There is no truth to the fact that this procedure preserves fertility. There is no truth to the fact that this procedure is used on complicated, anomalous conceptions. This procedure is used to terminate mid and late second trimester pregnancies at the elective request of women who so desire it.

This has nothing to do with women's emotional health. This has to do with termination of oftentimes viable children by a gruesome and heinous procedure.

What we should hear from those who are going to vote against overriding it is that they agree that this procedure is an adequate and expected procedure that should be used, and that it is all right to terminate the life of a 26-week fetus that otherwise the physicians would be held liable in the courts in every State to not save its life, should it be born spontaneously.

So this debate is not about health of women. This debate is about whether or not true facts are going to be dismissed on the basis of the ignorance and sound science, rather than a political endpoint that sacrifices children in this country.

Mr. Speaker, this vote is about untruth tied to emotion. We should be willing in our country if we are going to heal our country, if we are going to repair our country, to stand and speak honestly about what this procedure is. I have the experience. There is no one else in this body that has handled all these complications. This procedure never needs to be done again in this United States.

Mr. CONYERS. Mr. Speaker, will the gentleman yield?

Mr. COBURN. If I have time, I would be happy to yield.

Mr. CONYERS. Have you performed this procedure?

The SPEAKER pro tempore (Mr. LAHOOD). The time of the gentleman from Oklahoma has expired.

Mr. Speaker, I yield 3 minutes and 30 seconds to the gentleman from Oklahoma [Mr. COBURN].

Mr. Speaker, I have a thought about how to best convey what my thoughts are on this subject. I stand here today, not as a member of one party or another, not as somebody who readily admits that they are pro-life. I am. But I stand here today as a doctor.

Mr. Speaker, I have spent the last 18 years of my life, including a great deal of the time of the last 2 years while I have been in this Congress, caring for women who deliver babies. I have personally been involved in over 3,000 births that I have attended. I have seen every complication and every anomaly that has been mentioned in this debate on partial-birth abortion.

I am not standing here as somebody who is pro-life, I am not standing here as somebody who is a freshman Republican. I stand here today to make known to Members that they can vote against an override for only two reasons on this bill. One is that they are totally misinformed of the true medical facts, or that they are pro-abortion at any stage, for any reason. The facts will bear that out.

That is not meant to offend anybody. If somebody feels that way, they should stand up and speak that truth. But this procedure, this procedure is designed to aid and abet the abortionist. There is no truth to the fact that this procedure protects the lives of women. There is no truth to the fact that this procedure preserves fertility. There is no truth to the fact that this procedure is used on compensated, anomalous conceptions. This procedure is used to terminate mid and late second trimester pregnancies at the elective request of women who so desire it.

This has nothing to do with women's emotional health. This has to do with termination of oftentimes viable children by a gruesome and heinous procedure.

What we should hear from those who are going to vote against overriding it is that they agree that this procedure is an adequate and expected procedure that should be used, and that it is all right to terminate the life of a 26-week fetus that otherwise the physicians would be held liable in the courts in every State to not save its life, should it be born spontaneously.

So this debate is not about health of women. This debate is about whether or not true facts are going to be dismissed on the basis of the ignorance and sound science, rather than a political endpoint that sacrifices children in this country.
Michigan [Mr. CONYERS], the distinguished ranking member of our committee.

Mr. CONYERS. Mr. Speaker, I say to Mr. BARCIA, my dear colleague from Michigan, nobody, no doctor would have done that to have that procedure that is being debated today. Nobody would have recommended it to you without allowing you and your wife to make the choice. So why not let everybody else have that same privilege—that same choice—that you had?

When has a Member of Congress, have now become doctors, Mr. CANADY? Who gave us the right, for the first time in American history, to determine what procedures doctors will employ? Where do you think that inures to you as a humble Member of Congress? What medical background do you bring to this debate that is greater than the knowledge of the members of the American College of Obstetricians and Gynecologists? By what right do you tell people they cannot have this procedure that can save the life of a mother. It is about voting to ban a medical procedure that would allow a mother to have children.

It is about voting against the medical procedure that Vikki Stella had to undergo. Her child was diagnosed with nine major anomalies, including a fluid-filled cranium with no brain tissue at all, compacted, flattened vertebrae, and skeletal dysplasia in the third trimester of her pregnancy. Her doctors told her that the baby would never live outside of her womb.

She wrote:

My options were extremely limited because I am diabetic and don’t heal as well as other people. Waiting for normal labor to occur, inducing labor early, or having a C-section would have put my life at risk. The only option that would ensure that my daughter would not grow up without their mother was a highly specialized, surgical abortion procedure developed for women with similar difficult conditions. Though we were distraught over losing our son, we knew the procedure was the right option . . . and, as promised, the surgery preserved my fertility. Our darling Nicholas was born in December of 1995.

This procedure that we seek to ban today is the procedure that saved Vikki’s life and preserved her family. Vikki’s situation was heart wrenching. But mothers and fathers need to be able to make medical decisions like that with their doctors, not with religious organizations and not with political organizations, and certainly, and most of all, not with the Congress.

The situation that these families are in is already difficult enough. Overriding this veto will only make it worse. I call on my colleagues, I plead with my colleagues, to vote no on the motion to override the veto.

Mr. CANADY of Florida. Mr. Speaker, I yield 2 minutes to the gentleman from Nevada [Mrs. VUCANOVICH].

Mrs. VUCANOVICH. Mr. Speaker, we have twice voted—by an overwhelming majority—to outlaw the partial birth abortion procedure. However, this procedure is still done on a daily basis in this country because the President ill-advisedly chose to veto this bill.

It makes me shudder to think that right now somewhere in this country there are little pre-born human beings in their mother’s womb who are going to be subjected to this brutal procedure.

I am one of many who find this procedure horrifying. The American Medical Association’s legislative council unanimously decided that this procedure was not a recognized medical technique and that this procedure is basically repulsive.

I have also received a multitude of postcards from my constituents in Nevada. They overwhelmingly object to this repugnant procedure, especially in light of the fact that 80 percent of these types of abortion are purely elective.

Regardless of whether you are pro-life or pro-choice, it is obvious given the horrible nature of this type of abortion that it must be banned.

It is inhumane to begin the birthing process and nearly complete the delivery of the baby, only to suck the life out of the child.

What does it say about us as a nation when we allow our unborn children to be legally killed in this manner? It is imperative that this stop now.

I strongly urge my colleagues to override the veto of H.R. 1833, which would ban partial birth abortions.

Mrs. SCHROEDER. Mr. Speaker, I yield 3 minutes to the gentleman from California [Mr. BECERRA], a distinguished member of the Committee on the Judiciary.

Mr. BECERRA. Mr. Speaker, I thank the gentlewoman for yielding me this time.

I want to ask each and every Member who is somewhat in doubt to please vote to sustain the President’s veto of H.R. 1833, and let me relate it to something very personal.

My legislative director, Deirdre Martinez, right now is at the hospital. She is at the hospital because she is being induced in her delivery of her baby. She is in good hands, and I know she is in good hands because my wife happens to be her ob-gyn.

My wife, as I have mentioned in the past, is an ob-gyn, and she is a high-risk specialist. She deals with the type of issues we are discussing on the floor right now.

Deirdre is fortunate. My wife says her baby seems to be perfectly normal, good weight, and probably will be born very healthy. There are, unfortunately, too many women sometimes in this country who do not have the good fortune of Deirdre, and it is in time of need that some of these women ask doctors to help them out.

There are late-term abortions that are performed that are not pretty because—by the way, no abortion is pretty; and no woman, I suspect, can stand up here and say they like to see what may happen to that pregnancy. But there are cases where a late-term abortion has been performed. We are not talking about a healthy 8- or 9-month-old baby being extracted from the womb; we are talking about a child that will never have a chance to see the light of day because, for whatever reason, it will never become a child within the womb.

Sometimes there is a need, for the woman’s health, for the woman’s safety and her life, to perform an abortion,
which we may not like. And as my wife has said, this is not a procedure that is done electively. A woman does not go into a hospital in her eighth month of pregnancy and ask that that fetus be extracted. No doctor in good conscience would even be talking about preserving for this woman the opportunity to get past a very difficult situation.

Why we would want to ban that for this woman, I do not understand. How 435 Members who do not practice the profession through that experience, how they can say that this is the best thing to legislate for the entire country. I do not understand, nor does my wife, and I suspect, nor does Deirdre, who I hope will have a healthy baby by today.

What I do understand is this: That we have politicized an issue because we have waited 6 months to take up the issue. If there was so much concern on the part of those who were for this bill to get this on the move so we would protect the lives of all these so-called unborn babies, why did we not try to overturn the President's veto right away?

It is unfortunate, because we know there is an election coming up and there is a point to be made. It is unfortunate because there are a lot of women who are suffering very traumatic times as a result of having these late-term abortions performed. And the saddest part about it is that we have decided to take this issue and politicize it, when it has become a very, very emotional and private issue for that woman.

I hope all those who have been able to watch this debate will learn something from this and take away that the experience is tough for them, but they should not have to worry about the politics of this particular procedure.

Mr. CANADY of Florida. Mr. Speaker, I yield 1 minute to the gentleman from Tennessee [Mr. BRYANT].

(Mr. BRYANT of Tennessee asked and was given permission to revise and extend her remarks.)

Mr. BRYANT of Tennessee. Mr. Speaker, my remarks are directed to the people who might be trying to decide right now whether to vote to override this veto or not. I strongly support the override of the veto.

This is not an issue of choice, of privacy, or a medical necessity. This bill provides that we will abolish this very gruesome procedure, we have all seen pictures of it today, but it still allows the exception that if the mother's life is at issue and if there is no other procedure available, it can be done under those circumstances.

So this is not an issue of medical necessity. This is an issue that says "no" to this type of terrible procedure. We are a country, and we are debating this issue 1 minute to 1 minute we are standing here. We are a country that spends years of due process on convicted killers, murderers who commit the most heinous of crimes, and we would not dare think about executing those types of people by this gruesome procedure. Yet we are talking on this floor today about maintaining the legality of this type of terrible procedure when there are alternatives available. Why is that? Is this an upside-down world or is it not?

Mrs. SCHROEDER. Mr. Speaker, I yield 3 minutes to the gentlewoman from California [Ms. WATERS], a distinguished member of the Committee on the Judiciary.

(Ms. WATERS asked and was given permission to revise and extend her remarks.)

Ms. WATERS. Mr. Speaker, today I rise in support of the President's veto of a misguided bill, H.R. 1833.

This bill would instruct doctors on medical procedures that politicians know little about. It would put women at risk who deserve the safest, most effective treatment available under any circumstances.

Let me share with you the words of Erica Fox from Los Angeles, a woman who was told that there was something "seriously wrong" with her fetus during her sixth month of pregnancy. The outcome at that time was very, very poor.

When she got the news, she explains, "I had my whole family with me, and at least 5 of them are M.D.'s. They had discussed everything with the doctors and they, too, felt there was no other option."

Her father, Dr. Walter E. Fox, shared these words:

As a doctor, I must say that it worries me greatly that those that represent me in Washington would think to take away my ability to care for my patients and their health to the best of my ability. And, as I see it, H.R. 1833 does just that.

He continues:

You are not doctors and most of you do not have a daughter or a sister or a wife or patient who has been in this situation. But for those of us who find ourselves there, we need to have every medical advancement working for us and not against us.

"I feel that [my doctor] saved my life," said Erika Fox.

"And that my fetus was spared any pain," she continues.

"My husband and I are now trying again. There is hope that we will have a healthy baby sometime in the not to distant future. Hope is all you have left when your dreams are dashed the way ours were last October."

Don't override Clinton's veto of 1833.

She says:

Don't let the government take away our hope.

I think Mrs. and Dr. Fox's words best explain why Congress should not outlaw a medical procedure. If this woman were your daughter, wife, sister—you would want as many medical options as possible, you would want the best doctor, and you would want her to be able to have children in the future. This bill would take away these options.

Let us leave this issue to people who know the facts. Let us support women, their safety, and their families. Doctors, women, and their families—not politicians—must make these decisions.

Oppose the veto override of H.R. 1833.

Mr. CANADY of Florida. Mr. Speaker, I yield such time as he may consume to the gentleman from Kentucky [Mr. BUNNING].

(Mr. BUNNING of Kentucky asked and was given permission to revise and extend his remarks.)

Mr. BUNNING of Kentucky. Mr. Speaker, I rise in strong support of the override of the Presidential veto on H.R. 1833.

Mr. Speaker, late last year, the House of Representatives took a very moderate step toward eliminating one, specific and particularly horrible method of abortion—the partial birth abortion.

No one can reasonably justify this kind of abortion. It is grotesque. It is repulsive. Unfortunately, the President of the United States has caved into the pressure of pro-abortion extremists and vetoed this ban of one, single, indefensible procedure. Hopefully, today, the House of Representatives, guided by the voice of moderation and common decency will see fit to overturn that veto.

There are those who try to argue that this procedure is necessary to protect the life of a mother. That is not true. Former Surgeon General C. Everett Koop says that partial birth abortion is unnecessary and in no way protects a woman's life.

There are those who say that this procedure is necessary to prevent the birth of children plagued with defects and deformity. As a grandfather of a disabled child, I am outraged that this argument is used to defend such a heinous practice.

Only an extremist could justify or defend partial birth abortion. I urge my colleagues to support moderation and decency, support the ban on partial birth abortions and override the Presidential veto.

Mr. CANADY of Florida. Mr. Speaker, I yield 1 minute to the gentleman from Texas [Mr. HALL].

Mr. HALL of Texas. Mr. Speaker, I, of course, rise to urge the override of the ill-advised veto of the ban on partial birth abortions.

Back, oh, earlier in the year, one of the most widely respected and politically moderate physicians I suppose ever to hold the office of Surgeon General, Dr. C. Everett Koop, criticized this practice. And as recently as August of this year, Dr. Koop granted an interview to an American Medical Association publication on this issue.

He states quite simply that he believes, "That the President was misled by his medical advisers on what is fact and what is fiction in reference to late-term abortion," going on to say that "In no way can he twist his mind to see that this late-term abortion technique is necessary for the mother, and certainly can't be a necessity for the baby."

