly do experience pain. The single greatest hurdle to legislation like H.R. 3803 has always been that deponents deny unborn babies feel pain at all, as if somehow the ability to feel pain magically develops instantaneously as a child passes through the birth canal. This level of deliberate ignorance might have found excuse in earlier eras of human history, but the evidence today is extensive and irrefutable. Unborn children have the capacity to experience pain by at least 20 weeks and very likely substantially earlier.

We have entered into the committee hearing record a 29-page summary of the dozens of studies worldwide confirming that unborn children feel pain by at least 20 weeks post-fertilization. This information is available at www.DoctorsonFetalPain.org. And I would sincerely recommend that all committee members, their staff, and the members of the press review this site to get the most current evidence on unborn pain rather than to have their understanding cemented in some earlier time when scientists still believed in spontaneous generation and that the Earth was flat.

□ 1750

Mr. Speaker, late-term abortions are gruesome and painful. Babies are dismembered, or they're chemically burned alive by a hypertonic salt solution. Some late-term abortionists stab the small pain-capable baby through the chest to inject drugs that will kill the child prior to being removed.

Most Americans think that late-term abortions are rare, but in fact there are approximately 120,000 late-term abortions annually, or more than 325 late-term abortions every day in America.

Here in the District of Columbia, the designated seat of freedom in America, abortion is completely legal for any reason up until the moment of birth. Under the Constitution, the Congress and the President are the ones clearly responsible for this unthinkable abortion-until-birth policy.

This landmark vote we are about to take would be the first time in history that the United States House of Representatives has ever voted on this question of whether to endorse legal abortion for any reason up until birth, and, ladies and gentlemen, we will be held accountable.

Mr. Speaker, under the Humane Slaughter Act, farm animals in America have protection from completely unnecessary cruelty, yet unborn children in America have no such protection from the same kind of agonizing pain. In fact, there is no legal standard to provide that late-term unborn babies—clearly known to be capable of feeling pain—are afforded even the most basic human decency of receiving anesthesia before they are torturously killed.

Mr. Speaker, if we cannot find the will or the courage to protect human babies from being tortured, then what claim on human compassion remains to us?

What we are doing to babies is real, Mr. Speaker. It is barbaric in the purest sense of the word. It is the greatest human rights violation occurring on U.S. soil, and it has already victimized potentially millions of pain-capable babies since the Supreme Court gave us all abortion on demand that tragic day in 1973.

Mr. Speaker, I would plead with my colleagues to vote for this bill to at least begin to end this heartbreak of painful late-term abortion in the land of the free and the home of the brave.

I reserve the balance of my time.

Mr. CONYERS. Mr. Speaker, I yield myself as much time as I may consume.

I will begin this discussion by asking the gentleman from Arizona, Mr. TRENT FRANKS, this question: Why is this measure limited only to women in the District of Columbia? And I yield to him for a response if he chooses to make one.

Then I will now go on with my statement.

The majority of this House, conservatives, can think of nothing better to do than to continue to wage a war against women and take up our time with these divisive issues. Here, we face the worst of economic crisis since the 1930s. So this is another attempt,

yet another attempt, to undermine women's basic reproductive rights with appeals to ideology rather than to sound science.

Every pregnancy is unique and different, and, unfortunately, some women face difficult and emotionally devastating decisions in the course of their pregnancy that would require them to consider abortion as a health option. So we gather here this afternoon to recognize that this legislation is not needed, is opposed by the Nation's leading civil rights organizations, including: the Physicians for Reproductive Choice and Health, the Center for Reproductive Rights, NARAL Pro-Choice America, the National Abortion Federation, the American Civil Liberties Union, and Catholics for Choice.

With that opening, Mr. Speaker, I reserve the balance of my time.

Mr. FRANKS of Arizona. I now yield 1 minute to the gentlelady from Ohio (Mrs. SCHMIDT), chair of the Agriculture Nutrition Subcommittee.

Mrs. SCHMIDT. Mr. Speaker, first in response to the good gentleman from the other side, article I, section 8, clause 17, called the District Clause, gives us authority for this bill.

But I really want to point out why this bill is so important. One of the things that upsets a great deal of Americans—in fact, over 60 percent of all Americans, 70 percent of women—is when a baby experiences pain. And when you ask Americans about abortions and a baby feeling pain with an abortion, well over 60 percent say they do not want that abortion.

The kind of abortions that are occurring are occurring up until the point of where a child can actually come out normally, after 9 months' gestation. And it's called a D&E, or a dilation and extraction. It is a painful procedure that requires dismemberment of the unborn child and the crushing of its head.

We know that as early as 20 weeks—maybe even as early as 8 weeks—an unborn child feels pain. We know it is at 20 weeks. Now, there is a question of 8 weeks. And yet at 9 months, this very normal child inside of a body is feeling pain. This is why we are going to ask Congress to stop this horrific act.

Mr. CONYERS. Mr. Speaker, I would remind the gentlelady that we have jurisdiction over the District of Columbia, but we do not have the prerogative to produce unconstitutional programs for them like H.R. 3803.

I now yield such time as he may consume to the gentleman from New York, JERROLD NADLER, the former chairman of the Constitution Committee of the Judiciary.

Mr. NADLER. I thank the gentleman.

Mr. Speaker, I rise in opposition to the D.C. Abortion Ban Act.

This legislation is a flagrantly unconstitutional attack on the right of women to make the most fundamental decisions about their lives and their health. It is based on radical ideology rather than on long-established Supreme Court precedent or on sound science, and it is yet another attack on the right to self-government of the Americans who live, work, and pay taxes in our Nation's Capital. It is, in short, yet another example of the Republican war on women and of their fundamental hostility to democracy when the voters have the audacity to disagree with Republican orthodox.

