Waterhouse, one of the Big Six accounting firms, was ultimately selected to conduct this audit. What they found, to put it simply, was a complete and total mess.

House congressional finances in fact were in such disarray that the Price Waterhouse accounting firm was unable to render an opinion on the financial condition of the House of Representatives. In fact, reading between their lines, I think one can conclude that, if any American business kept its records and managed its money the way the House of Representatives has for many, many years, under the previous leadership, that business would have been bankrupt and its owners would have been in jail.

In fact the audit, which again we promised to the American people and American taxpayers as part of the Contract with America, found 14 significant control weaknesses. These are internal management controls and financial records that were in such disarray that the auditors would not even issue an opinion on the management of House finances because of the gross lack of information.

This is the worst conclusion that an auditor can reach. In one example the poor financial management by the House under the previous Democratic control, Price Waterhouse found that handwritten ledgers were used in the House finance office which process $700 million in taxpayer funds for salaries and expenses.

So, as I mentioned in recent days, the Inspector General has informed the House, and this was reported in the Washington Times last week, the House Inspector General has informed the House that he is preparing to present findings that will identify Members and House officers who have abused travel and salary accounts.

I want to let my colleagues know that, at the appropriate time, I will press for full disclosure of all abusers. I am sure my colleagues here tonight agree with me that we have a duty and an obligation to the American people to identify those who have abused the public trust. I urge my colleagues to join me in this effort.

Again, I just want to point out that I will press for full disclosure of the names. The public has a right to know and a right to demand accountability. I do not want this to get lost in our efforts at other reforms and in our efforts to get a balanced budget plan enacted into law. But again, I think we have an absolute duty and responsibility to pursue this matter, again, given the report that has been presented to the House in phase 1 of the audit by Price Waterhouse.

I will just remind my colleagues that those auditors were professional auditors who conduct large-scale accounting or auditing efforts in the private sector. Those auditors would not even issue an opinion on the soundness of the House's finances or the reliability of financial statements filed by House Democrat leaders who managed the Congress' budget during the period of the audit, which was the last Congress.

□ 2100

So, I ask my colleagues to join me in demanding full disclosure of abuses of House finances. These are the taxpayers' dollars, and the American people have a right to know who is responsible for mismanaging their money and abusing the public trust.

The SPEAKER pro tempore (Mrs. SEASTRAND). Under a previous order of the House, the gentleman from New York [Mr. OWENS] is recognized for 5 minutes.

[Mr. OWENS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

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

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from Florida [Mr. CANADAY] is recognized for 60 minutes as the designee of the majority leader.

Mr. CANADY of Florida. Madam Speaker, while every abortion sadly takes a human life, the partial-birth abortion method takes that life as the baby emerges from the mother's womb—while the baby is only partially in the birth canal. The difference between the partial-birth abortion procedure and homicide is a mere three inches.

Partial-birth abortion goes a step beyond abortion on demand. The baby involved is not ''unborn.'' His or her life is taken during a breach delivery. A procedure which obstetricians use in some circumstances to bring a healthy child into the world is perverted to result in a dead child. The physician, traditionally trained to do everything in his power to assist and protect both mother and child during the birth process, deliberately kills the child in the birth canal.

This is partial-birth abortion: (1) Guided by ultrasound, the abortionist grabs the live baby's legs with forceps. (2) The baby's legs are pulled out into the birth canal. (3) The abortionist delivers the baby's entire body, except for the head. (4) Then, the abortionist jams scissors into the baby's skull. The scissors are then opened to enlarge the hole. (5) The scissors are then removed and a suction catheter is inserted. The child's brains are sucked out causing the skull to collapse so the delivery of the child can be completed.

Because we believe that this procedure is an inhuman act, the gentlewoman from Nevada [Mrs. VUCANOVICH], the gentleman from Ohio [Mr. HALL], the gentleman from Illinois [Mr. HYDE], and I introduced a bipartisan bill to ban the performance of partial-birth abortion. We now have 162 Members from both sides of the aisle who have requested to cosponsor H.R. 1833.

Opponents of H.R. 1833 now claim that the babies who are the victims of partial-birth abortion die, either before the procedure begins or shortly thereafter. But the ''Partial-Birth Abortion Ban Act'' does not cover a procedure in which the baby is delivered after he or she is dead. The definition of partial-birth abortion requires that the baby be partially delivered alive, then killed.