So I guess we are left to ask the question, why? Why would we even consider condoning a procedure like this when there are alternatives available? Does Congress have a responsibility to the mother, to the father, to the baby, and to the nation?
abortion is completely unacceptable, unnecessary, and a cruel procedure that should not be permitted in our policy. I urge the override.

Mr. CANADY of Florida. Mr. Speaker, I yield 1 minute to the gentleman from Oklahoma [Mr. LARGENT].

Mr. LARGENT. Mr. Speaker, in this age of high technology and medical wonders, there still are many things that are a mystery to the human mind and an awesome reminder of the work of the Almighty and his glorious majesty when we look into the bright eyes of our newborn son or daughter.

It defies logic and the experience of human history then to think that that which grows inside of the womb is not a part of us, not human, and not alive. Whether by technological means, pharmaceutical means, or surgical means, it is outside of our moral and ethical prerogative to snuff out that which was sown by the Creator.

The unborn child is precisely that, an unborn child, and deserves the chance to grasp as much life as Divine Providence will allow. It is up to us as legislators to uphold our sacred duty to protect the lives of the innocent.

Mrs. SCHROEDER. Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from New York [Mrs. MALONEY].

Mrs. MALONEY. Mr. Speaker, today marks the 52d antichoice vote taken on the floor of Congress during the 104th Congress. As one of my colleagues in the new majority has said, "We intend to repeal choice procedure by procedure." And they are doing it.

This is really an effort to antagonize and terrorize young women like Becky Bruce of Ohio. At 22 weeks, doctors determined a lethal abnormality in her fetus. She and her husband decided to seek an abortion. Much like the abortion protesters who screamed and pointed at her, frightening her at the clinic, this legislation instills the same kind of fear.

This bill is an effort to chip away at the overall law of the land. Abortion is legal. We cannot begin to make exceptions now. The antichoice supporters of this bill would love to start here, today, moving from their positions as lawmakers to become personal physicians. When women seek medical care, Congress has no place in their choice, and no place in their tragedies. Apparently the supporters of this bill believe that it is more important to save a doomed fetus than to save the life and the health of its mother.

Had my colleagues in the majority allowed an amendment with an appropriate exception for the life or physical health of the mother, I would have supported this bill.

There have been many distortions put before Congress today. One is that this procedure is performed all the time. This procedure is performed rarely and only to save the life, health, and the ability to have children of women. I urge a "no" vote.

Mr. CANADY of Florida. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia [Mr. Moudy].

Mr. MORD. Mr. Speaker, I am very hesitant to speak on this issue. For one thing, I have been associated with the pro-choice side throughout my legislative career, and realize that when the issue of abortion is concerned, it really ought not be a legislative issue; it ought to be a personal decision determined by a woman with the advice of her physician, within the context of her religion and family. I do not believe that this issue falls within that rubric, within that context of decision-making.

I do agree with the Roe versus Wade decision which attempted to apply our human values, human judgment, to an issue on which none of us can ever be sure: at which point human life begins. And so we decided in Roe v. Wade, the Supreme Court decided that in the first 3 months, the woman should be fully free to exercise her judgment; and in the second trimester, the democratic process through State legislatures should apply restrictions; and in the third trimester, we should try to make it as difficult as possible.

What we are talking about now, though, goes beyond that third trimester. We are talking about the delivery of a fetus clearly in the shape and with the functions of a human being. And when that human being is delivered in the birth canal, it cannot be masked as anything but a human being.

We should not act in any legislative way that sanctions the termination of that life. And that is why I urge my colleagues here to override the President's veto of this legislation.

Mr. Speaker, I wish that the pro-choice groups, when they saw this issue, would have simply agreed, said, "You are right. We are not going to get involved in this because there are extremes on every one of these issues." This is an extreme that we ought not support.

Mr. CANADY. Mr. Speaker, I reserve the balance of my time. Mrs. SCHROEDER. Mr. Speaker, could the chair please tell us what the time difference is?

The SPEAKER pro tempore (Mr. LALOH). The gentleman from Florida has used 14 minutes, the gentlewoman from Colorado [Mrs. SCHROEDER] has 14 minutes remaining.

Mrs. SCHROEDER. Mr. Speaker, would the gentleman from Florida prefer to use more of his time so it is more even?

Mr. CANADY of Florida. Mr. Speaker, I would inform the gentlewoman that I only have about two or three remaining speakers, so I would reserve the balance of my time.

Mrs. SCHROEDER. Mr. Speaker, I yield 4 minutes to the distinguished gentleman from North Carolina [Mr. Watt], a member of the Committee on the Judiciary.

Mr. WATT of North Carolina. Mr. Speaker, I thank the gentlewoman from Colorado for yielding time. I rise in support of sustaining the veto of the President on this bill.

Mr. Speaker there is a tendency on the part of some of my colleagues to try to divide folks into groups, based on their vote on this issue, of whether they support life or do not support life. I respectfully submit that no Member of this body supports death over life; that there are always difficult choices on a number of these votes.

But we heard evidence submitted at hearings in the Committee on the Judiciary that indicates and confirmed that serious medical jeopardy can result to women, and in some cases this procedure is the only procedure that is available in late-term abortion to save the life of the mother, to preserve the ability of the mother to have children in the future, to protect the health of a prospective mother in those situations.

And when that occurs, to put the doctor and that mother in the position of saying, "You will lose your right to protect yourself from serious health conditions, or to protect your reproductive capacity in the future, or protect your own life," I think is irresponsible.

This is not, as some folks would suggest, an easy decision. It is always a difficult decision. And the very people who are always talking about keeping the Government out of our personal lives it seems to me are the ones that are on the opposite side of this issue, that do not want the Government to leave some personal decisions to the individual American women and citizens of this country. And one of those decisions is when it is proper to save one's own life to, save the ability to have children in the future. That ought to be a personal decision made by the woman and her physician.

I want to make one final point that suggests, in the closing days of this Congress, that this is really not about this bill at all; it is really about politics.

The President vetoed this bill quite some time ago. It has been sitting over there in the Committee on the Judiciary, waiting. Well, what has it been doing waiting for? It has been sitting out in 2 days to have this vote. It could have come out in 2 weeks to have this vote. But it just sat there.

Mr. Speaker, when does it come out? Right before the election, so that somebody can inject the politics of the moment into a serious public policy discussion. This is about politics, my colleagues. It is about choice of a woman to protect her own health and
safety and her own life. It is about keeping the Government out of our own personal lives, and I think we ought to sustain the President's veto on this bill.

Mr. CANADY of Florida. Mr. Speaker, I yield 1 minute to the gentleman from Ohio [Mr. CHABOT].

Mr. CHABOT. Mr. Speaker, we cast hundreds of votes in this body every year. Very rarely do we vote on an issue as important as this one.

I hope that my colleagues will do the right thing today and overwhelmingly vote to override the President's veto of the Partial-Birth Abortion Ban Act. We have debated this issue for quite some time now. We have listened to the experts, and Americans from all across this Nation, both prolife and prochoice, have spoken out against this particularly gruesome procedure. I have had people who are prochoice call my office and agree that there is no place for a procedure that is as barbaric, as gruesome as this in a civilized society.

Mr. Speaker, I cannot urge my colleagues in strong enough terms to do the right thing. Vote to override the President's veto.

Mr. CANADY of Florida. Mr. Speaker, I yield 1 minute to the gentleman from Colorado [Mr. McInnis].

Mr. McINNIS. Mr. Speaker, this is the most barbaric procedure I have ever come across. There is never, ever, ever a reason that makes this necessary.

The previous speaker says we are attempting to divide us. We are attempting to protect.

This body today, Republicans and Democrats, will vote overwhelmingly to ban this procedure. Let me quote from the Wall Street Journal, Nancy Romer, today in an article, Partial-birth Abortion Is Bad Medicine:

Consider the dangers inherent in partial-birth abortion, which usually occurs after the first trimester. A woman's cervix is forcibly dilated over several days, which risks creating an "incompetent cervix," the leading cause of premature deliveries. But, also, infection in the cervix is a major cause of infertility. The abortionist then reaches into the womb to pull the child feet first out of the mother, but leaves the head inside. Under normal circumstances, physicians avoid breech births whenever possible; in this case the doctor intentionally causes one—and risks tearing the uterus in the process.

He then forces scissors through the base of the baby's scull, which remains lodged just inside the cervix. This is a partially "blind" procedure, done by feel, risking direct scissor injury to the uterus and laceration of the cervix or lower uterine segment, resulting in immediate and massive bleeding and the threat of shock or even death to the mother. None of this risk is ever necessary for any reason.

This is never, ever necessary, and I urge a "yes" vote to override the President's veto.

Mrs. SCHROEDER. The Speaker, I yield 2½ minutes to the distinguished gentlewoman from California [Ms. Woolsey].

Ms. WOOLSEY. Mr. Speaker, this veto override is a cruel attempt to make a political point. Make no mistake about it, this debate, with all the emotional rhetoric and exaggerated testimony on the other side of the aisle, is a frontal attack on Roe versus Wade, plain and simple.

The Gingrich majority wants to do away with Roe, the radical right wants to do away with Roe, and H.R. 1833 is the first step. So let us be honest about what this veto override is really about.

This is an unprecedented courageous veto, will outlaw a medical procedure which is rarely used but sometimes required in extreme and tragic cases when the life or the future fertility of the mother is in danger or when a fetus is so malformed that it has no chance of survival.

Like when the fetus has no brain or the fetus is missing organs. Or the spine has grown outside of the body. When the fetus has zero chance of life. When women's health is at stake.

Mr. Speaker, the Gingrich majority has proven time and again its resolve to make Roe versus Wade ring hollow for most American women. Do not let this happen. Protect women's lives and their reproductive health.

Mr. Speaker, the Gingrich majority has proven time and again its resolve to make Roe versus Wade ring hollow for most American women. Do not let this happen. Protect women's lives and women's health. Protect a woman's right to decide with her doctor what is the best medical procedure during very tragic times. Vote "no" on the veto override. But if you cannot vote "no," just vote "present."

Mrs. SCHROEDER. Mr. Speaker, we only have one remaining speaker, and I want to be sure the gentleman from Florida only has one remaining speaker, because they have double the time.

Does the gentleman from Florida only have one remaining speaker?

Mr. CANADY of Florida. Mr. Speaker, I have one remaining speaker, as I indicated earlier. I reserve the balance of my time for closing.

Mrs. SCHROEDER. Mr. Speaker, I yield myself the balance of my time.

The SPEAKER pro tempore (Mr. LAHOOD). The gentleman from Colorado [Mrs. SCHROEDER] is recognized for 7½ minutes.

Mrs. SCHROEDER. Mr. Speaker, I must say in the time crunch, I felt terrible in having to cut off the distinguished gentlewoman from California who is a member of the committee. I really want her to finish and the woman she was talking about. The gentlewoman from California [Ms. LOFGREN] was talking about her mother's best friend and her mother's best friend who was Catholic, going to church and being asked to organize on this issue.

Mrs. LOFGREN. Mr. Speaker. I did talk to the gentlewoman about my friends, the Wilsons, and the real truth, not the rhetoric. She got a little misinformation, and the comment is that good Catholics and good Christians do not want to hurt good mothers. If we could keep that in our minds, put aside the politics, I think we would do a far more decent job here today.

Mrs. SCHROEDER. Mr. Speaker, I wanted this body to hear what the gentlewoman said because that has been our position all along. We do not wish to hurt good mothers. That was the President's position. That is still our position.

I was the one who went to the Committee on Rules and went everywhere trying to get an amendment to deal with the serious health issues of a mother. Nobody wants this for vanity purposes. My skin crawls hearing Members on this floor talking about thousands of women get these late term abortions for vanity purposes, like all women have such dark hearts they would wait to postviability and then suddenly decide, I changed my mind.

There may be some of those cases, I do not know. But I must tell you, all of us are willing to ban those cases. We are talking about the cases where women desperately want to have a family and something goes terribly wrong.

Many of my colleagues have heard about our friend here, have seen this picture before, but the real good news was after she had that procedure, look what she got. She was able to hear. We really ought to say, this is what this is about, because this woman was able to have this procedure late in her term in a very, very sad pregnancy that went very, very wrong. She was able to preserve her reproductive ability and go on to add to this happy American family.

Do we want the Congress of the United States saying no to that? I certainly do not. I certainly do not. We want the Congress of the United States standing in the same room with this woman and her husband and her doctor and probably her whole family in tears but the Congress says, but if your doctor tries to help you on this, after we pass this, he goes to jail. I do not think that is the American way.

If you really believe that women are running out and having these and this is a vanity issue and is about fitting in with a dress of some kind, we are willing to do that. But you cannot let us have the amendment. You would not let us have a serious health amendment. And every time we say health,
you say, you mean headaches. We were talking about serious health. You know how to write it; we know how to write it. Let us not kid ourselves. That is what the President said. The President said, serious health amendment. I feel so sad today because I really find this is not about whether or not there are thousands of these going on and how awful this is. I think this is all about politics. The President vetoed this bill in April. Let me tell you, in early April we voted on this bill. It was being sitting in the committee and it could have come to the floor any day thereafter. So if you really thought that this was going on, this is an epidemiological, women are losing their minds and running in in late term, if you thought that, you should have voted it right away. If you thought this was so grisly and horrible, that is when you should have done it. But no, we decided to let it wait until election eve, where we could let it bubble and burn and all of the horror stories. So we could build a huge issue and this is our 52nd vote on choice. This is really an attempt to undo choice, this extreme, extreme Congress that we have.

If you see the charts that are drawn over there, they are drawn and they eat at your heart and they eat at my heart because they show a perfect, beautiful child, a perfect, beautiful child like Tucker. But let me tell you, the child that came before Tucker that would have been aborted, if an amendment to being born, had there not been this procedure, did not look like Tucker and did not look like those pretty little drawings.

These are seriously deformed children that we are talking about. Very seriously deformed, or the mother has a very serious condition.

Do you know what is wrong in this debate? We have been so caught up in this anti-choice debate that we have made pregnancy sound like it is a 9-month cruise and the only thing that could go wrong during that 9-month cruise is that the mother has some selfish, terrible person with a dark heart. But let me tell you, my colleagues, many things can go wrong.

Do you know by statistics today 25 percent of the vaginal and cesarean births in this country have serious maternal complications, 25 percent of all vaginal and cesarean births have maternal complications that we have not really dealt with the safe motherhood issue.