And why are we here today, playing abortion politics with a bill everyone knows will not pass the Senate, when millions of Americans are out of a job and the Republican majority can't find a moment to consider a single one of the President's jobs bills?

The constitutional rule is clear: The government may not tell a woman whether or not she may have an abortion before fetal viability. This bill prohibits abortions much earlier. This bill does not even have an exception to protect women's health, another constitutional violation.

We don't have to guess how this kind of extreme legislation plays out. We know from States which have enacted similar laws. Take the case of Danielle Deaver, a Nebraska woman who was 22 weeks pregnant when her water broke. Doctors informed her that her fetus would likely be born with undeveloped lungs and not be able to survive outside the womb because all the amniotic fluid had drained, the tiny growing fetus slowly would be crushed by the uterus walls.

During her pregnancy, Nebraska enacted a law similar to this bill. As a result, Ms. Deaver could not obtain an abortion. Thus, despite serious complications and enduring infections, Danielle had to continue her pregnancy. On December 8, 2010, Danielle delivered a 1 pound, 10 ounce child who survived only 15 minutes outside the womb.

The question of fetal pain is a difficult one, but Members need to understand that the argument being made by the proponents of this bill, that a 20-week fetus can feel pain, is a fringe one denied by the bulk of the scientific community. Scientists will continue to debate and study, but we should not write marginal views into the criminal code.

We also need to remember that this bill targets only the District of Columbia, which some on the other side of the aisle like to treat like a colony. It is outrageous that we would be considering a bill that Members are clearly not willing to apply to their own constituents.

Mr. Speaker, it is time that the Republican leadership stop diverting the attention of this House from the business of putting people back to work by bringing up one divisive, unconstitutional bill after another.

I urge my colleagues to reject this cynical, dangerous, misogynist, and unconstitutional legislation.

□ 1800

Mr. FRANKS of Arizona. Mr. Speaker, I now yield 2 minutes to the gentleman from Maryland (Mr. HARRIS), a member of the Science Committee and an obstetric anesthesiologist.

Mr. HARRIS. Mr. Speaker, I thank the gentleman for yielding the time to me.

I will tell you the argument that this is unconstitutional just isn't true. I urge the Members on the other side of the aisle who oppose the measure to read Judge Teilborg's opinion, just having been released, where he goes very carefully and says this doesn't prohibit abortions after 20 weeks, it limits them, clearly within the purview of Roe v. Wade and the subsequent case law, where the Gonzalez case says, for instance:

> Government uses its voice and regulatory authority to show its profound respect for the life within the woman.

Now, the Flat Earth Society on the other side would have you believe that no medical advances have been made in pain and the perception of pain since Roe v. Wade has been issued. But, in fact, they have. About 15 years ago, a huge discussion about whether preterm infants at 23 to 25, 26 weeks, being cared for by the thousands in our neonatal intensive care units, perceive pain to the point where pain medicine would be required to be administered to those patients. Pain medicine, that if it weren't required would be dangerous, but the decision—this has been decided. These infants are being treated for pain.

The opposition would hold up a report in the Journal of the American Medical Association from 2005, written by pro-abortion proponents, which suggested that until 30 weeks, there was no perception of pain. Mr. Speaker, that's been settled in hospitals around the country where 23- to 25-week fetuses are being treated. This bill sets that 20-week limit for two reasons. One is, as the judge says in his findings, everyone concedes that pain receptors are present at 20 weeks throughout the fetus. Mr. Speaker, God didn't put those there if they weren't there for a reason, and it is to perceive pain. Secondly, the risk to the mother increases exponentially as you get out of the first week of gestation, the risk of abortion to the mother. That's clear. That's demonstrated. That's epidemiology. That's not ideology; that's science. That's science clearly understood.

Mr. Speaker, this bill is founded on very basic scientific principles that the fetus has pain receptors throughout their body at 20 weeks and that the risk to the mother increases after 20 weeks.

Mr. CONYERS. Mr. Speaker, may I remind the previous speaker that women's doctors know a lot more about this subject matter than Members of Congress.

And now with great pleasure I yield 1 minute to the Honorable TED DEUTCH from Florida, a member of the House Judiciary Committee.

Mr. DEUTCH. Mr. Speaker, even for a Republican House with a record of attacking women's rights, bringing up this bill under suspension that disregards the United States Constitution, is beyond brazen. It is time that my colleagues come clean with the American people and admit these arbitrary limitations on a woman's constitutional right to choose are part of a broader effort. Tonight, it's the District of Columbia. Tonight, 20 weeks is the threshold for turning a constitutional right into a crime. What is tomorrow—10 weeks, 10 days? Where does it end?

Mr. Speaker, when they talk about competing rights, they are intent on granting, even to a newly fertilized egg, the constitutional rights of American women. They want to put the rights of a zygote ahead of the rights of a woman exercising autonomy over her own body.

My colleagues say this bill is limited in scope; but their intentions, Mr. Speaker, are not limited in scope. Right now in this Congress and across the country, the rights of women are under attack.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. CONYERS. I yield the gentleman an additional 30 seconds.

Mr. DEUTCH. Mr. Speaker, right now in this Congress and across the country, the rights of American women are under attack. It is sad that we must fight to defend these rights. But fight, Mr. Speaker, we will.

Mr. FRANKS of Arizona. Mr. Speaker, may I inquire as to the remaining time.

The SPEAKER pro tempore. The gentleman from Arizona has 12½ minutes. The gentleman from Michigan has 12½ minutes.

Mr. FRANKS of Arizona. Mr. Speaker, I yield 1½ minutes to the gentlelady from Florida (Mrs. ADAMS), a member of the Judiciary Committee.

