

It is unconscionable for this Congress to place its political agenda ahead of a woman's ability to have access to safe and appropriate health care. Like any other patient, a woman deserves to receive the best care based on the circumstances of their particular situation.

Mr. Speaker, we will hear arguments from staunchly anti-choice members who may resort to inflammatory charts and graphic images to pledge their support of the ban. But we will also hear from Members who are deeply concerned about the legislation and the precedent it would set. So far as I know, this Congress, nor any previous Congress, has ever outlawed a medical procedure.

But at the end of the day, after all the political fights subside, we must ask ourselves one fundamental question: Do American women matter? As a Member of Congress, the mother of three daughters, and a long-time advocate of women's health, I strongly believe the health of women matters in America.

I urge my colleagues to vote "no" on the rule and no on the underlying bill.

Mr. Speaker, I reserve the balance of my time.

Mr. LINDER. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. PAUL).

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

Mr. PAUL. Mr. Speaker, I thank the gentleman for yielding me this time.

Like many Americans, Mr. Speaker, I am greatly concerned about abortion. Abortion on demand is no doubt the most serious social political problem of our age. The lack of respect for life that permits abortion has significantly contributed to our violent culture and our careless attitude toward liberty.

As an obstetrician-gynecologist, I can assure my colleagues that the partial-birth abortion procedure is the most egregious legally permitted act known to man. Decaying social and moral attitudes decades ago set the stage for the accommodated Roe vs. Wade ruling that nationalizes all laws dealing with abortion. The fallacious privacy argument the Supreme Court used must some day be exposed for the fraud that it is.

Reaffirming the importance of the sanctity of life is crucial for the continuation of a civilized society. There is already strong evidence that we are indeed on the slippery slope toward euthanasia and human experimentation. Although the real problem lies within the hearts and minds of the people, the legal problems of protecting life stems from the ill-advised Roe v. Wade ruling, a ruling that constitutionally should never have occurred.

The best solution, of course, is not now available to us. That would be a Supreme Court that would refuse to deal with the issues of violence, recognizing that for all such acts the Constitution defers to the States. It is con-

stitutionally permitted to limit Federal courts jurisdiction in particular issues. Congress should do precisely that with regard to abortion. It would be a big help in returning this issue to the States.

H.R. 3660, unfortunately, takes a different approach, and one that is constitutionally flawed. Although H.R. 3660 is poorly written, it does serve as a vehicle to condemn the 1973 Supreme Court usurpation of State law that has legalized the horrible partial-birth abortion procedure.

Never in the Founders' wildest dreams would they have believed that one day the interstate commerce clause, written to permit free trade among the States, would be used to curtail an act that was entirely under State jurisdiction. There is no interstate activity in an abortion. If there were, that activity would not be prohibited but, rather, protected by the original intent of the interstate commerce clause.

The abuse of the general welfare clause and the interstate commerce laws clause is precisely the reason our Federal Government no longer conforms to the constitutional dictates but, instead, is out of control in its growth and scope. H.R. 3660 thus endorses the entire process which has so often been condemned by limited government advocates when used by the authoritarians as they constructed the welfare State.

We should be more serious and cautious when writing Federal law, even when seeking praise-worthy goals. H.R. 3660 could have been written more narrowly, within constitutional constraints, while emphasizing State responsibility, and still serve as an instrument for condemning the wicked partial-birth abortion procedure.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BENTSEN).

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

Mr. BENTSEN. Mr. Speaker, I rise in very strong opposition to this rule and to the underlying bill.

Mr. Speaker, it is like Yogi Berra and *deja vu* all over again. It could be 1996, it could be 1998; but it is 2000. If anybody had forgotten that this was not an election year, because the presidential primaries have kind of waned, all they have to do is to look and see that this bill is up again and that it is being brought to the floor under a closed rule.

Now, my colleagues and my dear colleague from Florida, the sponsor of this bill, knows this bill is not going to become law this year. It is going to be vetoed by the President and then it is going to be sent back here later, and it will sit at the desk. And I would bet probably around September, or the middle of September, pretty close to the general elections in November, the leadership will decide to roll this bill out again. They will roll it out, and

there will not be sufficient votes, certainly not in the other body and probably not in this body this year, to override the President's veto, but it will make for good press releases. Our friends at the NRCC will roll out some press releases on this, and it will be a political issue.

That is what this is really about. The fact is, if we really wanted to address the issue of late-term abortions, which I do and I think the vast majority of this House wants to do, then we would bring the Hoyer-Greenwood bill to the floor and debate it. Now, I know the gentleman from Florida has some problems with the Hoyer-Greenwood bill. Fair enough. Bring it to the floor under an open rule, and let us debate the issues.

This House, since its creation, has debated and written the laws of this Nation. But the Republican leadership has decided that only a few men in the leadership role can decide what the laws are; what is really important to the health of women or not. They are going to decide that rather than the whole House. But is that not what democracy is all about? Is that not the essence of the people's House, the House of Representatives; that we decide the laws, we debate the laws? Apparently, that is not the essence of the Republican leadership.

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Mr. LINDER. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Montana (Mr. HILL).

(Mr. HILL of Montana asked and was given permission to revise and extend his remarks.)

Mr. HILL of Montana. Mr. Speaker, I thank the gentleman for yielding me the time. I rise to support the rule, and I also support the bill.

I want to describe for the House again what this procedure is. A doctor artificially dilates the cervix, creating an opening that is of adequate size for the baby's delivery. Then the doctor, guided by an ultrasound device, takes hold of one of the baby's legs with a forceps. Then that leg is pulled into the birth canal and is fully delivered.

Then the other leg is accessed and it is delivered, followed by the baby's entire body, everything except the head. We would commonly refer to this as a breech delivery.

The doctor then uses one hand to trace up the spine of the baby up to the base of the baby's skull. And then with a Metzenbaum scissors, the doctor penetrates the base of that skull with those scissors and spreads the scissors open to create a passage large enough for a suction catheter to be inserted into the skull. And then the baby's brains are extracted with the suction device, and that causes the skull to collapse. At that point, the baby dies. And then the baby is fully delivered. The placenta is subsequently delivered, and all the remains are then discarded as medical waste.

The AMA, Mr. Speaker, says that this is not good medicine. Dr. Koop,