So I find this a very sad vote to end my career on. I thank the President of the Senate who listened to those families. Those families have been in this Congress pushing their strollers around with their babies and their husbands, trying to get Members of Congress to listen. Many of them are right-to-life families who never in the world thought they would ever need this procedure. Yet their world collapsed on them, and they did not want this to be like Russian roulette. This would be like pregnancy Russian roulette. You give it a shot, if it does not work, you have blown your chance forever to have a baby. Is that what this Congress is trying to say?

Let me read the words of Coreen Costello. She goes on to say, "I still do not believe in abortion. I have agonized over supporting an abortion procedure. However, I have chosen to come forward, despite my beliefs, because I believe that this bill does not protect women and families.

Coreen was the mother of Tucker. This is Coreen. She never thought she would be there.

Please do not make this happen to everybody before you realize it. Do not take this right away from America’s families. And please, please, please, preserve serious health conditions of mothers.

In today’s debate, the picture of the American woman that will emerge from the other side is that she is a frivolous and selfish person who would lightly terminate a late-term pregnancy. The supporters of this bill would have you believe that Congress must deprive women of the right to make their own reproductive decisions, because American women and their families have been trusted to be responsible decision makers.

I have this picture of Coreen Costello and her family beside me as I speak, because I don’t want any one to forget that this debate is not about political sound bites or the politics of pitting Americans against each other. This debate is about real American families and the agonizing decisions they have to make when wanted pregnancies go terribly wrong, when serious fetal anomalies or serious threats to the woman’s health arise during the pregnancy.

I came to Congress 24 years ago determined to make sure that the Federal Government treats women as responsible adults who are the best decision-makers with respect to their reproductive health. The bill before us today says that your Member of Congress is somehow better able to make decisions about your reproductive health than you are. For Congress to usurp the power of the American family in this way is not only unconstitutional, it is also an affront to our fundamental commitment to the integrity of the family, and the right of American women to be able to make significant medical decisions for themselves.

You may hear, during the course of this debate, allegations that some women have obtained late-term abortions for reasons other than their life or health. Remember this: the individual States as well as the Federal Government, have the power, under the Constitution and Roe versus Wade, to ban all post-viability, late-term abortions except those that are necessary to preserve the woman’s life or to avoid serious health consequences to her. The President has made clear that he would not sign such a bill. But even if he were to amend this bill to provide an exception for life or serious health consequences was flatly rejected by the other side. Not once did the majority permit this body to vote on an exception to preserve women’s health or their future fertility. Not once.

The majority has chosen to have a political campaign issue instead of having a bill that would pass constitutional muster and ban late-term abortions except when the women’s life or health is at stake.

I want to show you another picture of Coreen Costello and her family. Look closely, and note that since the time that we first debated this bill, the Costellos have had joyous occasion to sit for a new family picture, because their family has grown. Tucker is the newest member of this family, and his birth was made possible because Coreen Costello and her family were able to use the procedure this bill bans. Let me close with Coreen Costello’s own words. She wrote me yesterday and said this about her tragic pregnancy:

My daughter’s stiff and rigid body as well as her unusual contorted position in my womb gave my team of doctors deep concern about her health and well-being. With their knowledge and expertise and data from extensive diagnostic testing, my medical experts believed the safest option was an intact D&Y performed by specialist Dr. James McMahon. Reluctantly, my husband and I agreed.

She goes on to say, "I still do not believe in abortion, and I have agonized over supporting an abortion procedure. However, I have chosen to come forward, despite my beliefs, as H.R. 1833 does not protect women and families like mine. President Clinton and Members of Congress on both sides have anguished over supporting an abortion procedure to allow exceptions for serious health consequences. Proponents of this extreme bill refused to allow such a vote. They do not want to believe stories like mine. My baby girl is gone. Not because of an abortion procedure, but because of a terrible disease. Please do not confuse this. It was hard enough for my husband and children to lose Katherine. I thank God they did not lose me, too. Not a day goes by that my heart doesn’t ache for my daughter. Fortunately, my pain has been eased with the joyous birth of our healthy baby boy, Tucker. This would not have been possible without this procedure. It is time for my family to put the pieces of our lives back together, together with our other women and their families this chance. Let us deal with our personal tragedies without any unnecessary interference from our government. Leave us with our God, our families, and our trusted medical experts. Sincerely, Coreen Costello.

Vote with these families. Vote against extremism that would make Congress the decisionmaker for your most intimate and difficult family decisions. Vote no. Mr. CARDIN. Mr. Speaker, will the gentlewoman yield?

Mrs. SCHROEDER: I yield to the gentleman from Maryland.

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

Mr. CARDIN. Mr. Speaker, the issue presented by H.R. 1833, the partial birth abortion bill, is one that requires careful thought and consideration. The medical procedure that is addressed by this legislation is, in my judgment, the judgment of hundreds of my constituents, gruesome. My vote today to sustain the President’s veto in no way indicates my support for that procedure.
The fact is, however, that it is a medical procedure. With no medical training, I am not qualified, and I do not think this Congress is qualified, to rule on the necessity of specific medical decisions. This is a medical question, not a political one. If this bill were to become law, it would establish the precedent of allowing the Congress to question our national statutes specific medical procedures. That would be a mistake.

It would a different matter to have a straight-forward debate about the circumstances under which late-term abortions are medically justified. However, that is not what we're doing today. We're debating whether to outlaw a specific medical procedure.

I am dismayed that the American Medical Association, or other appropriate governing bodies of medical professionals, has not stepped forward on this issue. They have the expertise and the responsibility to rule on the necessity of this procedure, and I have urged them, in writing, to do so. I hope they will yet act to guide their members on whether this hideous procedure is, in fact, in some cases the only medically safe option to preserve the life and the woman.

I have always defended the right of each woman to make her own decisions about her reproductive rights. The bill before us raises the question whether a particular medical procedure is ever appropriate for any woman. According to many doctors, there are horrific instances where this procedure is the best option for protecting the woman's life and/or health and her ability to have children in the future. I will vote against this bill because, for all the emotion of this issue, I do not believe Congress knows enough to tell doctors how to act in certain circumstances.

Mr. CANADY of Florida. Mr. Speaker, I yield such time as he may consume to the gentleman from Pennsylvania [Mr. WELDON].

(Mr. WELDON of Pennsylvania asked and was given permission to revise and extend his remarks.)

Mr. WELDON of Pennsylvania. Mr. Speaker, I rise in strong support of the motion to override.

On September 19, 1996, this House passed the conference report on H.R. 1833, the ban on partial birth abortions and sent it to our President for his signature. Sticking to his proabortion agenda, the President chose to distance himself from the American people and veto the ban on the most brutal form of infanticide. Following the President's decision, we set out to defend the American people and it will take many more months to educate them as to the nature and extent of this horrible practice. That is one reason it has taken so long.

The law exists to protect the weak from the strong. That is why we are here.

Mr. Speaker, in his classic novel “Crime and Punishment,” Dostoevsky has his main character, Raskolnikov, complain that “Man can get used to anything, the beast!”

That we are even debating this issue, that we have to argue about the legality of an abortionist plunging a pair of scissors into the back of the tiny neck of a little child whose trunk, arms and legs have already been delivered, and then suctioning out his brains only confirms Dostoevsky's harsh truth.

We were told in committee by an attending staff that the little arms and legs stop flailing and suddenly stiffen as the scissors is plunged in. People who say “I feel your pain” are not referring to that little infant.

What kind of people have we become that this procedure is even a matter for debate? Can we not draw the line at torture, and baby torture at that? If we cannot, what has become of us? We are all incensed about ethnic cleansing. What about infant cleansing? There is no argument when human life begins. The child who is destroyed is unmistakably alive, unmistakably human and unmistakably brutally destroyed.

The justification for abortion has always been the claim that a woman can do with her own body what she will. If you still believe that this four-fifths delivered little baby is a part of the woman's body, then I am afraid your ignorance is invincible.

I finally figure out why supporters of abortion want to fight this inexcusable ban tooth and claw, because for the first time since Roe v. Wade the focus is on the baby, not the mother, not the woman but the baby, and the harm that abortion infiltrates on an unborn child, or in this instance a four-fifths born child. That child whom the advocates of abortion on demand have done everything in their power to make us ignore, to dehumanize, is as the supporter of any Member of this House. To deny those rights is more than the betrayal of a powerless individual. It betrays the central promise of America, that there is, in this land, justice for all.

Mr. HYDE. Mr. Speaker, I beg the indulgence of my colleagues not to ask me to yield because I cannot and will not and I would appreciate their courtesy. I also want to say briefly that those who have charge us with politics, invidious politics, for delaying this debate out of a desire that Americans cannot believe this practice exists and it has taken months to educate the American people and it will take many more months to educate them as to the nature and extent of this horrible practice. That is one reason it has taken so long.

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“Now every once in a while, you have other peculiar things, such as the chest being wide open and the heart being outside the body. And I have even replaced hearts back in the body and had children grow to adulthood.”

Question: And live normal lives?
Answer: Living normal lives. In fact, the first child I ever did with a huge omphalocele much bigger than her head went on to develop well and become the head nurse in my intensive care unit many years later.”

Mr. BISHOP. Mr. Speaker, I rise today to make a modest contribution to the health of our democratic process if he would simply concede this obvious fact.

In his memoirs Dwight Eisenhower wrote about the loss of 1.2 million lives in World War II, and he said:

“The loss of lives that might have otherwise been creatively lived scars the mind of the civilized world.”

Mr. Speaker, our souls have been scarred by one and a half million abortions every year in this country. Our souls have so much scar tissue there is not room for any more.

And say, what do we mean by human dignity if we subject innocent children to brutal execution when they are almost born? We all hope and pray for death with dignity. Tell me what is dignified about a death caused by having a scissors stabbed into your neck so your brains can be sucked out.

We have had long and bitter debates in this House about assault weapons. Those scissors and that machine are assault weapons worse than any AK-47. One might miss with an AK-47; the doctor never misses with his assault weapon, I can assure my colleagues.

It is not just the babies that are dying for the lethal sin of being unwanted or being handicapped or malformed. We are dying, and not from the darkness, but from the cold, the coldness of self-brutalization that chills our sensibilities, deadens our conscience and allows us to think of this unspeakable act as an act of compassion.

If my colleagues vote to uphold this veto, if they vote to maintain the legality of a procedure that is revolting even to the most hardened heart, then please do not ever use the word compassion again.

A word about anesthesia. Advocates of partial-birth abortions tried to tell us the baby does not feel pain; the mother's anesthesia is transmitted to the baby. We took testimony from five of the country's top anesthesiologists, and they said it is impossible, that result will take so much anesthesia it would kill the mother.

By uphold this tragic veto, those colleagues join the network of complicity in supporting what is essentially a crime against humanity, for that little, almost born infant struggling to live is a member of the human family, and partial-birth abortion is a lethal assault against the very idea of human rights and destroys, along with a defenseless little baby, the moral foundation of our democracy because democracy is not, after all, a mere process. It assigns fundamental rights and values to each human being, the first of which is the inalienable right to life.

One of the great errors of modern politics is our foolish attempt to separate our private conscience from our public acts, and it cannot be done. At the end of the 20th century, is the crowning achievement of our democracy to treat the weak, the powerless, the unwanted as things? To be disposed of? If so, we have not elevated justice; we have dishonored it.

This is not a debate about sectarian religious doctrine nor about policy options. This is a debate about our understanding of human dignity, what does it mean to be human? Our moment in history is marked by a mortal conflict between culture of death and a culture of life, and today, here and now, we must choose sides.

I am not the least embarrassed to say I believe one day each of us will be killed. We all are killed daily for what we have done, and maybe more importantly, what we fail to do in our lifetime, and while I believe in a merciful God, I believe in a just God, and I would be terrified at the thought of having to explain at the final judgment why I stood unmoved while Herod's slaughter of the innocents was being reenacted here in my own country.

This debate has been about an unspeakable horror. Words are graphic and grisly, it has been helpful for all of us to recognize the full brutality of what goes on in America's abortions daily in and day out, week after week, year after year. We are not talking about abortions here. We are talking about life and death at their most elemental, and we ought to face the truth of what we oppose or support stripped of all euphemisms, and the queen of all euphemisms is "choice" as though one is choosing vanilla and chocolate instead of a dead baby or a live baby.

Now, we have talked so much about the grotesque; permit me a word about beauty. We all have our own images of the beautiful; the face of a loved one, a dawn, a sunset, the evening star. I believe nothing in this world of wonders is more beautiful than the innocence of a child. Do my colleagues know what a child is? She is an opportunity for love, and a handicapped child is an even greater opportunity for love.

Mr. Speaker, we risk our humanity when we trifling with that innocence or demean it or brutalize it. We need more caring and less killing.

Let the innocence of the unborn have the last word in this debate. Let their innocence appeal to what President Lincoln called the better angels of our nature. Let our votes prove Raskolnikov is wrong. There is something we will never get use to. Make it clear once again there is justice for all, even for the tiniest, most defenseless in this, our land.

Mr. BISHOP. Mr. Speaker, I rise today to sustain President Bill Clinton's veto of H.R. 1995, the Partial Birth Abortion Ban Act of 1995. This bill makes it a crime to perform a so-called partial-birth abortion unless the abortion is necessary to save the life of the mother. Under the legislation, physicians who perform these abortions are subject to a maximum of 2 years imprisonment, fines, or both. This bill also establishes a civil cause of action for damages against the doctor who performs the procedure.

I am against abortion as a method of birth control and certainly against elective late-term abortions except where necessary to protect the life or health of the mother. I vote to sustain the President's veto because H.R. 1833 would seriously infringe upon a family's right to choose what is best for them. In addition, it would seriously interfere with a physician's attempt to protect a woman's health or future reproductive capacity.

This rare procedure is primarily used in cases of desired pregnancies gone tragically wrong; when a family learns late in pregnancy of severe fetal anomalies or of a medical condition that threatens the woman's life or health. The American Public Health Association, the American Medical Women's Association, and the American College of Obstetricians and Gynecologists, all organizations...
dedicated to improving women's health care, oppose the measure. According to the American College of Obstetricians and Gynecologists, this type of procedure is “done primarily when the abnormalities of the fetus are so extreme that the independent life is not possible or when the fetus has died in utero.”