Mrs. ADAMS. Mr. Speaker, I rise today in strong support of H.R. 3803, authored by my friend, Representative TRENT FRANKS, which prohibits abortions in the District of Columbia on pain-capable unborn children. Recently, a poll conducted revealed that 63 percent of respondents favored banning abortion after the point where the unborn child can feel pain.

Because abortions may be performed in the Nation's Capital for any reason during all 9 months of pregnancy, the need for this bill is very clear. Mr. Speaker, when we debated this bill in the Judiciary Committee a few weeks ago, I was shocked that some of my colleagues on the other side of the aisle referred to this child as a fetus. I'm sure my female colleagues who have been blessed to experience the joy of motherhood will agree with me when I say during the time I was carrying my daughter, I always thought of her as my baby, never a fetus, and I am very concerned that the discussion is being centered around everything but the most important thing, and that is what the baby feels and is capable of feeling at this time.

We all have the opportunity to do the right thing. So let's stop playing word games and pass this legislation.

Mr. CONYERS. Mr. Speaker, I'm pleased now to yield 2 minutes to the gentlewoman from New York (Mrs. MALONEY), a senior Member of the Congress.

Mrs. MALONEY. Mr. Speaker, I thank the gentleman for his leadership on this issue and so many others.

I rise in opposition to the D.C. abortion act and thank my colleague from New York, JERRY NADLER, and ELEANOR HOLMES NORTON for their very strong leadership in opposition to this bill.

The callous indifference that is shown to the lives, the health, the well-being, and constitutional rights of women in this bill simply beggar description. For instance, the bill has no provision whatsoever for women who have been the victims of rape or incest, and there is no exception for a woman's health.

This bill would use the awesome power of the State to compel the victim of a violent assault to bear the child of her attacker, and it would compel a minor child who has been the victim of incest to bear her sibling.

How can you even begin to justify the intrusion of Federal power into such deeply painful and personal matters. This bill is an assault on decency and common sense. And it adds to the battery of weapons being used by our Republican colleagues in their war against women.

A vote for this bill is a vote to show contempt for women's health, women's rights, a doctor's role in health care decisions, and the Constitution all in one fell swoop. Vote ''no'' and stay out of the doctor's office and the private lives of American women. The health and safety of women in D.C. is too important, and this is a recurring bad dream. This happens to be the ninth anti-choice vote brought to the floor during this Congress. It is another example of the Republicans' war against women. I urge a strong ''no'' vote.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are advised and reminded not to traffic the well when another Member is under recognition.

Mr. FRANKS of Arizona. Mr. Speaker, I yield 1 minute to the gentlelady from North Carolina (Ms. FOXX), a member of the Rules Committee.

Ms. FOXX. Mr. Speaker, I rise today in support of H.R. 3803, the D.C. Pain-Capable Unborn Child Protection Act.

I fear for the conscience of our Nation because the termination of unborn children, for any reason, is tolerated in some parts of our country throughout pregnancy—even though scientific conclusions show infants feel pain by at least 20 weeks gestation.

That literally means a baby at the halfway point of a pregnancy will experience pain during the violence of a dismemberment abortion, the most common second-trimester abortion, wherein a steel tool severs limbs from the infant and its skull is crushed.

□ 1810

Mr. Speaker, such procedures are horrific, and in terms of pain, like torture to their infant subjects. As a country, we should leave this practice behind. That is why I'm a cosponsor of this legislation to prohibit elective abortions in D.C. past 20 weeks.

I urge my colleagues to stand with me for the most vulnerable among us and vote in favor of H.R. 3803.

Mr. CONYERS. Mr. Speaker, I am pleased now to yield 2 minutes to the former chair of the Congressional Black Caucus, BARBARA LEE of Oakland, California.

Ms. LEE of California. Mr. Speaker, let me thank the gentleman for yielding and for your tremendous leadership on this and so many issues so important to the health of women and to the health of our country.

I'd like to also take a moment to commend Congresswoman NORTON, the duly elected representative for the residents of the District of Columbia, for her relentless advocacy on behalf of her constituents and her leadership in fighting back the onslaught of attacks against the women of the District of Columbia.

Tea Party Republicans continue to make D.C. their launching ground for attacks against women's health as part of the ongoing war on women.

H.R. 3803, the so-called—and this is very sinister—District of Columbia Pain-Capable Unborn Child Protection Act, is nothing more than a direct challenge to Roe v. Wade and a vehicle for yet another ideological attack against women's reproductive rights. It's a direct threat to the health of every woman living in the District of Columbia. It contains no exceptions for health, for rape or incest, and it demonstrates a very callous disregard for the real-life experiences of women and their families.

It is tragic—tragic—that the Tea Party Republicans refuse to bring up any bill that would create jobs but would rather wage war against the women of the District of Columbia. It is offensive, it is wrong, and it is unconstitutional. Government and politicians should stay out of the health care decisions of women, and they should stay out of the private lives of women.

Women's decisions, as it relates to their health care, should be made by themselves. These decisions should be made with their medical professionals and their clergy or whomever they choose. Women should be able to make their decisions, not Members of Congress, not politicians, and not government officials.

This is a direct threat. It is callous. Again, it is unconstitutional, and it's wrong.

Mr. FRANKS of Arizona. Mr. Speaker, I now yield 1½ minutes to the gentleman from Iowa (Mr. KING), vice

chairman of the Immigration Subcommittee of the House Judiciary Committee.

Mr. KING of Iowa. Mr. Speaker, I thank the gentleman from Arizona for yielding.

I would point out here we seem to talk in abstract terms about what is really going on. This is a demonstration of dilation, dismemberment, and evacuation that's taking place in the District of Columbia and across this country. Mr. Speaker, here is what takes place.

