that absolutely astounding that this body would shut off that kind of debate and ram it through here only to be even more astounded this week that the other body is going to ram it through even faster it they possibly can.

I think the real reason this issue is so terribly painful is that you are talking about the life of the mother plus a future life of a potential fetus. But do we really as a Congress, men and women, think we have the right to come down and make that determination, and do we really have the right to criminalize any doctor, to excuse him of being a criminal for providing that procedure. If you read the bill, it is very clear that the doctor can only use the woman's life as a defense after he is arrested and on trial and then only if that doctor alleges there was no other procedures available, not a safer procedure, just no other procedure.

Of course, you can have a total removal of the organs; you could have all sorts of other procedures that might be much more dangerous for the women, but that is not a defense. So I must say, it is a sad day, Mr. Speaker.

Mr. Speaker, I include for the RECORD a letter that I have sent to Members of the other body about this issue and another letter dealing with the inaccuracies of the drawings this body was exposed to last week done by a doctor.

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, November 6, 1995.

DEAR SENATOR SPECTER: I understand that H.R. 1833, the Canady-Smith bill to ban late term abortion procedures, will be before the Senate tomorrow. The issue before you is about one of the greatest tragedies that can befall a family—a wanted pregnancy that goes terribly wrong, either because serious fetal anomalies are discovered late in the pregnancy, or because the woman develops a life-threatening medical condition that is inconsistent with continuing the pregnancy.

The bill you will debate on Tuesday would horribly burden these families. It would preclude many women from having access to the best option available to them in terms of reducing the risk to their lives, their health, and their future fertility. Please, on the behalf of these families, send this bill back to the appropriate Senate committee for thorough hearings.

The House bill is based upon an incomplete hearing record and a cursory House debate. The legislation criminalizing an abortion procedure is unprecedented and demands a hearing record and debate more thorough than the House conducted.

As a member of the House Judiciary Subcommittee on Constitutional Rights, I can attest that the hearing record was incomplete. First, we held only one two-hour hearing. Two panels were originally scheduled to testify. The hearing was cut short and the scheduled second panel to deal with legal issues did not occur. The only scheduled witness was to present the proponents' legal interpretation of the bill. Only the Ranking Democrat, Rep. Barney Frank (D-MA), was allowed to ask questions of the first panel. It was only after considerable protest that I or any other members opposed to the legislation were allowed to ask further questions.

Second, no one with first-hand experience with the procedure testified. Dr. Martin Haskell, whose words were taken out of context and used as arguments to pass the legislation, never got a chance to testify, although as the enclosed letter explains, was willing to.

Further, proponents of H.R. 1833 pointed as reasons for passing the bill, an ''eyewitness'' account by Nurse Brenda Shafer who worked for three days as a temporary nurse in Dr. Haskell's office, yet Ms. Shafer never testified and her account has been contradicted and discredited by both Dr. Haskell and his head nurse Christie Gallivan, who supervised Ms. Shafer.

Third, throughout the hearing, proponents of H.R. 1833 displayed an illustrator's interpretation of the procedure. Yet, the illustrations were never medically certified by a qualified physician with first hand knowledge of the procedure attesting to its medical accuracy. In fact, Dr. J. Courtland Robinson, an M.D., M.P.H. from Johns Hopkins University School of Hygiene and Public Health, has labeled these illustrations ''highly imaginative and misleading.'' (See attached letter.)

The rule in the House barred any amendments from being offered and provided only one hour of debate. Opponents of the bill were not able to offer amendments to allow doctors the discretion to use the proposed banned procedures if the life or health, including a woman's future fertility, were endangered. The short time allotted for debate did not allow opponents time to discuss the type of health problems that would cause a family to consider this procedure. Nor did it give us any time to discuss why this option for some women may be the safest option for their situation.

It would be a legislative travesty if this bill is hurriedly passed based upon the House's deficient hearing process. American families who may find themselves in these tragic situations deserve better.

Sincerely,

PATRICIA SCHROEDER,
Member of Congress.

JUNE 28, 1995.

Hon. CHARLES CANADY,
U.S. House of Representatives, Washington, DC.

DEAR CONGRESSMAN CANADY: I would like to submit, for the record, a clarification regarding statements I made in the House Judiciary subcommittee hearing on H.R. 1833, July 15, 1995. Evidently these statements are being misinterpreted by those who support your legislation to imply that I revised earlier comments submitted to Members of Congress. These interpretations are incorrect.

When discussing drawings presented to the hearing which purport to be depictions of an intact D&E or, as it is sometimes called, a D&X abortion, I stated that the drawings presented were ''technically correct.'' This is true—the drawings are ''technically correct'' in that they represent a rough characterization of what is present, and in what position, during such a procedure. A representation—in words of pictures—can be technically accurate, however, and still fall far from the mark in representing the truth of what it describes.

There are many substantive inaccuracies in the drawings presented. For example, the clear implication of the drawings is that the fetus is alive until the end of the procedure, which is untrue. The stylized illustrations further imply that the fetus is conscious and experiencing pain or sensation of some kind—which is also obviously untrue. Finally, the fetus depicted is shown as perfectly formed (indeed, proportionally larger in relationship to the woman than it ought to be), when in fact a great number of such procedures are performed on fetuses with severe genetic or neurological defects. All of these factors, as well as the rudimentary, even crude, nature of the sketches added up to a picture that is, as I previously stated, highly imaginative and misleading.

Just as the drawings presented misrepresent the nature and practical reality of the surgery, your edited public distribution of some of my words misrepresents the substance of my statements. I would respectfully request that you and your staff refrain from further mischaracterizations of my comments and my medical opinion on this matter. Please include this letter as part of the formal record of the above-mentioned hearing.

Sincerely,

J. COURTLAND ROBINSON, MD, MPH.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SHAYS). The Chair will remind the Member not to characterize the action of the other body, the Senate.

MORE ON H.R. 1833, PARTIAL-BIRTH ABORTION BAN ACT OF 1995

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from Tennessee [Mr. BRYANT] is recognized during morning business for 5 minutes.

Mr. BRYANT of Tennessee. Mr. Speaker, it is my pleasure to come down and speak this morning on behalf of the bill that passed this House last week by an overwhelming majority. In fact, what is known up here as a veto-proof majority, one that would survive a President's veto, should the President veto it.

This is H.R. 1833, the bill that has already had some comments from this House floor this morning. I was proud to support this bill because I think it is a fair bill, and I think it is one that does away with a very grisly medical procedure. By the number of votes that it had last week in its passage in this body by a margin of 288 to 139, we see that there were Members on both sides of the aisle who joined in in support of this bill.

I am proud to say that I do not particularly like labels, but if you want to use pro-choice and pro-life labels up here in Washington, which is apt to happen on occasion, there were many, I would be pro-life in that category. There were many on the other side who were pro-choice, I am proud to say, many of our colleagues on both sides of the aisle who are pro-choice who voted in support of this amendment. In fact, it is a procedure that is grisly, that is gruesome.

Probably, taking aside all the issues of morality or lack of morality of choice or of no choice, taking religion out of this issue, I think one of the most persuasive factors that caused Members to vote for this was the vote that the AMA's own Council on Legislation had on this particular bill. This is a group of 12 doctors, the Council on Legislation, as a part of the American Medical Association. The American