They further state that the medical problems which a woman could develop that might require interruption of pregnancy during the third trimester include rare maternal problems that could threaten the life and/or health of the pregnant woman if the pregnancy continued such as cardiovascular disease, malignancies, kidney failure, or severe toxemia.

I simply cannot tell a mother that she must risk her life carrying a fetus that the medical community has determined would not live. That should be a family decision best left to the family and their God. In these situations, in which a family must make such a difficult decision, the ability to choose this procedure must be protected.

This measure outlaws a valid medical procedure. Other methods of late-term abortion may be available to the health and safety of the woman. Moreover, it compromises the patient-physician relationship. Because it bans one of the safest, least invasive methods available later in pregnancy, physicians would be compelled to balance the health of their patients with the possibility of facing Federal criminal charges.

In short, I cannot vote to override the President’s veto because it fails to protect women and families in such dire circumstances and because it treats doctors who perform the procedure as criminals. The life exception in the bill only covers cases in which the doctor believes that the woman will die. It fails to cover cases where, absent the procedure, serious physical harm is very likely to occur. I would support H.R. 1833 if it were amended to add an exception for serious health consequences.

I urge my colleagues to vote to sustain the President’s veto.

Mrs. KELLY. Mr. Speaker, I rise in reluctant opposition to the veto override of H.R. 1833. I am opposed to late-term abortions except in instances where they are necessary to save the life of the mother or for serious, very limited health reasons. Unfortunately, this well-intentioned legislation fails to make these exceptions. Tragedies involving severely deformed or dying fetuses sometimes occur in the late stages of pregnancy. During these crises, women should have access to the safest medical procedure available and, on some occasions, the safest such procedure is the intact dilation and evacuation procedure.

If we ban this procedure, Mr. Speaker, as this legislation does, doctors would be forced to adopt other procedures, such as a caesarean section or a dismemberment dilation and evacuation, which can and often do pose greater health risks to women, such as severe hemorrhaging, lacerations of the uterus, or other complications that can threaten a woman's life or her ability to have children again in the future.

Mr. Speaker, passage of H.R. 1833 will not end late-term abortions; the bill only bans one such procedure that, in the judgment of a doctor, might be the surest way of protecting the mother. The New York chapter of the American College of Obstetricians and Gynecologists opposes H.R. 1833, expressing concern that "... Congress would take any action that would supersede the medical judgment of trained physicians and would criminalize medical procedures that may be necessary to save the life of a woman * * *".

If H.R. 1833 were amended to include exceptions for situations where a woman's life or health is threatened, ensuring that decisions are made by the woman and her doctor, not politicians, I would gladly support the bill. Without this protection, however, I cannot in good conscience support this legislation today.

Good people will always disagree over the abortion issue, and I respect the passion and depth of feeling that so many of my constituents on both sides of this issue have expressed to me. Maintaining policies which promote healthy mothers and healthy babies should remain above the political fray, and it is for this reason that I oppose the veto override today.

Mr. BLUMENTHAUER. Mr. Speaker, I oppose the challenge to the President's veto of H.R. 1833. Whatever one's belief on abortion, the late-term procedure must be viewed separately; for this is a procedure to be used only as a last resort to save a woman's life or to avoid a devastating deterioration of her health. Late-term abortion is not about choice. It is about saving women from grave damage to their health, to their ability to bear children in the future, and from death. The President, and the medical community, have assured us that abuses of this procedure can be avoided. Regrettably, those voting to override this veto would apparently prefer to score political points than to heed those assurances. This is being done with indifference to women who face grave circumstances, and in disregard to the potential of this institution to render a serious policy determination on a matter of grave consequence.

Mr. FAZIO of California. I rise today to express my support for the President's position on H.R. 1833 and to urge my colleagues to support it.

This issue has been an incredibly difficult one for me as I'm sure it has been for most of my colleagues. The medical procedures involved are very disturbing, and moreover, intensely personal issues lie at the heart of this debate.

However, I opposed H.R. 1833 for several reasons when we debated this legislation earlier this year, and I remain opposed to this bill. First, and most important, H.R. 1833 denies women the right to make extremely important and personal medical decisions. If passed, this bill would strip away many of the protections that exist for legal abortion.

Only the mother, in consultation with her doctor, has the right to decide whether we should allow for this extremely rare procedure to be performed when circumstances are the most dire; that is, when the life of the mother is endangered. We should not accept a ban on a procedure which may represent the best hope for a woman to avoid serious risks to her health.

Of course we should not make this procedure, or any type of abortion, a purely elective procedure. But if we pass this bill, we are criminalizing a medical procedure that may one day be necessary to save the life of the mother and allow her to have a family.

I urge all of my colleagues to give careful thought to their vote today and oppose the veto override attempt before us.

Mr. COLLINS of Illinois. Mr. Speaker, I rise in opposition to the motion to override the Presidential veto of H.R. 1833, the late-term abortion ban. The fact that we are voting on this motion today is a true testament to how extreme many of the Members of this House are willing to go to further the extremist agenda forward during this election year.

Mr. CUNNINGHAM. Mr. Speaker, I rise today in support of overriding President Clinton's unwise veto of H.R. 1833, the Partial Birth Abortion Ban Act.
Last March, I joined 285 of my House colleagues in support of banning the procedure known as partial-birth abortion. The measure was supported by members like me who are pro-life, and even by many who consider themselves pro-choice. We shared our justifications with then-Rep. Dan. Patrick Mowynck, who said, the partial birth abortion procedure is just “too close to infanticide.” And I agree.

Yet, after H.R. 1833 was adopted by bipartisan majorities in the House and Senate, President Clinton vetoed the Partial Birth Abortion Ban Act. The President’s veto represents a truly mean and extreme position. His position is that the absolute, most extreme abortion procedure, no matter how barbaric, should continue to be permitted in America. This procedure is such that even a brief description of it causes strong men and women to wince.

Since the President’s veto, more than 7,500 of my constituents have written or called me, urging me to support an override of the President’s veto. But he did veto it. And on July 15, I voted. I voted for the House Majority Leader Dick Armey, urging the House to fulfill its responsibility to a vote to override President Clinton’s veto.

Today we will have that vote. And today I will vote to override the President’s decision, which drawn the deep disappointment of pro-life and pro-choice Americans alike. This is a sad day, because one would hope that the President had not vetoed such commonsense, humane legislation in the first place.

Mrs. CHENOWETH. Mr. Speaker, when President Clinton vetoed H.R. 1833, the Partial-Birth-Abortion-Ban Act, he claimed he was trying to protect women’s health.

The President was disturbing the truth.

Medical facts show the President’s claim to be completely false.

Mr. Speaker, partial-birth abortion is not a legitimate medical procedure and is not needed for any particular circumstance. Doctors at the Metropolitan Medical Clinic in New Jersey say that only a “minuscule amount” of the 1,500 partial-birth abortions they perform are for medical reasons. One doctor is quoted as saying, “Most [partial-birth abortion patients] are Medicaid patients * * * and most are for elective, not medical, reasons; most who did not realize, or didn’t care, how far along they were.”

This procedure is used on babies who are four and a half months in the womb or older.

It can be employed up until the ninth and final month of pregnancy. The ninth and final month, Mr. Speaker.

Opposition to this technique isn’t merely the opinion of a handful of doctors. The American Medical Association has made its position clear.

The AMA’s Council on Legislation voted unanimously to recommend that the AMA board of trustees endorse H.R. 1833. One member of AMA’s legislative council said that, “partial birth abortion is not a recognized medical technique” and many AMA members agreed that, “the procedure is basically repulsive.”

Mr. Speaker, my position on abortion has been clear and consistent. I oppose it, except in certain very special cases.

But I do not understand how people can support this procedure. Abortion advocates will argue that a fetus in the early stages of pregnancy is not human life. I disagree with that. But surely even people who make that argument must understand in their hearts that a pre-born baby in the third trimester of pregnancy is in fact human life. And that human life deserves the protection of law.

The position of those who favor partial birth abortions rests on the absurd notion that if one does not have to look at the baby then one can somehow deny that the baby is alive. Mr. Speaker, not only is the procedure itself repulsive, but so is the logic of those who advocate and apologize for it.

Permitting such a procedure to continue debases the whole medical profession, it debases our system of law, and indeed it debases our very notion of the concept of life.

Our system of laws, our American heritage, is based on the premise that people have certain God-given rights. Those rights are life, liberty, and the pursuit of happiness.

Those rights existed before laws were established. In fact, it is because those rights existed that laws were established in order to protect those rights.

First and foremost among those rights is the right to life.

As lawmakers we have a responsibility to protect the lives of our citizens, in this case, the very youngest, most vulnerable of American citizens.

I urge my colleagues to do the right thing, to make the decision to override President Clinton’s veto.

Mr. HASTERT. Mr. Speaker, I rise in support of this attempt to override President Clinton’s veto of the partial birth abortion bill and I hope my colleagues will join me in this effort.

Mr. Speaker, I asked with some care to the comments by my distinguished colleague from Colorado, Mrs. SCHROEDER, who is leading the effort to preserve this procedure.

And I am reminded of some advice that the gentlelady from Colorado gave this House just a day or two ago when we were debating a bill to make Mother Teresa an honorary citizen of the United States. The gentlelady from Colorado, at that time said we could honor Mother Teresa best if, every day, as we considered how to vote on legislation brought to this floor, we reflected on what Mother Teresa’s compassion, and her courageous stand for children and the helpless.

As the gentlelady from Colorado knows, I do not always agree with her advice. But on this occasion I think the gentlelady from Colorado’s advice the other day does apply to our deliberation today. I think we should let the wisdom of Mother Teresa inform our hearts and our minds. And I think it is quite clear that what gentle woman from Calcutta, India, would say if she were here today—it is the same thing she has said so often—that the taking of innocent human life is wrong.

Mr. Speaker, I urge my colleagues to vote to override the President’s veto.

Mr. LEVIN. Mr. Speaker, I do not favor late-term abortions in any circumstance. I believe they should only be allowed in cases where the life or health of the mother is threatened.

I voted to sustain the President’s veto because the bill does not allow a physician to take into account even serious threats to a woman’s health, as the Supreme Court has required.

I would have voted for H.R. 1833 if there had been an exception to allow their procedure where there is medical evidence that the health of the mother is indeed threatened.

Mr. BENTSEN. Mr. Speaker, today we are considering an override of the President’s veto of H.R. 1833, the late-term abortion bill. I oppose the override because this legislation is not only unnecessary but at risk the sanctity of life, health, and fertility of women facing one of the most difficult, anguished, and personal decisions imaginable.

First, let me say that I oppose late-term abortions except, as the U.S. Supreme Court ruled, when necessary to save the life or health of a woman. H.R. 1833 falls woefully short of meeting this critical standard.

H.R. 1833 provides only a partial exception to protect the life of a woman, and even this partial exception may be invoked only under a very narrow set of circumstances. In other words, this legislation takes away the authority of a physician to select the best medical procedure for saving a woman’s life.

Furthermore, this legislation includes no exception whatsoever when a woman faces a severe threat to her health or her ability to have children in the future.

I would support this legislation if its proponents would allow an amendment to reflect not only the Supreme Court’s rulings, but State law in Texas. In Texas, late-term abortions are banned except when the woman’s life is threatened. That is the approach this legislation should take as well.

While I am troubled by the procedure H.R. 1833 seeks to outlaw, I believe it is dangerous and wrong to ban a medical procedure that in some circumstances represents the best hope for a woman to avoid serious risk to her health.

The procedure that H.R. 1833 would ban is utilized in the most emotionally wrenching circumstances imaginable—involving cases in which the fetus has developed severe abnormalities that will not allow it to sustain life outside the womb and in which a woman’s life, health, and future fertility are jeopardized.

There is no simple solution to reducing the incidence of abortion. However, this Congress could have fashioned a commonsense bill limiting use of this procedure in which a woman and her doctor decide it is the best way to protect her life and health. Instead, the proponents of H.R. 1833 have chosen to exploit the anguish of families confronting this decision for political gain. How sad and how wrong.

Mrs. SMITH of Washington. Mr. Speaker, I submit for the RECORD the following:

STATEMENT OF DAVID J. BIRNBACH, M.D. 

Mr. Chairman, Members of the Subcommittee, my name is David Birnbach, M.D., and I am President of Obstetric Anesthesiology at St. Luke’s-Roosevelt Hospital Center, a teaching hospital of Columbia University College of Physicians and Surgeons in New York City. I am also President-elect of the Society for Obstetric Anesthesia and Perinatology, the society which represents my subspecialty.

I am here today to offer testimony with the previous testimony before committees of the Congress that suggests that anesthesia causes fetal demise. I believe that I am qualified to address this topic because I am a practicing obstetric anesthesiologist. Since completing my anesthesiology and obstetric anesthesiology training at Harvard University, I have administered anesthesia to more than five thousand women in labor and anesthesia to over a thousand women undergoing...
Mr. Chairman, I am deeply concerned that the previous congressional testimony and the widespread publicity that has been generated about this issue will cause unnecessary fear and anxiety in pregnant patients and may cause some to unnecessarily delay emergency surgery. I have never witnessed a case of fetal demise that could be attributed to anesthetic. Although some drugs which we administer to the mother may cross the placenta and affect the fetus, in my medical judgment fetal demise is definitely not a consequence of a properly administered anesthetic. In order to cause fetal demise it would be necessary to give the mother dangerous and life-threatening doses of anesthetics. This is not the way we practice anesthesia in the United States.

