

month, in Green Bay, WI, for example, he said:

The baby is born, the mother meets with the doctor, they take care of the baby, they wrap the baby beautifully, and then the doctor and the mother determine whether or not they will execute the baby.

This kind of rhetoric is simply outrageous. It is not harmless electioneering. It is dangerous. It is incitement. It is also provoking a dramatic uptick in threats to abortion providers and supporters of abortion rights across the country.

This sustained rightwing attack is taking a heavy emotional toll on women who seek to have abortions later in their pregnancies and the doctors who provide this essential care.

Kate Carson, a woman from Boston who sought an abortion after Laurel, her daughter, was diagnosed with catastrophic brain malformations in 2012, wrote a powerful op-ed about her painful decision.

Madam President, I ask unanimous consent to have printed in the RECORD Kate Carson's op-ed, dated February 19, 2019.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From USA Today, Feb. 19, 2019]

I HAD A LATER ABORTION BECAUSE I COULDN'T GIVE MY BABY GIRL BOTH LIFE AND PEACE

(By Kate Carson, Opinion Contributor)

No one loves my baby more than I do. Her death was a gift of mercy. Now, women like me will always be a scapegoat for policies limiting women's rights.

People are talking about me again, loudly, unkindly. Even the president of the United States has had his say about families like mine. I have told this story so many times, but I will tell it again as many times as it takes.

I help run a support group for families who have ended pregnancy after poor prenatal or maternal diagnoses. If you're wondering, "Who are these women who get abortions in the third trimester?" We are. I am. Parents who love our babies with our entire hearts. Desperate acts like an abortion in the 36th week of pregnancy are brought about only by the most desperate circumstances and are only available to those who can come up with a lot of money quickly.

I know. I've been there.

My daughter, Laurel, was diagnosed in May 2012 with catastrophic brain malformations (including Dandy-Walker malformation) that were overlooked until my 35th week of pregnancy. I did not know much about brain disorders at that point. I imagined developmental delay, special education classes, financial pressure, an overhaul of expectations for Laurel's life and my motherhood. Here were the doctors' real expectations for Laurel: a brief life of seizures, full-body muscle cramps, and aspirating her own bodily fluids.

When I heard the list of all the things my beloved daughter would not do—talk, walk, hold her head up, swallow—I grasped for what she would be able to do.

"Do children like mine just sleep all the time?" I asked.

The neurologist winced. Children like yours, he told me—slowly—are not often comfortable enough to sleep.

Our choice was sad—but clear.

Let me answer some questions you might be thinking: Yes, we were sure that these

problems were severe. No, there is no cure, nor any on the horizon. Yes, we were counseled in-depth on our options, including adoption. Because we wanted to spare our daughter as much suffering as possible, our choice was very sad, but crystal clear: abortion.

I imagined an abortion at eight months would be grisly. But no matter how violent my imagination, it surely could not compare with the suffering Laurel would have endured in her own broken body.

In Massachusetts, my home state, a later abortion can be obtained only if the life or health of the mother is at risk. So I set off on a 2,000-mile journey from Massachusetts to Colorado to access this abortion. I landed, not in the nightmare I had imagined, but in the safest, kindest, most dignified hands I have ever encountered as a patient anywhere. Dr. Warren Hem at his Boulder Abortion Clinic is one of the few doctors in the country performing this procedure. After a single injection and a couple of hours, my baby was laid to rest in my womb, the purest mercy that I knew how to give my Laurel.

As the usual hubbub of hate and misunderstanding around abortion swelled to a roar this month, the president unfairly addressed families like mine in his State of the Union address. He hasn't really listened to women like me or doctors like Dr. Hem. He seems to care nothing for the true stories of heartbreak, loss and extreme medical complexity behind abortion later in pregnancy. Instead, his agenda must inflate fear and horror until every last American thinks of unspeakable violence.

Mercy means something different to each family.

This is not about abortion. It is about power. This administration needs the public to be angry at women like me and misinformed about what compels women to seek later abortions, which make up less than 1.5 percent of abortions, according to the Centers for Disease Control and Prevention. But I believe that Americans can hear our story and meet the painful, complicated truth about abortions later in pregnancy with love and understanding.

And most Americans have compassion for a woman's choice when it comes to her reproductive health care. In fact, nearly 70 percent of Americans do not want to see the Supreme Court completely overturn Roe v. Wade, according to the Pew Research Center.

