United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 107th CONGRESS, SECOND SESSION

Vol. 148 WASHINGTON, TUESDAY, MARCH 12, 2002 No. 27

House of Representatives

The House met at 12:30 p.m. and was called to order by the Speaker pro tempore (Mr. BALLENGER).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
March 12, 2002.

I hereby appoint the Honorable CASS BALLENGER to act as Speaker pro tempore on this day.

J. DENNIS HASTERT,
Speaker of the House of Representatives.

MORNING HOUR DEBATES

The SPEAKER pro tempore. Pursuant to the order of the House of January 23, 2002, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to not to exceed 30 minutes, and each Member, except the majority leader, the minority leader, or the minority whip, limited to not to exceed 5 minutes.

The Chair recognizes the gentleman from Florida (Mr. STEARNS) for 5 minutes.

BORN-ALIVE INFANTS PROTECTION ACT

Mr. STEARNS. Mr. Speaker, the question I am addressing today concerns Federal policy on when life becomes worthy of recognition and protection. We will have a bill on the floor today, H.R. 2175, the Born-Alive Infants Protection Act; and I am here to advocate its passage, which specifically addresses this policy.

Lately, we can find stories in the news that point up some inconsistencies occurring when individuals, institutions, and policymakers define not just when life begins, but when it becomes worthy of protection. For example, last month the administration announced that a developing fetus should be eligible for the S-CHIP program of government-funded health insurance for low-income children. Then last week, surgeons performed delicate cardiac surgery on the grape-sized heart of a 23-week-old fetus. Finally, in other news, many pregnant widows of fallen husbands in the September 11 terrorist attack are receiving compensation for their yet unborn child. It seems the States of Virginia and New York recognize a fetus as a surviving dependent, while today in Congress, we debate the status of a baby who has already been delivered outside of his or her mother's womb. In all of these examples, in fact, the fetus is recognized as worthy of protection, while here we debate over protecting an already born baby. Obviously, this bill is necessary. These are living babies who must be protected.

In the midst of all of this, there are some who advocate a policy we find questionable here in Congress. For example, consider Peter Singer, professor of bioethics at the University Center for Human Values at Princeton University. According to the Washington Times, in his 2000 book, ''Writings on an Ethical Life,'' he discusses how some societies consider it virtuous to kill handicapped newborns. Professor Singer writes, ''If we can put aside these emotionally moving but strictly irrelevant aspects of killing the baby, we can see that the grounds for not killing persons do not apply to newborn infants.'' This is disturbing language. More illustratively, in a Committee on the Judiciary July 20, 2000, hearing, we learned from registered nurses Jill Stanek and Allison Baker that the hospital at which these women worked, Advocate Christ Hospital in Oak Lawn, Illinois, has a written policy outlining procedures to perform when a child is unwanted. Christ Hospital calls it ''induced labor abortions.''

Now, according to the July 20, 2000, testimony of Nurse Stanek, physicians willfully, prematurely induce labor with the intention of delivering a not yet viable child; but if the baby is born alive, he or she is simply left to die. A nurse might take it to what they call a ''comfort room'' where it does die.

According to Princeton University President Harold Shapiro's statement in the Princeton Weekly Bulletin on December 7, 1998, Professor Singer, in a letter of his own to the Wall Street Journal, notes that significant advances in medical technology require us to think in new ways about how we should make critical medical decisions about life and death. Professor Singer wrote that ''our increased medical powers mean that we can no longer run away from the question by pretending that we are 'allowing nature to take its course.' In a modern intensive care unit, it is doctors, not nature, who make the decisions.'' However, I fail to see how this hospital can shrug it off, innocently claiming nature is taking its course by letting prematurely delivered infants die when it was a medical intervention of physicians that induced his or her birth.

Mr. Speaker, H.R. 2175, the Born-Alive Infant Protection Act, firmly establishes that an infant who is completely expelled or extracted from his or her mother and who is alive is considered a person for purposes of Federal law. For those who exclaim this is an ''assault'' on Roe v. Wade, this bill does not touch Roe v. Wade, which clearly pertains to a fetus in the uterus, not a baby already expelled outside his or her mother. For those who say this legislation is not needed because many States already have these laws on the books, I point to Christ Advocate Hospital where this still is occurring, and to other hospitals and other people like

Printed on recycled paper.