There's a dilation of the cervix. We had testimony of Dr. Levatino who showed his tools. He reaches in and pulls a leg off of this little baby and pulls it out and puts it on a plate. He reaches in and pulls another leg off and does the same thing. He reminded us that this isn't an easy process. It's difficult to do so. You've got to pull hard, then reach in and grab another piece of the torso and pull that out until you count up all the pieces on the plate and you get down to this little baby's head. For the head, there's a special tool to squeeze that little baby's head, crush that head and then pull it out.

Who of us could watch such a procedure? Who of us could conduct such a procedure? Who of us? Dr. Levatino did, hundreds of times in his testimony. But his little girl died, and he took 2 weeks off and came back to work again thinking he was going to commit other abortions. He got halfway through, and he said, I looked at that pile of goo on the plate, and I realized that's somebody's daughter. This is somebody's daughter. This is somebody's son. This is a little baby. This is a little miracle of life. This is God's image being torn apart and dismembered and placed on a plate. And I'm hearing it's a constitutional right to do such an abhorrent thing. It's ghastly, and it's ghoulish, and it's the worst thing that I think one could put their hand to. If you can't watch it, you sure can't do it.

Mr. CONYERS. Mr. Speaker, I am proud now to recognize the delegate from Washington, D.C., an excellent Member of this body, ELEANOR HOLMES NORTON, for as much time as she may consume.

Ms. NORTON. I thank the chairman and the chairman of the subcommittee for the hearings that they held that exposed this bill for what it does to reproductive choice in our country unconstitutionally on two scores, because it targets also the District of Columbia and therefore separates us out, we who live in the District of Columbia, in violation of the 14th Amendment for treatment differently from women who live just across the river in one part of our country, or in any part of our country.

Mr. Speaker, this is the first time in our history that a standalone bill has come to the floor to deny the residents of the Nation's Capital the same constitutional rights as other Americans. We won't stand for it. Yet the folks behind this bill care nothing about the District of Columbia. They have picked on the District to get a phony Federal imprimatur on a bill that targets Roe v. Wade. In the process, they have picked a fight they do not want and cannot win with pro-choice America.

Bills based on pain or principle would not target only one city that has no vote on a bill that involves only the residents of that city. Women have blown the cover from a bill with a D.C. label because they know an attack on their reproductive health when they see it.

Republicans have taken the gloves off. No one can any longer doubt that the war on women is on, even when it is by proxy as with this bill, infiltrating the Susan G. Komen for the Cure to stop Planned Parenthood from funding breast cancer screening, defunding Planned Parenthood, and taking away contraceptives in insurance policies. All of these battles have failed.

Their final battle on the rights to the reproductive health of American women, abusing their congressional authority and using the women and physicians of the District of Columbia, that final battle must fail as well.

Mr. FRANKS of Arizona. Mr. Speaker, I now yield 2 minutes to the gentlelady from Alabama (Mrs. ROBY), a member of the Education Committee.

Mrs. ROBY. I thank the gentleman.

Mr. Speaker, I rise today in support of H.R. 3803, the District of Columbia Pain-Capable Unborn Child Protection Act, of which I'm a proud cosponsor.

In sitting here listening to debate, I want to get a few things straight. First of all, I am a woman, and I have not declared war on myself. Second of all, this is not a direct challenge to Roe v. Wade. This is a direct challenge to cruelty to unborn children. Currently, the policy in D.C. legally allows abortion for any reason until the moment of birth.

Mr. Speaker, Erin and Blake Hamby, a couple from my home State of Alabama, were pregnant with their second daughter when Erin had complications at 22 weeks. And at only 25 weeks and 2 days, their little baby, Faith, was born on January 8, weighing only 1 pound, 14 ounces, but every bit the same baby as my own children, Margaret and George, who were born full term.

Faith spent 2½ months in the NICU, and both she and her parents struggled daily, but that tiny baby—that tiny baby—is now 6½ months old and thriving.

In the District of Columbia, Faith could have been aborted not only at the point at which she was born, but also any day up to the day of her birth. H.R. 3803 prohibits abortions in D.C. after 20 weeks' gestation, a time frame based on scientific evidence that the unborn child can experience pain by at least at this stage of development.

□ 1820

In June of 2011, Alabama became the fifth State to pass a similar measure by banning physicians from performing abortions after 20 weeks.

I applaud my home State of Alabama in its admirable fight to protect human life, such as Faith's when she arrived earlier than expected into this world. I am proud to vote in support of H.R. 3803 tonight, and I encourage my colleagues to join me.

Mr. CONYERS. Mr. Speaker, how much time remains?

The SPEAKER pro tempore. The gentleman from Michigan has 5½ minutes remaining, and the gentleman from Arizona has 7 minutes remaining.

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

May I inform my colleagues that the Planned Parenthood organization will score today's vote, as will NARAL Pro-Choice America score today's vote.

Now, Members, let no one be fooled, no matter what title you want to give the measure that's before us, it is a direct assault against the Supreme Court ruling in Roe v. Wade and represents another line of attack against women's reproductive rights. That's why there are so many women's organizations that are opposed to it and have been.

The measure imposes an outright ban on abortions before viability, even where a woman's health may be at risk. Do we really want to support that kind of legislation? In cases where a woman's life is endangered, it still requires a doctor to focus on the health of the fetus.

Furthermore, this measure will jeopardize a women's health, her ability to have children in the future, and in the case of rape and incest would force her to bear her abuser's child. Amazingly, the bill even fails to include an exception for young girls who are survivors of rape and incest.

When the American people expect us to focus on putting people back to work, as former Chairman NADLER remarked, this committee again plays politics with women's health. Don't support this measure.

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

Mr. FRANKS of Arizona. Mr. Speaker, I now yield 1 minute to the gentleman from Ohio (Mr. CHABOT), a senior member of the Judiciary Committee.

