

Passage of this necessary ethical reform would restore the public's confidence and perception that the judiciary is independent, impartial, and apolitical; and it would protect public confidence in the rule of law, the inviolability of the judiciary and the incomparable and unique role it plays in the delicate system of checks and balances that sustains our democracy.

#### HONORING THE LIFE OF REPRESENTATIVE WALTER JONES, JR.

(Ms. ADAMS asked and was given permission to address the House for 1 minute.)

Ms. ADAMS. Mr. Speaker, I rise today in honor of my colleague, Representative Walter Jones, Jr.

For 24 years, Congressman Jones represented the people of North Carolina's Third Congressional District with pride and integrity. In his quarter century in service to our great country, Congressman JONES was a steadfast voice and advocate for North Carolina.

He was unafraid to put people before politics and was a dedicated public servant. He was a principled leader. He stood firmly for what he believed and wasn't afraid to admit when he made a mistake.

Second Corinthians 5:8 reminds us that ". . . to be absent from the body is to be present with the Lord." I pray that Congressman Jones has now found the peace that he sought.

To his wife, Joe Anne, and daughter, Ashley, please know that Walter Jones left an indelible mark upon our State and Nation, and he will be missed.

#### PROTECT BABIES BORN ALIVE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the gentlewoman from Indiana (Mrs. WALORSKI) is recognized for 60 minutes as the designee of the minority leader.

#### GENERAL LEAVE

Mrs. WALORSKI. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the topic of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Indiana?

There was no objection.

Mrs. WALORSKI. Mr. Speaker, I rise today alongside my colleagues to speak out against the radical and dangerous policies being pursued by Democratic leadership and State legislators across the country.

In New York, a new law legalizes what amounts to infanticide—allowing abortions up to and even after birth for almost any reason—and ends the safeguards that protect babies born alive after an abortion attempt.

□ 1715

In Virginia, a similar bill is under consideration that could lead to babies

being denied lifesaving medical care. As Governor Ralph Northam put it: "The infant would be kept comfortable . . . and then a discussion would ensue."

I think this is sickening. That is why my colleagues and I have called for the House vote on H.R. 962, the Born-Alive Abortion Survivors Protection Act, a commonsense bill to require that medical care—just medical care—be provided to children who survive a failed abortion.

Sadly, Democratic leadership in the House is standing in the way and refusing even to allow an up-or-down vote on this issue. This is not a partisan issue. It is simply what is right.

We have got to stand together against this radical and inhumane agenda. We must act to protect the rights of all infants.

I am grateful to be joined in this call by so many of my colleagues.

Mr. Speaker, I yield to the gentlewoman from the Third District of Washington (Ms. HERRERA BEUTLER).

Ms. HERRERA BEUTLER. Mr. Speaker, it is a privilege to get to be here on this floor, and I get to share my story.

In mid-2013 my husband, Dan, and I went in for our 20-week ultrasound as excited first-time parents. We were not prepared for what we were told. We were told our unborn baby had a zero percent chance at survival. There were no kidneys. It was a condition called bilateral renal agenesis, or Potter's syndrome. As a result, our baby would either miscarry or be born unable to breathe because her lungs wouldn't develop. She would literally suffocate upon arrival if we brought her to term.

I, of course, was encouraged from physicians to abort my baby. While there are many reasons that lead women to make that decision, Dr. Jennifer Gunter, who is a women's health advocate, asserts that "terminations after 24 weeks are for severe fetal anomalies."

Now, our baby's diagnosis wasn't just severe; it was without any glimmer of hope. Being told that that wriggling, alive, kicking child in your stomach will certainly die doesn't just take the breath out of your lungs, it is like hell screaming in your face, and it leads to fear.

Miraculously, our doctors were wrong. We pushed forward with that pregnancy and were successful. We had seen something that had never happened before: my baby developed lungs in utero without kidneys. It was an impossible outcome to the medical world at that time.

In good faith, our doctors had given us their honest, professional opinions. But guess what. Doctors aren't infallible.

While we wouldn't have known this if we hadn't tried to overcome this diagnosis—and through divine intervention and some amazing doctors who were willing to charter new waters, literally—we now get to experience our

daughter, Abigail, who is holding the Bible for the swearing-in standing next to me and Speaker PELOSI, a healthy, happy 5-year-old who is a big sister. She says that some day she is going to be the boss of Mommy's work.

Look out, Speaker PELOSI.

So since our story became public, I have talked to moms all over the world who, like me, carried their babies into the second and third trimesters hoping to deliver and then are given devastating diagnoses. But what if the doctor is wrong about their babies, too?

Abigail was the first to survive her condition, but because of her breakthrough, she is not the only survivor now.

Radical legislation in New York and Virginia has recently brought late-term or partial-birth abortion into the spotlight. But what if we used this discussion to go on the offensive against the potential disease instead of attacking the pregnancy itself?

Some parents have been presented with scary prenatal tests that can produce false alarms. These same earnest, loving, would-be parents have made permanent decisions based on what could be incorrect information.

What if the baby won't have that significant health condition or disability after all? Or even if she does, what about the loving families eager to raise a child in anticipation of her living a full and fulfilling life?

We got to hear Frank Stephens, an exceptionally joy-filled disability champion with Down syndrome, describe, at a congressional hearing, how he is a medical gift to society in that his extra chromosome might lead to the answer to Alzheimer's. Science bears this out.

Our society celebrates the term, "diversity." Shouldn't that mean full diversity, which includes all physical and mental abilities, or disabilities as some call it?

We step onto very shaky ground when we start deciding who lives or dies based on one's abilities or, possibly, lack thereof in utero because, despite our best intentions or the best intentions of the messenger—doctor or otherwise—there is a limit to what science can predict.

That is not naive speaking. That is coming from the mom of a child who was given a zero percent chance of survival based on, at the time, sound science.

Now this kiddo has a full, adult life ahead of her, and those of us who know her are privileged, immeasurably.

Do you know what? Every single child, regardless of their ability, has that same potential if we only give them that chance.

I believe that care, understanding, and compassion are needed at every stage of a woman's maternal journey. But to me, that means empowering mothers to dwell in the realm of the possible, not the impossible, even if it has never been tried before.