Nobody loves Laurel more than I do. Her death was a gift of mercy. Mercy means different things to different loving families, and that has to be OK. To all the families who faced similar circumstances and made a different choice, I honor you. I trust your wisdom. I celebrate your child's brief and beautiful life.

We must treat each other with love, tenderness and respect. It is horrible, as a parent, to choose between life and peace for our children, especially when we want to give our children both beautiful and precious gifts.

It is devastating to lose a child. But, unlike most bereaved parents, women like me will live out the rest of our lives as scapegoats, fuel for an agenda that seeks to strip women and families of our reproductive freedoms.

When I think of my baby Laurel, I feel love and peace. Unfortunately, I cannot be with that peace because there are fresh wounds in the way, the throbbing pain of being hated and misunderstood.

Ms. HIRONO. Madam President, here is some of what Kate wrote:

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"Who are these women who get abortions in the third trimester?" We are. I am. Parents who love our babies with our entire hearts. Desperate acts like an abortion in the 36th week of pregnancy are brought about only by the most desperate circumstances and are only available to those who can come up with a lot of money quickly.

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I did not know much about brain disorders at that point. I imagined developmental delay, special education classes, financial pressure, an overhaul of expectations for Laurel's life and my motherhood. Here were the doctors' real expectations for Laurel: a brief life of seizures, full-body muscle cramps, and aspirating her own bodily fluids.

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Madam President, it is outrageous and offensive that Donald Trump and his allies in Congress would seek to turn women like Kate into scapegoats for their political agendas.

I have been an advocate of abortion rights for decades, and I fear that one day soon, women in this country will wake up and realize they no longer have control over their own bodies. What could be more intrusive than the government's telling women what they can do with their own bodies?

In the face of these ongoing attacks on women's health and women's rights, we will continue to raise our voices. We will continue to fight back.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Pennsylvania.

Mr. CASEY. Madam President, I rise to speak about the pending nominations. I will have comments on both.

First, I ask unanimous consent that both sets of remarks appear in separate parts of the RECORD that are relevant to those nominations.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The PRESIDING OFFICER. The Senator from New Hampshire.

WOMEN'S HEALTHCARE

Mrs. SHAHEEN. Madam President, I come to the floor this afternoon to join my colleagues in raising concerns about the unrelenting attacks that this administration has waged on the health of women in New Hampshire and across the country.

With Mother's Day just around the corner, it is important to make clear that we cannot stand idly by while the administration undermines access to maternity care, to family planning, and to reproductive care for women.

Through misguided executive orders, regulations, and other actions, this administration is making it more difficult for women to access the care and services they need in communities across the country and abroad.

Now, new mothers deal with significant medical expenses. That is why we

worked very hard, when we were writing the Affordable Care Act, to require insurance coverage for maternity care, to help new mothers cover the cost of obstetric services and of hospital charges for childbirth and other expenses.

The Affordable Care Act and the access to maternity care coverage it provides have made a real difference for so many people in New Hampshire and across the country.

One of those women is Samantha Fox from Bow, NH. Samantha is now a State legislator in New Hampshire, but prior to the Affordable Care Act, Samantha was denied coverage for health insurance because of a reproductive system disorder, and the insurance that she was able to get didn't provide prenatal and maternity care coverage.

Well, thanks to the ACA, she was guaranteed coverage of these vital maternity care services that were so important when she gave birth to her son Leo in 2017.

We can't go back to those days before the Affordable Care Act, when only 12 percent of health plans on the individual market covered maternity care or when women could be charged higher premiums than men for the very same coverage.

But that is exactly what the Trump administration is trying to do by expanding the availability of junk plans that are not required to cover maternity care, and that is what this administration is trying to do by urging the courts to strike down the Affordable Care Act in its entirety.

Now, in addition, at a time when 43 percent of childbirths in this country are covered and paid for by the Medicaid Program, the Trump administration continues to propose Medicaid block grants and funding caps that would fail to adequately support States for the cost of coverage for pregnant women and new mothers.

Senator CASEY was very eloquent in talking about what will happen if the effort to reduce Medicaid is successful.

Sadly, the barriers to women's healthcare that this administration has created go beyond just insurance coverage. They are also imposing significant impediments to access to family planning services.

The administration's title X gag rule would violate the provider-patient relationship by prohibiting providers who receive Federal family planning grants from informing their patients about reproductive health options, including safe and legal abortions.