Mr. CHABOT. I thank the gentleman for yielding and for his leadership in this area.

Mr. Speaker, last week I became a grandfather for the first time. Seeing that defenseless little child for the first time reminded me just how precious life is and why we're morally obligated to protect it. H.R. 3803 would do just that, putting an end to a cruel practice taking place here in our Nation's capital.

The infamous 1973 Supreme Court decision in Roe v. Wade relied upon medical knowledge that is now obsolete. Recent medical research and testing shows that an unborn child may have the capacity to experience pain starting as early as 20 weeks in the womb.

In fact, in the 2004 case of Carhart v. Ashcroft, Dr. Sunny Anand was asked whether a fetus would feel pain in a common abortion procedure, dilation and extraction, also known as ''dismemberment abortion.'' He testified: ''If the fetus is beyond 20 weeks of gestation, I would assume that there will be pain caused to the fetus, and I believe that it will be severe and excruciating pain.'' We must stop that, and that's what this legislation would do.

Mr. CONYERS. Mr. Speaker, I yield 1 minute to the distinguished gentleman from New York (Mr. NADLER).

Mr. NADLER. Mr. Speaker, this legislation is obnoxious for three reasons:

Number one, it picks on the District of Columbia because we can, because they are defenseless. We wouldn't do this to any State.

Number two, it is a direct contradiction of Roe v. Wade, which says you cannot ban an abortion before viability. And one ignorant judge in Arizona, one far-right judge in Arizona who says that a ban is not a ban, it's only a limitation as long as there's an exemption for the risk of life to the mother, doesn't change the meaning of the English language nor the meaning of the Supreme Court.

And three, it's obnoxious because it says to a woman whose health, whose future fertility, whose health is threatened, we judge that your health is less important than that pregnancy. It's not your decision; it's our decision because we're a bunch of arrogant politicians and you're only a woman who's pregnant, and to heck with you. That's why it's obnoxious.

Mr. FRANKS of Arizona. Mr. Speaker, I now yield 1 minute to the gentleman from Kansas (Mr. HUELSKAMP), a member of the Budget Committee.

Mr. HUELSKAMP. I thank the gentleman for yielding.

Mr. Speaker, I rise in support of this legislation.

As we know, to much of the world, America stands for liberty, for freedom. The Capitol and the White House are recognizable symbols of how Americans have fought and died for the truth: That governments exist to protect our inalienable rights to life and liberty. But just blocks from here, steps away from the White House, abortionists infringe on the rights of society's most vulnerable—the unborn.

While of course we would like to see an end to all abortions, to an end of the taking of all unborn life, today's legislation focuses on protecting the unborn at a time when it is a scientific fact that they are able to feel pain—excruciating pain.

It is cruel, inhumane, and contradictory to this Nation's leadership as the defender and protector of individual liberties to inflict pain knowingly on anyone, let alone a defenseless, unborn child. I ask my colleagues to recognize this fact by supporting this legislation.

Mr. CONYERS. Mr. Speaker, how much time is left?

The SPEAKER pro tempore. The gentleman from Michigan has 2½ minutes remaining, and the gentleman from Arizona has 5 minutes remaining.

Mr. CONYERS. I yield myself 1 minute.

Ladies and gentlemen of the House, when the American people expect us to focus on putting people back to work, we find ourselves again playing politics with women's health, pandering to the most radical interest groups, and wasting time on divisive social issues, which to some may be good politics, but I would caution my colleagues to remember why we've been sent here.

This war against women cannot continue. The middle class is fighting for its life, workers struggling, and yet we're again putting on this show for the extreme conservatives with an unconstitutional bill that has no chance of becoming law. In fact, for those who are keeping count, this is the second time the majority has brought up a bill restricting access to abortion under a special procedure requiring a two-thirds vote.

Mr. FRANKS of Arizona. Mr. Speaker, I now yield 3 minutes to the gentleman from New Jersey (Mr. SMITH), chairman of the Africa, Global Health, and Human Rights Subcommittee on the Foreign Affairs Committee.

Mr. SMITH of New Jersey. I thank my friend for yielding.

Mr. Speaker, pain—we all dread it, avoid it, even fear it, and go to extraordinary lengths to mitigate its severity and duration. By now, many Americans know that abortion methods are violent and include dismemberment of a child's fragile body, chemical poisoning, and hypodermic needles to the baby's heart. There is nothing humane, benign, or compassionate about abortion. It is violence against children, and it hurts women.

But the relatively new scientific understanding that unborn children are forced to endure excruciating pain in the performance of later-term abortions—and perhaps even earlier—should shock us. Children not only die from abortion; they suffer. This is a wake-up call to all Americans: unborn children feel pain. This highly disturbing fact should further inspire us all to seek to protect these weak and vulnerable children.

Tragically, for the defenseless child in the womb, the D.C. Council voted in 2004 to eviscerate every legal protection afforded unborn children, making abortion on demand legal in D.C. right up until the moment of birth.

The D.C. Pain-Capable Unborn Child Protection Act, authored by my distinguished colleague, TRENT FRANKS, seeks to safeguard at least some of these kids—from 20 weeks onward—from both pain and death.

Of note, today's vote comes on the heels of yesterday's Federal district court decision upholding a similar law in Arizona.

□ 1830

In that decision, the judge said, ''by 20 weeks, sensory receptors develop all over the child's body'' and ''when provided by painful stimuli, such as a needle, the child reacts, as measured by increases in the child's stress hormones, heart rate, and blood pressure.''

Mr. Speaker, the poster to my left depicts a D&E abortion, the most commonly procured method of abortion in later term, a dismemberment abortion. It involves using a long steel tool to grasp and tear off, by brute force, the arms and the legs of the developing child, after which the skull is crushed.