Mr. Chairman, I am deeply concerned that the previous congressional testimony and the widespread publicity that has been generated about this issue will cause unnecessary fear and anxiety in pregnant patients and may cause some to unnecessarily delay emergency surgery. Rather, the surgeon grasps and removes a nearly intact fetus through an adequately dilated cervix. The surgical method described in this paper differs from classic D&E in that it does not rely upon dismemberment to remove the fetus. Nor are inductions or infusions used to paralyze the R
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Mr. Chairman, I am deeply concerned that the previous congressional testimony and the widespread publicity that has been generated about this issue will cause unnecessary fear and anxiety in pregnant patients and may cause some to unnecessarily delay emergency surgery. Rather, the surgeon grasps and removes a nearly intact fetus through an adequately dilated cervix. The surgical method described in this paper differs from classic D&E in that it does not rely upon dismemberment to remove the fetus. Nor are inductions or infusions used to paralyze the maternal anesthesia and is brain-dead. These in-esthetic, which reaches the fetus through her bloodstream. By the time the cervix is sufficiently dilated, the fetus has overdosed on the anesthesia in the brain-dead mother. If these correct statements continue to find their way into newspapers and magazines around the country. Despite the previous testimony of Dr. Ellison, I have yet to see an article that states, in no uncertain terms, that anesthetic is induced in the fetus, causing a "neurological demise", or in lay terms "brain death". I believe this statement to be entirely inaccurate. I am deeply concerned, moreover, that the widespread publicity given to Dr. McMahon's testimony may cause some pregnant women to delay necessary, even life-saving, surgical procedures, total unrelated to the anesthetic that would be necessary--in order to achieve that goal one would need to administer such huge doses of anesthetic that would in all probability cause enough respiratory depression of the mother, to neurologically demise. It is my opinion that in order to cause fetal demise, there is clear evidence that this excessive dose could cause maternal death. These doses are far in excess of any anesthetic that we administer to our critically ill pregnant patients who were intubated and monitored in an intensive care unit. I am pleased to say that the fetuses were born alive and did well.

Dr. Campbell has described the narcotic protocol which Dr. McMahon had used during his D & X procedures: it includes the administration of Midazolam (10-40 mg) and Fentanyl (900-2500 µg). Although there is no evidence to date that this protocol caused fetal demise, it is certainly the case that excessive amounts of drugs if he did indeed administer 250 mg of fentanyl and 40mg of midazolam to a patient in whom an anesthesiologist present, he was definitely placing the mother's life at great risk.

In conclusion, I would like to say that I believe that I have a responsibility as a practicing obstetric anesthesiologist to refute any and all testimony that suggests that maternal anesthesia causes fetal demise. It is my opinion that in order to achieve that goal one would need to administer such huge doses of anesthetic to the mother as to place her life at jeopardy. Pregnant women are routinely heavily sedated during the second or third trimester for the performance of a variety of necessary medical procedures, total unrelated to the anesthetic that would be necessary--in order to achieve "neurological demise" of the fetus in a "partial birth" abortion--to anesthetize the mother to such a degree as to place her own health in serious jeopardy.

As you are aware, Mr. Chairman, I gave the same testimony to a Senate committee four months ago. That testimony received wide circulation in the anesthesiology circles and to a large extent in the lay press. You may be interested in the fact that since that appearance, not one single anesthesiologist or other physician has contacted me to dispute my stated conclusions. Indeed, two eminent obstetric anesthesiologists appear with me today, testifying on their own behalf and not as ASA representatives. I am pleased to note that their testimony reads the same conclusions that I have expressed.

Thank you for your attention. I am happy to respond to your questions.

Mr. HOEKSTRA. Mr. Speaker, I submit for the record the following:

SECOND TRIMESTER ABORTION: FROM EVERY ANGLE—FALL RISK MANAGEMENT SEMINAR INTRODUCTION

The surgical method described in this paper differs from classic D&E in that it does not rely upon dismemberment to remove the fetus. Nor are inductions or infusions used to paralyze the mother, the surgery grasps and removes a nearly intact fetus through an adequately dilated cervix. The author has coined the term Dilatation and Extraction or D&X to distinguish it from dismemberment abortions.
anesthesia. It can be used successfully in pa-
tients 20-26 weeks in pregnancy.

The author has performed over 700 of these procedures with a low rate of complications.

**BACKGROUND**

D&E evolved as an alternative to induction or instillation methods for second trimester abortion in the mid 1970’s. This happened in part because of lack of hospital facilities al-
lowing later abortions in some geographic areas, in part because surgeons needed a “right now” solution to complete suction abortions inadvertently started in the second trimester in part to provide a means of early second trimester abortion to avoid necessary delays for induction method-
ology.1 The North Carolina Conference in 1978 established D&E as the preferred method for early second trimester abortions in the U.S.2,3,4

Classic D&E is accomplished by dismembering the fetus inside the uterus with instruments and removing the pieces through an adequately dilated cervix.5

However, most surgeons find dismemberment at twenty weeks and beyond to be dif-
ficult due to the toughness of fetal tissues at this stage of development. Consequently, most late second trimester abortions are per-
formed using a different method.6

Two techniques of late second trimester D&E’s have been described at previous NAF meetings. One is to perform a zona intra-amniotic infusion to cause fetal demise and lysis (or softening) of fetal tissues prior to surgery.7

The second technique is to rupture the membranes 24 hours prior to surgery and cut the umbilical cord. Fetal death and ensuing autolysis soften the tissues. There are at-
tended side effects in this method.

In summary, approaches to late second tri-

Dilation and extraction takes place over three days. In a nutshell, D&X can be de-
scribed as follows: Dilation; more dilation; real-time ultrasound visualization; version (as needed); intact extraction; fetal skull de-
compression; removal; clean-up; and recov-
ery.

**DESCRIPTION OF DILATION AND EXTRACTION**

Day 1—Dilation: The patient is evaluated with an ultrasound, hemoglobin and Rb.

Haddock scales are used to interpret all ultrasound measurements.

In the operating room, the cervix is prepped, anesthetized and dilated to 9.11 mm.

Five, six of seven large Dilapan hydroscopic dilators are placed in the cervix. The patient goes home or to a motel over-
night.

Day 2—More Dilation: The patient returns to the operating room where the previous day’s Dilapan are removed. The surgical as-
sistant administers 10 IU Pitocin intramus-
cularly. The cervix is scrubbed, anesthetized and grasped with a tenaculum. The mem-
branes are ruptured, if they are not already intact.

The surgical assistant places an ultrasound probe on the patient’s abdomen and scans the fetus, locating the lower extremities. This scan provides the surgeon information about the orientation of the fetus and approx-
imate location of the lower extremities. The transducer is then held in position over the lower extremities.

The surgeon introduces a large grasping forcep, such as Bierer or Hern, through the vaginal and cervical canals into the corpus of the uterus. Based on his knowledge of fetal orientation, he moves the tip of the instru-
ment carefully towards the fetal lower extremities. When the instrument appears on the sonogram screen, the surgeon is able to open and close its jaws to firmly and reliably grasp a lower extremity. The surgeon then applies firm traction to the instrument caus-
ing a version of the fetus (if necessary) and pulls the extremity into the vagina.

By observing the movement of the lower extremity and version of the fetus on the sonogram screen, the surgeon is assured that his instrument has not inappropriately grasped a maternal structure.

With a lower extremity in the vagina, the surgeon uses his fingers to deliver the oppo-
site lower extremity, then the torso, the shoulders and the upper extremities.

The skull lifts at the internal cervical os. Usually there is not enough dilation for it to pass through. The fetus is oriented dor-
sum or spine.

At this point, the right-handed surgeon slides the fingers of the left hand along the back of the fetus and “hooks” the shoulders of the fetus with the index and ring fingers typically around the palm down. The tip of the middle finger along the spine towards the back while applying traction to the shoul-
ders and lower extremities. The middle fin-
ger lifts and pushes the anterior cervical lip out of the way.

While maintaining this tension, lifting the cervix and applying traction to the shoulders with the fingers of the left hand, the surgeon takes a pair of blunt curved Metzenbaum scissors in the right hand. He carefully ad-
vances the tip, curved down along the spine and up under his finger until he feels the base of the skull under the tip of his middle finger.

Reseasing proper placement of the closed scissors tips and of the cervix, the surgeon then forces the scissors into the base of the skull or into the foramen mag-
num. Having safely entered the skull, he spreads the scissors to enlarge the opening.

The surgeon removes the scissors and in-
trudes a suction catheter into this hole and evacuates the skull contents. With the catheter still in traction of the fetus, removing it completely from the patient.

The surgeon finally removes the placenta with forceps and scrapes the uterine walls with a large Evans and a 14 mm suction cu-
rette. The procedure ends.

**SUMMARY**

Dilation and extraction is an alternative method for achieving late second or third trimester abortions in seven weeks. It can be used in the third trimester.

Among its advantages are that it is a quick, surgical outpatient method that can be performed on a scheduled basis under local anesthesia.

Among its disadvantages are that it re-
quires a high degree of surgical skill, and may not be appropriate for a few patients.

REFERENCES


5. ibid, p. 121-128.


mid of 2 hours following surgery. A pad

terior for patients who expressed lidocaine sen-
sitivity.

For patients with a history of gonorrhea, chlamydia or pelvic inflammatory disease

receive additional doxycycline, 100 mgm by

MTD AND FOLLOWUP

All patient are given a 24 hour physician’s number to call in case of a problem or con-

At least three attempts to contact each pa-
tient by phone one week after surgery are made by the office staff.

All patients are asked to return for check-

The third trimester

The author is aware of at least one other surgeon who uses a conceptually similar technique. He adds additional changes of Dilapan and/or laminaria in the 48 hour dilatation period. Cou-

perhaps one week after surgery and a slower op-

In conclusion, Dilation and Extraction is an alter-

A quick, surgical outpatient method that can be per-

On a scheduled basis under local anesthesia.

Among its disadvantages are that it re-
quires a high degree of surgical skill, and may not be appropriate for a few patients.

HON. CHARLES T. CANADY: We have received your July 7 letter outlining allegations of inaccuracies in a July 5, 1993, story in American Medical News. "Shock-tactic ads target late-term abortion procedure."

You noted that in public testimony before your committee, AMNews is alleged to have quoted physicians out of context. You also noted that one such physician submitted testimony contending that AMNews misrepresented his statements. We appreciate your offer of the opportunity to respond to these accusations, which now are part of the permanent subcommittee record.

AMNews stands behind the accuracy of the report cited in your testimony. The report was complete, fair, and balanced. The comments and positions expressed by those interviewed and quoted were reported accurately and in-context. The report was based on extensive research and interviews with experts on both sides of the abortion debate, including interviews with two physicians who perform the procedure in question.

We have full documentation of these interviews, including tape recordings and transcripts. Enclosed is a transcript of the contended quotes that relate to the allegations of inaccuracies made against AMNews.

Let me also note that in the two years since I wrote you, neither the organization nor the physician who complained about the report in testimony to your committee has contacted the reporter or any of the sources about AMNews.

AMNews has a longstanding reputation for—balance, fairness and accuracy in reporting, including reporting on abortion, an issue that is divisive within society in general. We believe that the story in question compiles entirely with that reputation.

Thank you for your letter and the opportunity to clarify this matter.

Respectfully yours,

BARRABARA BOLSEN, Editor.

Attachment.

AMERICAN MEDICAL NEWS TRANSCRIPT

Relevant portions of recorded interview with Martin Haskell, MD

AMN: Would that just make it . . . would it go from a 3-day procedure to a 4- or 5-day procedure? Haskell: Exactly. The point here is to effect a safe legal abortion. I mean, you could say the same thing with the D&E procedure and the fetus is dead. You know, why do you do the D&E procedure? Why do you crush the fetus up inside the womb? To kill it before you take it out? Haskell: Well, I think it's obviously why you do it. You do it to get it out. I could do the same thing with a D&E procedure. I could put dilapin in for four or five days and say I'm doing a D&E procedure and the fetus could just fall out. But that's not really the point. The point here is you're attempting to do an abortion. And that's the goal of your procedure, to get the fetus out. Not to see how I manipulate the situation so that I get a live birth instead.

AMN: Wrapping up the interview: I wanted to make sure I have both you and (Dr.) McMahon saying 'no' then. That is this mis-information, these letters to the editor saying it's only done when the baby's already dead, in case of fetal demise and you have to do an autopsy. But some of them are saying they're getting that information from NAF. Haskell: Do you have the opening of anyone over there? I called Barbara and she called back, but I haven't gotten back to her. Haskell: Well, I had heard that they were giving that kind of information. Somebody even there might be giving information like that out. The people that staff the NAF office are not medical people. And many of them when they gave up their work, they just gave up, and learned later, to watch my paper because they had never seen an abortion performed of any kind.

AMN: Did you also show a video when you did that?

Haskell: Yeah. I taped a procedure a couple of years ago, a very brief video, that simply showed the two story about a picture's worth a thousand words.

AMN: As National Right to Life will tell you.

Haskell: Afterwards they were just amazed. They just had no idea. And here they're rapid supporters of abortion. They work in the office there. And some of them have never seen one performed . . . Comments on elective vs. non-elective abortions:

Haskell: And I'll be quite frank: most of my abortions are elective in that 20-24 week range . . . In my particular case, probably 20% are for genetic reasons. And the other 80% are purely elective.

[From the American Medical News]

SHOCK-TACTIC ADS TARGET LATE-TERM ABORTION PROCEDURE

FOES HOPE CAMPAIGN WILL SINK FEDERAL ABORTION RIGHTS LEGISLATION

By Diane M. Gianelli

WASHINGTON—In an attempt to derail an abortion-rights bill maneuvering toward a congressional showdown, opponents have launched a full-scale campaign against late-term abortions.

The centerpiece of the effort are newspaper advertisements and brochures that graphically illustrate a technique used in some second- and third-trimester abortions. A handful of newspapers have run the ads so far, and the National Right to Life Committee has distributed 4 million of the brochures, which were inserted into about a dozen other papers.

By depicting the procedure expected to make most readers squirmish, campaign sponsors hope to convince voters and elected officials that a proposed federal abortion-rights bill is so extreme that members would have no authority to limit abortions—even on potentially viable fetuses.

According to the Alan Guttmacher Institute, a research group affiliated with Planned Parenthood, about 10% of the estimated 1.6 million abortions done each year are second- and third-trimester D&E procedures.

Barbara Radford of the National Abortion Federation denounced the ad campaign as disingenuous, saying its "real agenda is to virtually outlaw all abortions, not just late-term ones." But she acknowledged it is having an impact, reporting scores of calls from congressional staffs and others who have seen the ads and brochures and are asking pointed questions about the procedure depicted.

The Minneapolis Star-Tribune ran the ad on its op-ed page. The anti-abortion group Minnesota Citizens Concerned for Life paid for it.

A series of drawings, the ad illustrates a procedure called "dilation and extraction," or D&X, in which forceps are used to remove second- and third-trimester fetuses from the uterus intact, with only the head remaining inside the uterus.

The surgeon is then shown jamming scissors into the skull. The ad says this is done to create an opening large enough to insert a catheter that suction's the brain, while at the same time making the skull small enough to pull through the cervix.

"Do these drawings shock you?" the ad reads. "We're sorry, but we think you should know the truth."