In 2017, more than 16,000 Granite Staters obtained care from family planning providers that receive support through Federal title X family planning grants. This includes more than 1,200 cervical cancer screenings and nearly 1,500 breast exams that were provided by New Hampshire's Planned Parenthood facilities that, if this gag rule is allowed to stand, would then be eliminated, and women would have to get those screenings somewhere else,

and in many cases, the women would not be able to afford the cost of those screenings. The title X gag rule puts access to these and so many other vital services at risk.

The administration's barriers to family planning services extend around the world as a result of a similar global gag rule on international family planning grants.

Based on the unfortunate experience with the global gag rule, we already know that when you exclude entities like Planned Parenthood and other providers from family planning grants, you will impede access to care for vulnerable women in impoverished countries around the world, and we are now beginning to get the data from so many NGOs that provide those services.

It is ironic because people in this administration who say they support the gag rule say they do it because they are trying to reduce the number of abortions. Yet what we know is that putting on this global gag rule increases the number of unwarranted pregnancies, increases the number of unsafe abortions, and increases the number of maternal deaths in childbirth. I don't understand why the data is not convincing to those people who share the view that we should try to reduce the number of unwarranted pregnancies and reduce the number of abortions. That is why, each year, I have come together with Senators COLLINS and MURKOWSKI to lead a bipartisan charge to repeal the global gag rule and to bolster resources for international family planning. Hopefully, we will be able to pass that again this year.

In light of all of these dangerous efforts to erode protections for women's health, we need to stand together here in Congress. We need to join forces with women around the country and around the world. We need to say enough is enough. Women should be able to access health insurance for reproductive services and for family planning services, just as men can access health insurance for all of the services they need.

Thank you.

I yield the floor.

The PRESIDING OFFICER (Mr. PERDUE). The Senator from Connecticut.

IRAQ

Mr. MURPHY. Mr. President, over the Easter recess, Senator ROMNEY and I had the privilege to visit our troops and our diplomats in Iraq. They are serving us well, and they are putting their lives on the line as we partner with the Iraqis to make sure that ISIS does not reconstitute itself in Iraq or in Syria. We have taken their territory away from them, but there are still over 20,000 or so ISIS fighters and loyalists in and around the region.

Once again, our trip proved to both of us that our soldiers and our diplomats are the best in the world. We are so lucky to have them be so willing to stand on guard for us all over the

world. It may be the most important assignment today in Iraq as we continue to battle the scattered remnants of ISIS.

I don't want a President who takes the unquestioning advice of his military leaders. I want a President who is willing to push back. But nobody knows how to defeat ISIS better than the U.S. military. They effectively have done it twice. They beat al-Qaida in Iraq, and then they came back again with many partners to take territory away from ISIS. Nobody takes more seriously the threat of ISIS's reemergence or the threat of an expansionist Iran than the U.S. military. But I am here today to talk about our President's refusal, over and over again, to listen to the advice that he is being given by his generals and by his advisers at the Department of Defense. Instead, he is listening to the Iraq hawks inside the White House who think about this problem through the air-conditioned safety of their West Wing offices with little regard to how things actually work in the real world on the ground of the Middle East.

I want to talk about our two main objectives today in Iraq and in Iran, and I want to frame this in the context of today's disastrous news that the Iranians are restarting elements of their nuclear weapons program.

First, let's talk about a bipartisan commitment that we share, and that is the commitment to stop Iran from obtaining a nuclear weapon. In and of itself, it would be a world disaster. It would present an immediate existential threat to our partners in Israel, and it would result in an arms race throughout the region that would be exacerbated by the fact that in the last 2 years, the Trump administration has made the decision to engage in a new nuclear partnership with the Saudis, which puts the Saudis on a quicker path to obtaining a nuclear weapon in case that arms race sets off.

What the Trump administration has done is to goad Iran into restarting their nuclear weapons program. They announced last night that they are pulling out of their side of the Iran nuclear agreement and that they are going to start to, once again, take steps that could lead them to a quick breakout to a nuclear weapon.

Those who opposed the agreement that President Obama signed did so, in part, because they said that it could allow Iran to restart its nuclear weapons program in 10 to 13 years and that 10 to 13 years wasn't enough security to sign on to that agreement. Well, President Trump has now managed to press the Iranians into restarting their nuclear weapons program in 4 years. We didn't get 10 years; we didn't get 13 years; we got 4 years, and Iran is back on a potential path to a nuclear weapon.

The President will say that he is imposing crippling new sanctions on Iran, such that they will come back to the negotiating table. But let's be honest.