Testifying at the full committee hearing in May, Dr. Anthony Levatino, a former abortionist who has performed many of these D&E abortions said: ''Once you have grasped something inside, squeeze on the clamp, set the jaws and pull hard.''

Then he talks about how arms and legs and intestines are all pulled out. Then he said, ''Many times a little face may come out and stare back at you. Congratulations! You have just successfully performed a second-trimester abortion.''

This legislation seeks to protect these kids from this horrible cruelty.

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

Mr. FRANKS of Arizona. Mr. Speaker, I yield 30 seconds to the gentlewoman from Ohio (Mrs. SCHMIDT).

Mrs. SCHMIDT. You know, I have heard a lot of debate back and forth, but my friends, this is not about ending abortion. Oh, how I wish it was.

This is about ending late-term abortions in the District of Columbia because of the cruel way that those babies are terminated. The dismemberment, the pain that is caused by those little innocent babies, is contrary to what the Founders of our Constitution wanted for our Nation. That's what this act is about.

We have the right and the authority, because of the Constitution, to do this, to end this very barbaric procedure, and that's why we need to pass this legislation.

Mr. CONYERS. Mr. Speaker, I yield our remaining time to the distinguished delegate from Washington, D.C., ELEANOR HOLMES NORTON.

The SPEAKER pro tempore. The gentlewoman from the District of Columbia is recognized for 1½ minutes.

Ms. NORTON. Mr. Speaker, almost all abortions in the District of Columbia are performed between six and 10 weeks.

Mr. Speaker, I was denied my request, my request was denied even to testify on this bill, even though this bill affects only residents of my city. I was told that, and I did not insist, that the Democrats had a witness. They had to hear from that witness.

Christy Zink had an abortion at 22 weeks, only after her physician told her that she was carrying a fetus with half a brain and that if it were born alive, it would have constant seizures throughout its life. This bill would not have allowed Christy Zink to have an abortion, and she would have had to carry that fetus to term.

She has now had a healthy baby. She still grieves for the baby she could not have, but she would never have deserved the punishment that this bill would have inflicted on her.

I ask Members of this House to respect the laws and the women and the residents of the District of Columbia. Let us do what you insist all over the United States be done in your districts.

We differ. Respect our differences, even as I respect yours.

[From the Washington Post, July 27, 2012]

THE KIND OF WOMAN WHO NEEDS A LATE-TERM ABORTION

(By Christy Zink)

Introduce me to the woman who has an abortion after 20 weeks because she is cruel and heartless. Introduce me to the lazy gal who gets knocked up and ignores her condition until, more than halfway through her pregnancy, she ends it because it has become too darn inconvenient for her selfish lifestyle.

If such a woman exists, I have never met her. Sadly, however, she appears to have influenced the thinking of even savvy, politically informed people in this country. Otherwise, how could they argue that carrying to term is always the right decision late in pregnancy? In fact, the myth of such callous women has been compelling enough to push along a bill that would ban abortion in the District after 20 weeks of pregnancy; the bill was approved this month by the House Judiciary Committee, moving it forward for consideration by the full House, perhaps as soon as Tuesday.

Believing this fabrication of the radical right depends on one's ability to conjure at once a perfectly unfeeling woman and a perfectly healthy child, a stand-in for the much more tragic and complex reality. Meet, instead, a real live, breathing woman who terminated a much-wanted pregnancy at almost 22 weeks, when her baby was found to have severe fetal anomalies of the brain.

My son's condition could not have been detected earlier in the pregnancy. Far from lazy, I was conscientious about prenatal care. I received excellent medical attention from my obstetrician, one of the District's best. Only at our 20-week sonogram were there warning signs, and only with a high-powered MRI did we discover the devastating truth of our son's condition. He was missing the corpus callosum, the central connecting structure of the brain, and essentially one side of his brain.

If he survived the pregnancy and birth, the doctors told us, he would have been born into a life of continuous seizures and near-constant pain. He might never have left the hospital. To help control the seizures, he would have needed surgery to remove more of what little brain matter he had. That was the reality for me and for my family.

Meet, too, the many real women I know who belong to one of the saddest groups in the world: those carrying babies for whom there was no real hope and who made the heartbreaking decision to end their pregnancies for medical reasons. Meet the women among this group who had gotten, they thought, safely to the middle of pregnancy, who had been planning nurseries and filling baby registries, only to find they would need to plan a memorial service and to build, somehow, a life in aftermath.

We are not reckless, ruthless creatures. Our hearts hurt each day for our losses. We mourn. We speak the names and nicknames of each other's babies to one another; we hold each other up on the anniversaries of our losses, and we celebrate new babies and new accomplishments, all bittersweet because they arrive in the wake of grief. We extend our arms to the women who must join our community, and we lament that our numbers rise every day.

Medical research from the Guttmacher Institute shows that post-21-week terminations make up less than 2 percent of all abortions in this country. Women like me can seem an exception. You also rarely hear stories like mine, because they involve intensely private sorrow and because there is no small amount of shame still associated with terminating a pregnancy, no matter how medically necessary.

The consequences of the House bill, if it becomes law, will be inhumane. If the restrictions in this bill had been the law of the land when my husband and I received our diagnosis, I would have had to carry to term and give birth to a baby who the doctors concurred had no chance of a real life and who would have faced severe, continual pain. The decision my husband and I made to terminate the pregnancy was made out of love—to spare my son pain and suffering.

The ugly politics in this Congress and the sheer number of Republicans mean that this bill will likely pass in the House. I understand any citizen's hesitancy when the issue of the right to middle-term to late-term abortion arises. But I also know from my own experience that this bill would have calamitous ramifications for real women and real families, and that the women it would most affect could never imagine they would need their right to abortion protected in this way.