The ad quotes Martin Haskell, MD, who described the procedure at a September 1992 abortion federation meeting, as saying he personally has performed 700 of them. Haskell stated that he has performed 700 of these procedures, some of which were to "protect the practice of abortion at all stages and would lead to an increase in the use of this grisly procedure."

ACCURACY QUESTIONED

Some abortion rights advocates have questioned the ad's accuracy.

A letter to the Star-Tribune said the procedure shown is "only performed after fetal demise is necessary or to save the life of the mother." And the Morrisville, Vt., Transcript, which said in an editorial that it allowed the brochure to be inserted in its paper despite its "lack of legal action if it refused quoted the abortion federation as providing similar information."

"The fetus is dead 24 hours before the picture procedure is undertaken," the editorial stated.

But Dr. Haskell and another doctor who routinely use the procedure for late-term abortions told AMNews that the majority of fetuses aborted this way are alive until the end of the procedure.

Dr. Haskell said the drawings were accurate "from a technical point of view." But he took issue with the implication that the fetuses were "aware and resisting."

Radford also acknowledged that the information her group was quoted as providing was inaccurate. She has since sent a letter to federation members, outlining guidelines for discussing the matter. Among the points:

Don't apologize; this is a legal procedure.

No abortion method is acceptable to abortion opponents.

The language and graphics in the ads are disturbing to some readers. "Much of the negative reaction, however, is the same reaction that might be invoked if one were to listen to a surgeon describing any almost any other surgical procedure involving blood, human tissue, etc."

Late-abortion specialists

Only Dr. Haskell, James T. McMahon, MD, of Los Angeles, and a handful of other doctors perform the D&X procedure, which Dr. McMahon refers to as "intact D&E." The
more common late-term abortion methods are the classic D&E and induction, which usually involves injecting digoxin or another substance into the fetal heart to kill it, then dilating the cervix and inducing labor.

Dr. Haskell, who owns abortion clinics in Cincinnati and Dayton, said he started performing D&Es for late abortions out of necessity. Local hospitals did not allow inductions before 22 weeks, and he had no place to keep patients overnight while doing the procedure.

But the classic D&E, in which the fetus is broken apart inside the womb, carries the risk of perforation, tearing and hemorrhaging, he said. So he turned to the D&X, which he says is far less risky to the mother.

Dr. McMahon acknowledged that the procedure he, Dr. Haskell and a handful of other doctors use makes some people queasy. But he defends it. “Once you decide the uterus must be emptied, you then have to have 100% allegiance to maternal risk. There’s no justification to doing a more dangerous procedure because somehow this doesn’t offend your sensibilities as much.”

Broader issue: N.Y. case

The four-page anti-abortion brochures also include a graphic depiction of the D&X procedure. But the cover features a photograph of 16-month-old Ana Rosa Rodriguez, whose right arm was severed during an abortion attempt when her mother was 7 months pregnant.

The child was born two days later, at 32 to 34 weeks’ gestation. Abu Hayat, MD, of New York, was convicted of assault and performing an illegal abortion. He was sentenced to up to 29 years in prison for this and another related offense.

New York law bans abortions after 24 weeks, except to save the mother’s life. The brochure states that Dr. Hayat never would have been prosecuted if the federal “Freedom of Choice Act” were in effect, because the act would invalidate the New York statute.

The proposed law would allow abortion for any reason until viability. But it would leave it up to individual practitioners—not the state—to define that point. Postviability abortions, however, could not be restricted if done to save a woman’s life or health, including emphysema and diabetes.

The abortion federation’s Radford called the Hayat case “an aberration” and stressed that the vast majority of abortions occur within the first trimester. She also said that late abortions usually are done for reasons of fetal abnormality or maternal health.

But Douglas Johnson of the National Right to Life committee called that suggestion “blatantly false.”

“The abortion practitioners themselves will admit the majority of their late-term abortions are elective,” he said. “People like Dr. Haskell are just trying to teach others how to do it more efficiently.”

Numbers game

Accurate figures on second- and third-trimester abortions are elusive because a number of states don’t require doctors to report abortion statistics. For example, one-third of all abortions are said to occur in California, but the state has no reporting requirements.

The Guttmacher Institute estimates there were 183,000 second- and third-trimester abortions in 1988, the last year for which figures are available.

About 60,000 of those occurred in the 15- to 20-week period with 10,660 at week 21 and beyond, Dr. Haskell says. Estimates were based on actual gestational age, as opposed to last menstrual period.

There is particular debate over the number of third-trimester abortions. Former Surgeon General C. Everett Koop, MD, estimated in 1984 that 4,000 are performed annually. The number puts the number at 300 to 500. Dr. Haskell says that “probably Koop’s numbers are more correct.”

Dr. Haskell said he performs abortions “up until a week or more of gestation, most of them between 20 and 24 weeks.” Dr. McMahon performs abortions through all 40 weeks of pregnancy, but said he won’t do an elective procedure after 26 weeks. About 80% of those he does after 21 weeks are nonviable.

Mixed feelings

Dr. McMahon admits having mixed feelings about the procedure in which he has chosen to specialize.

“I have two positions that may be internally inconsistent, and that’s probably why I fight with this all the time,” he said.

“I do have moral compulsions. And if I see a case that’s later, like after 20 weeks where it frankly is a child to me, I really agonize over it because the potential is so imminently there. I think, ‘Gee, it’s too bad that this child couldn’t be adopted.’

“On the other hand, another position, which I think is superior in the hierarchy of questions, and that is: ‘Who owns the child?’ It’s got to be the mother.”

Dr. McMahon says he doesn’t want to “hold patients hostage. If it’s futile, I can say, ‘No, I won’t do that,’ and then they’re stuck with either some criminal solution or some other desperate maneuver.” Dr. Haskell, however, says whatever qualifications he has about third-trimester abortions “are only for technical reasons, not for emotional reasons of fetal development.”

“I think it’s important to distinguish the two,” he says, adding that a cutoff point is within the viability threshold noted in Roe v. Wade, the Supreme Court decision that legalized abortion. The decision said that point usually occurred at 28 weeks “but may occur earlier, even at 24 weeks.”

“Viability is generally accepted to be somewhere between 25 and 26 weeks,” said Dr. Haskell. “It just depends on who you talk to.

“We don’t have a viability law in Ohio. In New York they have a 24-week limitation. I’ve had patients tell me there’s no way they would have let me do it if I told them how hard it would be. If someone body tells me I have to use 22 weeks, that’s fine. … I’m not a trailblazer or activist trying to constantly press the limits.”

Campaign’s impact debated

Whether the ad and brochures will have the full impact on the public is questionable. But there is a move to provide some protection for the lives of many expectant mothers. How this would be accomplished is another question.

Mr. BACHUS. Mr. Speaker, today I urge my colleagues to override President Clinton’s veto of the Partial-Birth Abortion Ban Act, and urge my colleagues to follow suit in finally banning this unethical abortion procedure.

Let me begin by saying, the question of whether partial-birth abortions are right or wrong goes far beyond whether an individual takes a pro-life or pro-choice stance. This debate is about using humane and ethical medical practices. Former Surgeon General C. Everett Koop said, “Such a procedure cannot truthfully be called medically necessary for either the mother or for the baby.” As compassionate human beings, we should not allow physicians to continue to perform this procedure, one that was simply created to make it easier and faster for them to perform late-term abortions.

During my time in Congress, I have always opposed abortion except to save the life of a mother. Opponents of this legislation continue to argue the procedure is saving the lives of many expectant mothers. However, they fail to recognize that H.R. 1833 explicitly provides that the ban “shall not apply to a partial-birth abortion that is necessary to save the life of a mother whose life is endangered by a physical disorder, illness, or injury if other medical procedures would not suffice for that purpose.” What the bill does is ban this procedure from being used electively, which a majority of those serving in Congress believes is the right and ethical thing to do.
The veto override of the Partial-Birth Abortion Ban Act-deserves the support of every Member of Congress, regardless of your stance on the issue of abortion. I urge all of my colleagues—Democrat, Republican, pro-life, and pro-choice—to seriously consider the morality of this procedure. In fact because of the shamefulness of the procedure, a number of historically pro-choice members of this body supported the ban on both occasions it was considered by the House of Representatives. Let us again join together in a bipartisan manner and override the veto of the Partial-Birth Abortion Ban Act.

Ms. FURSE. Mr. Speaker, I rise to oppose the motion to override the President's veto of the Partial-Birth Abortion Ban Act, H.R. 1833. I voted against H.R. 1833 earlier this year. Sadly, there are rare and tragic circumstances in which a woman may be advised by her doctor that this procedure is medically necessary to save her life or avoid dire consequences to her health.

H.R. 1833 does not contain an exception for saving the health of the mother, and could actually aggravate the abortion problem.

The exception in H.R. 1833 also fails to cover cases where the mother could lose her ability to have more children.

However rare, tragic circumstances surrounding a woman's pregnancy do sometimes exist. In many cases, the woman's health should make her decision in consultation with her family and her physician, and I feel strongly that Congress should not second-guess the medical advice of licensed doctors or the moral decisions of families in such devastating situations.

I urge my colleagues to oppose this motion to override the President's veto.

Mr. BROWNBACK. Mr. Speaker, I submit the following for the RECORD:

**AUSTRALIAN PLANNED PARENTHOOD DIRECTOR LISTS MANY REASONS FOR HIS PARTIAL-BIRTH ABORTIONS**

(By Douglas) Johnson, NRLC Federal Legislative Director)

The medical director for Planned Parenthood clinic also offers the procedure after 20 weeks for any woman who fall into five additional "categories":

- Minor or doubtful fetal abnormalities.
- Extreme maternal immaturity, i.e., girls in the 11 to 14 age bracket.
- Women "who do not know they are pregnant," for example, because of amenorrhea (irregular menstruation) in "women who are of such low parity that those under extreme forms of stress, i.e., exam stress, relationship breakup.
- Intellectually impaired women, who are unaware of basic biology.
- Major life crises or major changes in socioeconomic situations.

The most controversial of the procedures is a planned or wanted pregnancy followed by the sudden death or desertion of the partner who is in all probability the bread winner.

"Abortion beyond 20 weeks is unavailable anywhere in Australia, except at our Planned Parenthood clinics for the last 5 categories," Dr. Grundmann wrote. Under the heading "What can be done to improve or expand this service?" Dr. Grundmann wrote, "Demystify abortion particularly late abortion by appropriate education of the population."

**ELECTION ISSUE**

Mr. Speaker, I submit the following for the RECORD:

**LISTS MANY REASONS FOR HIS PARTIAL-BIRTH ABORTIONS**

Dr. Grundmann's paper has been publicized by the Queensland Right to Life Association, and it has produced considerable debate in the last two years.

Dr. David van Gend said in an interview with NRL News. "The Labor Government had refused to put the woman's fetus in an incubator."

Dr. Grundmann told the panel.

Dr. van Gend said that in an interview with Dr. Grundmann, "I asked him if there was not something cold and premeditated, even grotesque, about setting out to dilate the birth canal to 75% of the fetal skull diameter, in order to ensure the head will lodge in the cervix [the opening to the womb], in order to have a puncturing instrument through that head, in order to ensure 'no chance of delivering a live fetus'—when by dilating the canal one metre, he would enable the baby to slip out and be given to the care of a pediatrician. His response was to the effect that he was there to terminate that pregnancy, not to put the woman's fetus in an incubator."

By a radio interviewer, "At what point do you believe the fetus becomes a sentient being?" Dr. Grundmann responded, "When it is born."

Dr. van Gend told NRL News. "At no stage does the Australian debate over partial-birth abortions has Dr. Grundmann or anyone else tried to pretend that the baby is already dead before the head is punctured. The baby was wide awake and alive."

Dr. van Gend explained that in Queensland, statutory law generally prohibits abortion,
but a 1986 court ruling known as "the Mcguire ruling" provides for exceptions in cases in which there is a "serious" danger to a woman's life or health, including mental health. Dr. Grundmann has asserted that all of his abortions fit under these criteria. However, in a 1995 civil case, a Queensland judge ruled, "I disbelieve Dr. Grundmann's assertion, and specifically applied that test before each and every abortion which he performed."

"If Dr. Grundmann is even prosecuted, a jury would be asked to decide whether these late abortions--for these reasons, by this method--are justified under our law," Dr. van Gend said.

Queensland law requires that a death certificate be filed for abortions performed after 20 weeks, which Dr. Grundmann wrote is "certainly an inconvenience."

Mr. WATTS of Oklahoma. Mr. Speaker, recently, a physician asked exactly what we meant by the term, partial-birth abortion ban and instead of going through the grotesque explanation, we told her that she was right--we had been calling it by the wrong name. Late-term, or just plain abortion was probably more accurate.

However, one physician from my home State of Oklahoma said that she called it infanticide. No matter what you call it, this veto needs to be overridden.

Mr. Speaker, while not talking about a medically proven treatment that is going to save thousands of lives, in fact, we are stating the exact opposite. This is not a medically necessary procedure. This is a gruesome execution.

We need to be a Congress that stands for right causes, right decisions, and plain old doing the right thing.

This late-term abortion--when the fetus is a viable baby--is the right thing for this Congress to do. It is commanded by anyone who believes in the sanctity of life.

We have had hundreds and hundreds of postcards, a petition with literally thousands of names of it and letters of support from Catholic bishops, evangelical pastors, and rabbis.

To my colleagues, I have to tell you: This is the right thing to do. Please vote to override the veto of infanticide.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in opposition to H.R. 1833 and thus, in opposition to the misguided attempt to override the President's veto. I do so for many reasons, all of which I have stated before but will gladly reiterate in the hope of convincing those who might support this override attempt of the error of their actions.

The first is that in 1973, and more recently in 1992, the Supreme Court held that a woman has a constitutional right to choose either to have an abortion. H.R. 1833 is a direct attack on the principles established in both Roe versus Wade and Planned Parenthood versus Casey.

H.R. 1833 is a direct challenge to Roe versus Wade (1973). This legislation would make it a crime to perform a particular abortion method utilized primarily after the 20th week of pregnancy. This legislation represents an unprecedented and unconstitutional attempt to ban abortion and interfere with a woman's right to choose and a physician's ability to provide the best medical care for their patients.