Women and their families must be able to trust their doctors and retain their access to medical care when they most need it. To make sure that happens, members of the Senate and ordinary people across this country must see through the stereotype of the late-term aborter and see, instead, the true face of a woman who has been in this situation. I extend my hand; it is an honor to make your acquaintance.

Mr. FRANKS of Arizona. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, there was a time in this country and even across the world when protecting little babies from torture was a noble thing.

Mr. Speaker, I've heard my colleagues today call this effort to protect little babies from tortuous pain extremist ideology. And I would just suggest to you, sir, if they are right, then, I, for one, will envy no one that they might call mainstream, because, Mr. Speaker, this bill simply says that we intend, in the seat of freedom in America, where Congress has the ultimate and clear responsibility constitutionally to legislate, that we're going to protect unborn children that have reached the age where they can feel pain.

Mr. Speaker, today, in Washington, D.C., a child can be aborted in labor, and that is not who America is.

Mr. Speaker, I would suggest that if we, in this body, cannot find the courage and the will to protect these little babies from this kind of torture, then I'm not sure that we will ever find the will or the courage to protect any kind of liberty for anyone in this place.

Mr. Speaker, I would suggest to you that there is the will and the courage to do that in this body. I would predict that this body will pass overwhelmingly, by a majority vote, even though we won't maybe meet the suspension rules, but we will pass by an overwhelming number of votes this bill today. I believe it'll be 240, 250 votes, and it will at least demonstrate to the world that there's still a conscience in this place, that we still stand for the commitment to protect little babies that have no other people to protect them.

This is our job here, to protect the rights of the innocent, and by the grace of God we're going to do that.

I yield back the balance of my time.

Mr. CANTOR. Mr. Speaker, I rise today in strong support of the DC Pain-Capable Unborn Child Protection Act. It is simply unfathomable that, other than by the methods banned by federal law, the District of Columbia allows abortion for any reason, by any method up until the moment right before birth. While people may differ on the issue of abortion, Americans overwhelmingly support the notion that abortions should be restricted at the point at which an unborn child can feel pain. And with good reason, the ability to experience pain is one of the traits that makes us human. And the commitment to protect the defenseless from physical acts of violence is one of the hallmarks of humanity.

Science demonstrates that by at least 20 weeks after fertilization, an unborn child can feel pain. In response to this scientific evidence, to date nine states have enacted laws to restrict late-term abortions. Just this week, a judge upheld an Arizona law that does the same thing we're attempting here today, citing the brutal methods used to abort a baby late in a pregnancy and the scientific fact that unborn children have developed pain sensors all over their bodies by at least 20 weeks. It is time to add the District of Columbia to the list of jurisdictions that put an end to the practice of late-term abortions.

Mr. AKIN. Mr. Speaker, I rise today in full support for H.R. 3803, the District of Columbia Pain-Capable Unborn Child Protection Act. This legislation affects the District of Columbia, which, operating under authority delegated by Congress, repealed all limitations on abortion at any stage of pregnancy, effective April 29, 2004.

H.R. 3803 would outlaw abortion in the District of Columbia on an unborn child 20 weeks or more after fertilization, except "if, in reasonable medical judgment, the abortion is necessary to save the life of a pregnant woman whose life is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself," but not including psychological disorders or threats of self-injury.

An unborn child can react to touch merely 8 weeks after fertilization, and after 20 weeks, the child can feel pain. At this 20-week mark, a child will recoil from painful stimuli and show significant increases in stress hormones, and fetal anesthesia is routinely administered to children who undergo surgery while still in the womb. There is significant medical evidence supporting the child's ability to experience pain at 20 weeks, if not earlier, and the unlimited abortion currently allowed in the District of Columbia is simply inhumane.

I am proud to be an original co-sponsor of H.R. 3803, which is a morally necessary and

common-sense piece of legislation, and I support it fully. Additionally, I firmly believe that our nation must protect human life at all stages, and unborn children are no exception. During my time in Congress, I have stood against abortion and supported numerous pieces of pro-life legislation. I am also a member of the Congressional Pro-Life Caucus, and I will continue to fight to protect the lives of the unborn in any way I can.

Mr. HOLT. Mr. Speaker, I rise today in strong opposition to H.R. 3803, which would make abortions performed at 20 weeks gestation or later unlawful in the District of Columbia.

Our first priorities in the House of Representatives must be helping to foster job creation and supporting middle class families.

Instead, the Republicans once again have chosen to take up divisive social issues and continue their war on women with a radical assault on women's health care. This time, we are discussing a bill that would be a dangerous intrusion into the lives of women as well as the governance of the District of Columbia.

Once again, the Majority is asking Congress to play doctor. This bill is an attempt to ban safe, legal, and often medically-necessary abortion services for women in the District of Columbia without the consent of the city's residents or representatives. It seems to me to be even unconstitutional.

Even when the Republicans could have received input from District of Columbia representatives, they refused. Delegate ELEANOR HOLMES NORTON was denied the opportunity to testify during a congressional hearing on this bill that would affect the health and safety of the women in the District of Columbia.

Besides being misguided and offensive, H.R. 3803 is dangerous. This bill has only a narrow exception for the life of the woman. This bill has no exception at all for cases of rape or incest.

It is clear that this legislation is part of a broader strategy to ban abortion everywhere not just in the District of Columbia.

I oppose this anti-choice, anti-woman, and anti-District of Columbia bill and urge my colleagues to vote no on this dangerous piece of legislation.

Ms. HIRONO. Mr. Speaker, I strongly oppose H.R. 3803, yet another assault on women's personal decision making.

In Hawaii, people tell me we should be talking about jobs and working together to get the economy moving. Instead, the House Republican Majority continues its assault on women. Debating divisive social issues isn't going to help our economy or create one single job.

A woman's right to choose is a fundamental freedom—there is no place for politicians in individuals' private medical decisions.

H.R. 3803 restricts access to abortions in the District of Columbia after 20 weeks, regardless of who pays for the procedure. The bill wouldn't even allow for abortion in the case of rape or incest, makes no exception for a woman's health, and would require a woman to carry a nonviable fetus to term.

A woman shouldn't need to ask a politician for permission to make private medical decisions. H.R. 3803 would let politicians tell women what to do.

I urge my colleagues to oppose this bill and get to work on the real issues people in Hawaii are most concerned about right now, creating jobs and moving our economy forward.

Mr. MACK. Mr. Speaker, today the House of Representatives is taking action to protect the most vulnerable children in our nation's capital. H.R. 3803, the "District of Columbia Pain-Capable Unborn Child Protection Act," would limit the District's extreme policy of allowing abortion for any reason, at any time, up until the moment of birth. Based on substantial research showing that a child has the capacity to feel pain starting at 20 weeks of development, we cannot in good conscience allow the District's policy of permitting late-term abortions to stand. Although Congress has repeatedly prohibited the use of taxpayer money for abortions in the capital, the District currently has one of the most far-reaching abortion policies in the nation, permitting abortion on demand throughout all nine months of pregnancy.

H.R. 3803 would ban abortions of pain-capable unborn children except to save the life of the mother. Under the Constitution, Congress and the President have ultimate responsibility for the governance of the capital, as Article I, Section 8, states that "Congress shall . . . exercise exclusive legislation in all cases whatsoever, over such District." As a member of Congress who believes in the sanctity of human life, I am a strong supporter and cosponsor of this important legislation. I deeply regret that I must miss the vote on final passage, and would have proudly voted yes.

Mr. MARCHANT. Mr. Speaker, I rise today in support of H.R. 3803, the District of Columbia Pain-Capable Unborn Child Protection Act, authored by my colleague, Congressman TRENT FRANKS. I am an original cosponsor of this bill that would prohibit abortions in Washington, DC, after 20 weeks of pregnancy, except when the mother's life is at risk. I am proud that a majority of the U.S. House of Representatives has joined me and cosponsored this bill.

Ample scientific evidence shows that at 20 weeks, fetuses can feel pain. Think about that for a moment. They feel it.

This is especially upsetting because most late-term abortions involve procedures that are particularly heinous. Yet the Washington, DC, government allows abortions at any time for any reason, up until the moment of birth. This is unconscionable. The vast majority of Americans do not support a policy of "abortion on demand" after the point at which fetuses can feel pain. I urge my colleagues to join me in supporting H.R. 3803, the District of Columbia Pain-Capable Unborn Child Protection Act.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Arizona (Mr. FRANKS) that the House suspend the rules and pass the bill, H.R. 3803, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. FRANKS of Arizona. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

Votes will be taken in the following order:

S. 679, by the yeas and nays;

H.R. 828, by the yeas and nays;

H.R. 3803, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

PRESIDENTIAL APPOINTMENT EFFICIENCY AND STREAMLINING ACT OF 2011

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (S. 679) to reduce the number of executive positions subject to Senate confirmation, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Utah (Mr. CHAFFETZ) that the House suspend the rules and pass the bill.

The vote was taken by electronic device, and there were—yeas 261, nays 116, not voting 54, as follows:

[Roll No. 537]

YEAS—261

Ackerman	Cuellar	Holt
Altmire	Cummings	Honda
Amodei	Davis (CA)	Hoyer
Andrews	Davis (IL)	Hultgren
Baca	Davis (KY)	Hunter
Bachus	DeFazio	Hurt
Barber	DeLauro	Israel
Barrow	Dent	Issa
Bass (CA)	Deutch	Johnson, E. B.
Bass (NH)	Diaz-Balart	Johnson, Sam
Becerra	Dingell	Keating
Berman	Dold	Kildee
Biggert	Donnelly (IN)	Kind
Bilbray	Doyle	King (NY)
Bishop (NY)	Dreier	Kingston
Blumenauer	Edwards	Kinzinger (IL)
Bonamici	Ellison	Kissell
Bonner	Ellmers	Langevin
Bono Mack	Engel	Larsen (WA)
Boren	Eshoo	Larson (CT)
Boswell	Farr	Latham
Brady (PA)	Fattah	LaTourette
Brady (TX)	Fincher	Lee (CA)
Braley (IA)	Flake	Levin
Brown (FL)	Frank (MA)	Lewis (CA)
Butterfield	Franks (AZ)	Lipinski
Calvert	Frelinghuysen	LoBiondo
Camp	Fudge	Loebsack
Cantor	Gallegly	Lofgren, Zoe
Capito	Garamendi	Long
Capps	Gonzalez	Lowey
Capuano	Goodlatte	Luján
Carney	Granger	Lungren, Daniel E.
Carson (IN)	Graves (MO)	Lynch
Carter	Green, Al	Maloney
Castor (FL)	Green, Gene	Markey
Chaffetz	Griffith (VA)	Matheson
Chandler	Grijalva	Matsui
Chu	Grimm	McCarthy (CA)
Cicilline	Guinta	McCarthy (NY)
Clarke (MI)	Guthrie	McCollum
Clarke (NY)	Gutierrez	McDermott
Clay	Hahn	McGovern
Cleaver	Hanabusa	McHenry
Clyburn	Harper	McIntyre
Cohen	Hastings (FL)	McKeon
Connolly (VA)	Hastings (WA)	McMorris Rodgers
Conyers	Heck	McNerney
Cooper	Hensarling	Meehan
Costa	Herger	Meeks
Costello	Himes	Michaud
Courtney	Hinchey	Miller (MI)
Cravaack	Hinojosa	Miller (NC)
Critz	Hochul	
Crowley	Holden	