The reason for my opposition is that H.R. 1833 would ban a range of late term abortion procedures that are used when a woman's health or life is threatened or when a fetus is diagnosed with severe abnormalities incompatible with life. Because H.R. 1833 does not use medical terminology, it fails to clearly identify which abortion procedures it seeks to prohibit, and as a result could prohibit physicians from using a range of abortion techniques, including those safest for the patient. These procedures would have a devastating effect on women who learn late in their pregnancies that their lives or health are at risk or that the fetuses they are carrying have severe, often fatal, anomalies.

The Republican Members of this body need look no further than their own party for women who have offered their own stories, as testimony to the need for such medical procedures.

Women like Coreen Costello, a loyal Republican and former abortion protester whose baby had a lethal neurological disease; Mary-Dorothy Lines, a conservative Republican who discovered her baby had severe hydrocephalus; and many others who needed this procedure to insure not only their health, but their ability to have more children in the future.

These are examples that would be hurt by H.R. 1833--women and their families who face a terrible tragedy—the loss of a wanted pregnancy.

I heard first hand, during judiciary committee hearings, a pain every woman who had this procedure. For hours we listened to their tales of emotional and physical suffering during their testimony.

In April, the President was joined by five women who were heartbroken to learn of their baby's fetal conditions. These women wanted their children more than life itself, but were advised that this procedure was their best chance to avert the risk of death or grave harm. He found their testimony moving, because for them, this was not about choice, but rather life. One of them described her predicament:

"Our little boy had hydrocephaly. All the doctors told us there was no hope. We asked about in utero surgery, about shunts to re-route the fluid, but there was absolutely nothing we could do. I cannot express the pain we still feel. This was our precious little baby, and he was being taken from us before we even had him. This was not our choice, for not only was our son going to die, but the complications of the pregnancy put my health in danger, as well."

In Roe, the Supreme Court established that after viability, abortion may be banned by the physician-patient relationship by preventing physicians from providing necessary medical procedures. As a result, women and their families will risk going to jail in order to perform this procedure.

In Roe, the determination of the medical need for, and effectiveness of, particular medical procedures must be left to the medical profession, to be reflected in the standard of care.

While these are my reasons for opposing H.R. 1833 and this veto override, I believe it is time to clear up some facts associated with the procedure being debated.

To begin with, the term "partial birth abortion" is not found in any medical dictionaries, textbooks or coding manuals. The definition in H.R. 1833 is so vague as to be unintelligible, yet chilling. Many OB/GYN's medical language could be interpreted to ban all abortions where the fetus remains intact. The supporters of this bill want to intimidate doctors into refusing to do abortions. Given the bill's vagueness, few doctors will risk going to jail in order to perform this procedure. As a result, women and their families will find it even more difficult, if not impossible, to find a doctor who will perform a late-term abortion, and women's lives will be put in even more jeopardy.

In addition, late term abortions are not common. Ninety-five and five percent of abortions take place before 20 weeks. Only a little more than one-half of one percent take place at all after 20 weeks. Fewer than 600 abortions per year are done in the third trimester and all are done for reasons of life or health of the mother—severe heart disease, kidney, failure, or rapidly advancing cancer—and in the case of severe fetal abnormalities incompatible with life—no eyes, no kidneys, a heart with one chamber instead of four or large amounts of brain tissue missing or positioned outside of the skull, which itself may be microcephalic.

An abortion performed in the last second trimester or in the third trimester of pregnancy is extremely difficult for everyone involved. However, when serious fetal anomalies are discovered late in a pregnancy, or the mother develops a life-threatening medical condition that is inconsistent with the continuation of the pregnancy, abortion—that is, heart-wrenching may be medically necessary.

In such cases, the intact dilation and evacuation procedure (IDE)—which would be outlawed by this bill—may provide substantial medical benefits. It is safer in several respects than the alternatives, maintaining uterine integrity, and reducing blood loss and other potential complications.
Let me set the record straight, none is advocating the abuse of this process and those who would state differently are exaggerating the frequency and circumstances under which this procedure is done. I have great confidence in the American doctors and women to do the right thing and not use this procedure for anything less than saving the life of the mother.

The decision to have an abortion is a very difficult one for any woman, and I do not understand how the many Members of this House could face the possibility, can belittle the anguish that such a decision causes. The determination of whether abortion is appropriate for any individual is something that should be left up to herself, her family and her God. And I am sickened and appalled that so many Members of this usually honorable body would use this very private issue for political gain. How they can minimize the tragedy that befalls families when the loved and cherished is found to be inapplicable and the ability for the mother to bear future children is in great jeopardy, I do not know nor do I understand. For during these times of misfortune, one forms one’s spiritual strength and to think the Government would have the effrontery to intrude makes a mockery of the Constitution and an individual’s right to privacy. In short, we are not advocating this procedure on demand. During these times of misfortune, one calls upon one’s spiritual strength and to think the Government would have the effrontery to intrude makes a mockery of the Constitution and an individual’s right to privacy. In short, we are not advocating this procedure on demand. During these times of misfortune, I am ready to support legislation that limits this abortion procedure to the most serious of cases, but I am not prepared to ban it in those cases where it represents the best hope for a woman to avoid serious risk of her health.

Mr. Speaker, over 300 physicians, including C. Everett Koop, have joined together to expose the misinformation campaign of the supporters of partial-birth abortion. I insert the facts provided by PHACT in the CONGRESSIONAL RECORD:

PHACT in the CONGRESSIONAL RECORD:
A NATIONAL COALITION OF DOCTORS SAYS IT’S UNSAFE AND UNNECESSARY

The Physicians’ Ad Hoc Coalition for Truth (PHACT) was formed because we, as physicians, can no longer stand by while these procedures are being performed. The President of the United States and the media continue to repeat false claims to members of Congress and to the public about partial-birth abortion. We are over 300 doctors strong, most specialists in obstetrics, gynecology, maternal/fetal medicine and pediatrics.

By comparison, a partial-birth abortion is the killing of an infant who has already been partially delivered outside his or her mother’s body. Medically, it is accomplished by forcing the head-first out of the birth canal until all but the head is exposed. The surgeon then forces scissors into the base of the baby’s skull, spreads them, and inserts a suction catheter through which he suctioned the brain. Congress, the public—but most importantly women—need to know that partial-birth abortion is never medically necessary to protect a mother’s health or her future fertility.

On the contrary, this procedure can pose a significant threat to both. I the words of former Surgeon General C. Everett Koop: “In no way can I twist my mind to see that partial-birth—and the destruction of the unborn child before the head is born—is a medical necessity for the mother.”

Now you know the facts.

We urge you tell your representatives to stop this unnecessary and dangerous procedure. The vote is this week. Please call now.

FORMER SURGEON GENERAL KOOP SEPARATES MEDICAL FACT FROM FICTION ON PARTIAL-BIRTH ABORTIONS—KOOP: THE PARTIAL-BIRTH ABORTION BILL IS “IN NO WAY . . . A MEDICAL NECESSITY”

ALEXANDRIA, VA.—In a wide ranging interview with the American Medical News, former Surgeon General C. Everett Koop expressed his opposition to partial-birth abortions and declared that they are not medically necessary.

The former Surgeon General was asked about President Clinton’s recent veto of a bill to ban partial-birth abortions and claims regarding the medical need for them. Follow-

Dr. Koop’s remarks echo over three hundred other medical professionals—leaders in the fields of obstetrics, gynecology and perinatology—who have joined the Physicians’ Ad-hoc Coalition for Truth to help Americans and Congress understand that partial-birth abortions are medically unnecessary, and in fact can threaten a mother’s health and safety.

The Physicians’ Ad-hoc Coalition for Truth (PHACT), with over three hundred members drawn from the medical community nationwide, exists to bring the medical facts to bear on the public policy debate regarding partial birth abortions. Members of the coalition are available to speak to public policy makers and the media. If you would like to speak with a member of PHACT, please contact Karen Tarne or Michelle Powers at 703-683-6004.

PHYSICIANS’ AD HOC COALITION FOR TRUTH, Alexandria, VA, September 18, 1996.

DEAR MEMBER OF CONGRESS: We write to you as founding members of our Physicians’ Ad-hoc Coalition for Truth (PHACT), an organization of over three hundred members drawn from the medical community nationwide—most obstetricians, perinatologists and pediatricians.—and to the public about the medical misinformation driving the partial-birth abortion debate. As doctors, we cannot remain silent in another issue of public policy so directly related to the health of a community that has been subject to such distortions and outright falsehoods.

The most damaging piece of medical misinformation that seems to be driving this debate is that the partial-birth abortion procedure may be necessary to protect the lives, health and future fertility of women. You have heard this claim most dramatically not from doctors, but from a handful of women who chose to have a partial-birth abortion when their children were diagnosed with some form of fetal abnormality.

As physicians who specialize in the care of pregnant women and their children, we have all attended women in the same tragic circumstances as the women who have publicly shared their experiences to justify
this abortion procedure. So as doctors intimately familiar with such cases, let us be very clear: the partial-birth abortion procedure, as described by Dr. Martin Haskell (the national co-chairman of the procedure and defined in the Partial-Birth Abortion Ban Act, is never medically indicated and endangers the health of women, the health and future fertility of women. There are simply no obstetrical situations encountered in this country which require a partial-birth abortion to preserve the life, health or future fertility of the woman. Not for hydrocephaly (excessive cerebrospinal fluid in the head); not for spina bifida (a lack of amniotic fluid collecting in the woman); and not for trisomy (genetic abnormalities characterizing Down's Syndrome).

Our members concur with former Surgeon General C. Everett Koop's recent statement that "in no way can I twist my mind to see that [partial-birth abortion] is a medical necessity for the mother."

As case in point would be that of Ms. Coreen Costello, who has appeared several times before Congress to recount her personal experience in defense of this procedure. Her unborn child suffered from at least two conditions that may have warranted an abortion: an abnormal fetal position and polyhydramnios, or excess amniotic fluid, which causes excess fluid to collect in the uterus, and "hydrocephalus," a condition that causes an excess amount of fluid to accumulate in the fetal head.

The usual treatment for removing the large amount of fluid in the uterus is a procedure called amniocentesis. In both cases excess fluid is drained by using a thin needle that can be placed inside the womb through the abdomen ("transabdominally"); the preferred procedure, though, is transvaginal ("transvaginally.") The transvaginal approach, however, as performed by Dr. McMahon on Ms. Costello, puts the woman at an increased risk of infection because of the non-sterile environment of the vagina. Dr. McMahon used this approach most likely because he had no significant expertise in obstetrics and gynecology. After the fluid has been drained, and the head decreased in size, labor would be induced and attempts made to deliver the child vaginally. Given these medical and hospital complications described by Ms. Costello or any of the other women who were tragically misled into believing they had no other options.

Indeed, the partial-birth abortion procedure itself can pose both an immediate and significant risk to a woman's health and future fertility. To take just one example, to forcibly dilate a woman's cervix over the course of several days, as the partial-birth abortion requires, risks creating an "incompetent cervix," a leading cause of future premature deliveries. It seems to have escaped anyone's attention that five women who appeared at President Clinton's veto ceremony who had a partial-birth abortion subsequently had five miscarriages.

The evidence is clear and argues overwhelmingly against the partial-birth abortion procedure. Given the medical realities, a truly pro-woman vote would be to prohibit a procedure that takes a potential threat to women and children in this country can only be endorsed by your unequivocal support of H.R. 1833.

Thank you for your consideration.

Sincerely,

NANCY G. ROMER, M.D.,
FACOG, Clinical Professor, Department of Obstetrics and Gynecology, Wright State University, Chairman, Dept. of Ob/Gyn, Miami Valley Hospital, OH.

CURTIS R. COOK, M.D.,
Maternal Fetal Medicine, Butterworth Hospital, Michigan State College of Human Medicine.

PAMELA E. SMITH, M.D.,
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Joseph L. DeCook, M.D.,
FACOG, Holland, MI.

DOCTORS' GROUP PROMOTING MEDICAL FACTS ABOUT PARTIAL-BIRTH ABORTION QUICKLY SWELLS TO OVER 300 MEMBERS—MEDICAL SPECIALISTS NATIONWIDE STAND FIRM: PARTIAL-BIRTH ABORTION NEVER A MEDICAL NECESSITY.

ALEXANDRIA, VA.—The Physicians Ad-hoc Coalition for Truth (PHACT) has quickly grown to over 300 doctors nationwide, actively promoting the fact that partial-birth abortions are never medically necessary.

PHACT was formed by medical professionals concerned about repeated medical misstatements and distortions rampant in the debate over partial-birth abortions, and to promote the fact that a partial-birth abortion is never medically necessary to protect the health of a mother or to protect her future fertility. In fact, the procedure can pose grave dangers to the woman, and is not recognized in the medical community.

Recently, former Surgeon General G. Everett Koop publicly confirmed that the partial birth abortions are not medically necessary procedures. During an interview published in 8/96 issue of American Medical News, Dr. Koop remarked "I believe Mr. Clinton was misled by his medical advisors on what is fact and what is fiction in reference to late-term abortion. Because in no way can I twist my mind to see that later-term abortion as described—you know, the partial-birth, and then destruction of the unborn child before the head is cut off—had medical necessity for the mother. It certainly can't be a necessity for the baby. So I am opposed to partial-birth abortion."

The current PHACT membership of over 300 far surpasses the founding members' stated goal to attract 200 members. PHACT was formed in late July of this year, and held its inaugural congressional briefing on July 24 as their debut event to educate Congress and the public on the medical facts about partial-birth abortion.

The Physicians' Ad-hoc Coalition for Truth (PHACT) exists to bring the medical facts to women confronting unfortunate situations like Ms. Costello had to face. The following analysis is based on Ms. Costello's public statements regarding events leading up to her abortion performed by the late Dr. James McMahon. This analysis was done by Dr. Curtis Cook, a perinatologist with the Michigan State College of Human Medicine and member of PHACT.

"Ms. Costello's child suffered from 'polyhydramnios secondary to fetal swallowing defect.' In other words, the child could not swallow the amniotic fluid in excess of the fluid therefore collected in the mother's uterus. Because of the swallowing defect, the child's lungs were not properly stimulated, and an underdevelopment of the lungs would likely be the cause of death if abortion had not intervened. The child had no significant chance of survival, but also likely died as soon as the umbilical cord was cut.

"The usual approach in such a case would be to reduce the amniotic fluid collecting in the mother's uterus by serial amniocentesis. Excess fluid in the fetal ventricles could also be drained. Ordinarily, the draining would occur 'transabdominally.' Then the child would be vaginally delivered, after attempts were made to move the child into the usual, head-down position. Dr. McMahon, who performed the draining of cerebral fluid on Ms. Costello's child, did so 'transvaginally,' most likely because he had no significant expertise in obstetrics/gynecology. In other words, he would have been able to do it well transabdominally—the standard method used by ob/gyns—because that takes a degree of expertise he did not possess.

"Costello's statement that she was unable to have a vaginal delivery, or, as she called it, 'natural birth or an induced labor,'...
is contradicted by the fact that she did indeed have a vaginal delivery, conducted by Dr. McMahon. What Ms. Costello had was a breech vaginal delivery for purposes of aborting the child, however, as opposed to a vaginal delivery intended to result in a live birth. A cesarean section in this case would not be medically indicated—not because of any issue to protect—because the baby could be safely delivered vaginally."

The Physicians' Ad-hoc Coalition for Truth (PHACT), with over three hundred members drawn from the medical community nationwide, exists to bring the medical facts to bear on the public policy debate regarding partial birth abortions. Members of the coalition speak to public policy makers and the media. If you would like to speak with a member of PHACT, please contact Gene Tarne or Michelle Powers at 703-683-5004.

Mr. UNDERWOOD. Mr. Speaker, I rise today to urge my colleagues to vote for the override of the President's veto of the partial birth abortion bill. I sponsored the original legislation because it would protect the sanctity of life and prevent the cruel and inhumane killing of unborn children. We can certainly find humane ways to deal with whatever reasons or undue burdens which cause women to resort to partial birth abortions. But we should not, as a nation, sanction the procedure of a partial birth abortion which requires the delivery of a fetus which is still alive. A living fetus is viable and we should respect its humanity.

Another argument offered by those who oppose the bill is that this procedure is rare and utilized under circumstances when the baby is defective or the mother's life is in danger. This is not true. Many doctors admit that partial birth abortions are elective and quite common. There are many reasons why women have late-term abortions. Some cite the lack of money or adequate health insurance to support the child. Others may have social or psychological problems which hinder their ability to go to full term on their pregnancy.

No matter what reasons are cited, this brutal and senseless procedure should never be allowed.

We can certainly find humane ways to deal with whatever reasons or undue burdens which cause women to resort to partial birth abortions. But we should not, as a nation, sanction this procedure: it is wrong, wrong, wrong.

For me and the people of Guam whom I represent, the importance of childbearing and the worth of children in our culture are cornerstones for sustaining family values. For us, abortion is something we vigorously oppose because it destroys our concept of family preservation.

I join the U.S. Catholic Conference, a number of antiabortion groups, and a majority of my colleagues in the House in supporting the overturn of the veto on this important legislation. This is in direct circumstances of a health policy issue—this is an issue of protecting children who are killed before they are given a chance to experience their humanity.

Mr. BEILENSON. Mr. Speaker, I rise in strong opposition to the ill-advised attempt to overturn the President's veto of H.R. 1833.

The President's veto should be sustained—especially because this is a bill that, on the pretense of seeking to ban certain vaguely defined abortion procedures, is in reality an assault on the constitutionally guaranteed right of women to reproductive freedom and on the freedom of physicians to practice medicine without government intrusion.

This legislation would be a direct blow to the fight many of us led for many years to protect—among others—the right of every woman to choose a safe medical procedure to terminate a wanted pregnancy that has gone tragically wrong, and when her life or health are endangered.

The President has condoned the legislation because it does not contain a true life and health exception provision. It does contain an extremely narrow life exception, and it requires further that no other medical procedure would suffice. But it provides no exception at all to preserve the woman's health, no matter how seriously or permanently it will be damaged.

This exception is obviously a basic and fundamental concern to women and their families. Without it, the bill will force a woman and her physician to resort to procedures that may be more dangerous to the woman's health—and to her well-being, life, and future fertility.

The truth is, however, that we have absolutely no business considering this prohibition and criminalization of a constitutionally protected medical procedure.

This is a dangerous piece of legislation. It is the first time the Federal Government would ban a particular method of abortion, and it is part of an effort to make it almost impossible for any abortion to be performed late in a pregnancy—no matter how endangered the mother's life or health might be.

At stake here is whether or not we will be compassionate enough to recognize that none of us in this legislative body has all the answers to every tragic situation.

We are debating not merely whether to outlaw a procedure, but under what terms. If legislation is such that it may be considered as an attack on physicians which medical procedures they may not, despite their own best judgment, use, then it must permit a life or adverse health exception. That is the only way that the legislation might possibly meet the requirements that have been handed down by the U.S. Supreme Court.

Mr. Speaker, on a personal note, I authored California's Therapeutic Abortion Act, which was one of the first laws in the Nation to protect the lives and health of women. Members may recall that I was one of the only members to vote against the constitutionalization of this amendment which was added. I supported that amendment in 1973, which banned abortion only in cases where there was a threat to the mother's life or health. When I sponsored legislation that allowed a physician to perform an abortion in cases where the mother's health or safety is endangered, in 1980, I was one of only a handful of members who supported the idea of a partial birth abortion. I cosponsored and supported the legislation to ban partial-birth abortions both because I am committed to protecting the rights of the unborn and because they are particularly morally repugnant.

I will vote to override the President's veto and encourage my colleagues to join me so that H.R. 1833, the Partial Birth Abortion Ban Act can be enacted.

A partial-birth abortion is not, as President Clinton would have us believe, an ordinary medical procedure. It is a gruesome practice which pulls a baby from its mother's womb and ends its life.

There is no gray area in this debate. This heinous practice—coming very late in the pregnancy—is clearly the killing of a human baby.

Thousands of Americans have written and called the House to plead that we enact the Partial-Birth Abortion Ban Act and protect the right to life of these late-term children. I pray that we will hear their plea and override the President's veto.

Mr. SENSENBRENNER, Mr. Speaker, I strongly support overriding President Clinton's veto of H.R. 1833, the Partial Birth Abortion Ban Act.

The President's veto of the Partial Birth Abortion Ban Act is morally indefensible and his reason for vetoing the bill does not hold up under closer scrutiny. The President claims that the abortion procedure is necessary, in fact, the "only way," for women with certain pre-natal complications to avoid serious physical damage, including the ability to bear further...
children. If this is true, then why is partial-birth abortion not taught in a single medical residency program anywhere in the United States? Why is it not recognized as an accepted surgery by the American College of Obstetricians and Gynecologists? Actually, the American Medical Association’s legislative council voted unanimously to endorse the partial-birth abortion ban.

The fact is, a partial-birth abortion is never necessary to preserve the health of the mother. However, you do not have to take my word for it, listen to what former Surgeon General C. Everett Koop has to say on the subject. Mr. Koop stated:

I believe that Mr. Clinton was misled by his medical advisors on what is fact and what is fiction in reference to late-term abortions. Because in no way can I twist my mind to see that the late-term abortions as described—you know, partial birth, and then destruction of the unborn child before the head is born—is a medical necessity for the mother.

The dangerous reality is, according to undisputed expert medical testimony given before the House Subcommitte on the Constitution, the partial-birth abortion can be harmful to the mother in several ways. First, the cervix must be forcefully dilated, threatening future pregnancies by weakening the cervix. Next, the surgeon’s hand must be inserted into the uterus to turn the baby around. This maneuver is so dangerous that it has been avoided in obstetrical practice for decades. Finally, the removal of the baby’s brain while the head remains in uterus may expose sharp fragments of bone. Uterine laceration and severe hemorrhaging may result.

The difference between a partial-birth abortion and a normal delivery is a mere three inches. A society that strives for civility should not tolerate such barbarism.

Mr. KLEczka. Mr. Speaker, I rise today in strong support of H.R. 1833, which will stop the senseless and inhumane practice of partial-birth abortions.

Partial-birth abortions are gruesome, they are horrific and they are wrong.

I voted in favor of H.R. 1833 on November 1, 1995 and again on March 27, 1996. Today, I continue to support this much-needed legislation by once again voting for H.R. 1833—and voting to override the President’s veto.

Critics of this bill say the majority of these procedures are health related. Yet documents obtained by the committees studying this issue show that the majority of late-term abortions are not done for medical reasons at all.

Critics of this measure say it will harm mothers whose babies pose a life-threatening hazard to their health. Yet H.R. 1833 contains an exception for the mother if her life is in danger. This exception allows the procedure if it is ever “necessary to save the life of a woman whose life is endangered by a physician’s diagnosis within normal circumstances, physicians avoid cesarean section. At times, they may even perform a breech delivery whenever possible; in this case, the baby’s head is not delivered first. Sometimes, as in the case of polyhydramnios (an excess of amniotic fluid in the amniotic sac), the baby’s head may not be able to fit through the birth canal. In this case, the doctor may perform a procedure called a "double-uterine segment," resulting in immediate and massive bleeding and the threat of shock or even death to the mother.

None of this risk is ever necessary for any reason. We and many other doctors across the country regularly treat the unborn children suffer the same conditions as those cited by the women who appeared at Mr. Clinton’s veto ceremony. Never is the partial-birth procedure necessary, not for hydrocephaly (excessive cerebrospinal fluid in the head), not for polyhydramnios (an excess of amniotic fluid collecting in the amniotic sac), and not for trisomy (genetic abnormalities characterized by an extra chromosome). Sometimes, as in the case of hydrocephaly, it is first necessary to drain the fluid from the baby’s head. And in some cases, when vaginal delivery is not possible, a doctor performs a Caesarean section and in no cases to partially deliver an infant through the vagina and then kill the infant.

How telling it is that although Mr. Clinton met with women who said they needed partial-birth abortions on account of these conditions, he flat-out refused to meet with women who delivered babies with these same conditions, with no damage whatsoever to their health or future fertility.

Former Surgeon General C. Everett Koop was recently asked whether he’d ever operated on children who had any of the disabilities described in this debate. Indeed he had. In fact, one of his patients—‘‘with a large abnormality of organs’’—was born with a baby’s organ] much bigger than her head’’—went on to become the head nurse in his intensive care unit many years later.

The president’s reaction to the president’s veto? ‘‘I believe that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction’’ on the matter, he said. Such a distortion of medical facts only be called medically necessary for either the mother or—he scarcely need point out—for the baby’s survival.
So whom are you going to believe? The activist-extremists who refuse to allow a little truth to get in the way of their agenda? The politicians who benefit from the activists' political action committees? Or doctors who have the facts?

[From the National Right to Life Committee, Sept. 17, 1996]

TWO MAJOR NEWSPAPERS DISRECK KEY CLAIMS OF WHITE HOUSE AND OTHER FOES OF PARTIAL-BIRTH ABORTION BAN

WASHINGTON.—The U.S. House of Representatives is scheduled to vote as early as Thursday, September 19, on whether to override President Clinton's veto of a bill to ban partial-birth abortions (except to save a mother's life). The following week, two daily newspapers—the Washington Post and the Record of Bergen County, New Jersey—have published investigative reports that discredit false claims by the White House and pro-abortion advocacy groups that partial-birth abortions are "extremely rare" and are performed only or mainly in cases of risk to the mother or lethal disorders of the fetus/baby.

The Record's investigative report, titled "The Facts on Partial-Birth Abortions," was written by women's issues' staff writer Ruth Gallegly and published on September 15. The Record quoted the insisted claims of pro-abortion advocacy groups that partial-birth procedures are performed in rare and medically critical circumstances, before reporting: "But interviews with physicians who use the method reveal that in New Jersey alone, at least 1,500 partial-birth abortions are performed every year by the 400-500 number which the National Abortion Federation (NAF), a lobbying for abortion clinics, has claimed occur in the entire country.

The Post, "Doctors at Metropolitan Medical in Englewood [New Jersey] estimate that their clinic alone performs 3,000 abortions a year on fetuses between 20 and 24 weeks [i.e., 4½ to 6½ months], of which at least half are intact dilation and evacuation," [i.e., partial-birth abortion]. The abortion doctors at the Englewood facility say only a "miniscule amount" are for medical reasons.

We have an occasional amino abnormality, but it's a miniscule amount," said one of the medical doctors who performed the necropsy.

Most are Medicaid patients, black and white are for elective reasons, people who didn't realize, or didn't care, how far along they were. Most are teenagers.

In the September 17 edition of the Washington Post, the Post reported that in USA Today and other newspapers, the Physicians' Association for Truth (PATH), a coalition of about 300 medical specialists, including former Surgeon General C. Everett Koop, says emphatically that even in cases involving severe fetal disorders, "partial-birth abortion is never medically necessary to protect a mother's health or her future fertility."

The SPEAKER pro tem (Mr. LaHood). All time having expired, without objection, the previous question is ordered.

There was no objection.

The SPEAKER pro tem. The question is, Will the House, on reconsideration, pass the bill, the objections of the President to the contrary notwithstanding? Under the Constitution, the vote must be determined by the yeas and nays.

The vote was taken by electronic device, and there were—yeas 285, nays 137, not voting 12, as follows:
The Clerk read the resolution, as follows:

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H. RES. 524

Whereas, a complaint filed against Representative GEPHAIRD has been languishing before the committee for more than seven months and the integrity of the ethics process and the manner in which members are disciplined is called into question; now be it resolved that the Committee on Standards of Official Conduct is authorized and directed to hire a special counsel to assist in the investigation of this matter.Resolved that all relevant materials presented to, or developed by, the Committee in connection with the complaint be submitted to a special counsel, for review and recommendation to determine whether the committee should proceed to a preliminary inquiry.

The SPEAKER pro tempore (Mr. ARMLEY). Mr. Speaker, I offer a resolution to determine whether the committee should proceed to a preliminary inquiry.

Resolved that the Committee on Standards of Official Conduct is authorized and directed to hire a special counsel to assist in the investigation of this matter. Resolved that all relevant materials presented to, or developed by, the committee be submitted to a special counsel, for review and recommendation to determine whether the committee should proceed to a preliminary inquiry.
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The vote was taken by electronic device, and there were—yes 355, no 9, answer “present” 10, not voting 19, as follows:

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The SPEAKER pro tempore. The motion is on the table.

The vote was taken by electronic device, and there were—yes 355, no 9, answer “present” 10, not voting 19, as follows:

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