Our opponents' argument that the baby is already dead when these abortions are performed betrays their desperation. They support abortion at any time, in any manner, for any reason. But they know the American people do not support this extreme position. They realize that this inhuman procedure which we have seen depicted here and the results of which we see in this chart, this inhuman procedure in which a body is partially delivered alive, then stabbed in the back of the head, cannot be justified. So, instead of defending the procedure as the practitioners have described it, they change their story and attempt to conceal the reality of this terrible procedure.

However, the new claims of those who defend partial-birth abortion are directly contradicted by past statements of abortionists and by those who have witnessed the procedure. Brenda Shafer, a registered nurse who witnessed the procedure while working with Dr. Martin Haskell, an Ohio abortionist, wrote a letter to Congressman TONY HALL dated July 9, 1995 in which she described the procedure. Nurse Shafer wrote that witnessing the procedure was ''the most horrible experience of my life.'' She described watching one baby and again I quote nurse Shafer:

> The baby's body was moving. His little fingers were clasping together. He was kicking his feet. All the while his little head was still stuck inside. Dr. Haskell took a pair of scissors and inserted them into the back of the baby's head. Then he opened the scissors up. Then he stuck the high-powered suction tube into the hole and sucked the baby's brains out. * * *
>
> Next, Dr. Haskell delivered the baby's head, cut the umbilical cord and delivered the placenta.

Dr. Haskell and Dr. McMahon, two abortionists who prefer the partial-birth abortion method, were interviewed by the American Medical News in 1993. These doctors ''told the AM News that the majority of fetuses aborted this way are alive until the end of the procedure.''

Dr. Dru Carlson—of Cedar-Sinai Medical Center in Los Angeles—wrote to Chairman HYDE in support of Dr. McMahon's use of partial-birth abortions. In the letter to Chairman HYDE she states that she has personally observed Dr. McMahon performing this procedure. She writes that after Dr. McMahon delivers the fetus up to the shoulders, he removes ''cerebrospinal fluid from the brain causing instant brain herniation and death.''

Once again, if the baby is not alive when it is delivered, H.R. 1833 does not cover the procedure. But the statements of the practitioners and eyewitness accounts make it clear that these procedures are performed on living babies.

Abortion advocates also claim that H.R. 1833 would ''jail doctors who perform life-saving abortions.'' This statement truly makes me wonder whether the opponents of the bill have bothered to read the bill. H.R. 1833 explicitly makes allowance for a practitioner who reasonably believes a partial-birth abortion is necessary to save the life of the mother.

Of course, there is not a shred of evidence to suggest that a partial-birth abortion is ever necessary to save a mother's life. In fact, few doctors even know the procedure exists. The American Medical Association's Council on Legislation—which includes 12 doctors—voted unanimously to recommend that the AMA Board of Trustees endorse H.R. 1833. The Council on Legislation of the AMA said partial-birth abortion was not a recognized medical procedure and agreed that the procedure is basically repulsive, and anyone who has seen this procedure described, anyone who understands the way this procedure is performed, would have to come to that conclusion in the end. The AMA board, which is on record in support of abortion rights, decided to remain neutral on H.R. 1833. But it is indeed significant that the council of 12 doctors chosen by the AMA as an advisory board to the AMA Board of Governors did not recognize partial-birth abortion as a proper medical technique.

Proponents of the partial-birth abortion method have also claimed that the majority of babies killed by this method of abortion have disabilities. Focusing the debate on babies with disabilities is a blatant attempt to avoid addressing the reality of this horrible inhuman procedure. In a partial-birth abortion the baby is partially delivered alive, then stabbed through the skull. No baby's life should be taken in this manner. It does not matter whether that baby is perfectly healthy or suffers from the most tragic of disabilities.

Further, neither Dr. Haskell nor Dr. McMahon claims that this technique is used only in limited circumstances. In fact, their writings advocate this method as the preferred method for late-term abortions. Dr. Haskell advocates the method from 20 to 26 weeks into the pregnancy and told the American Medical News that most of the partial-birth abortions he performs are elective. In fact, he told the reporter, ''I'll be quite frank: most of my abortions are elective in that 20-24 week range . . . 80 percent are purely elective.''

Dr. McMahon uses the partial-birth abortion method through the entire 40 weeks of pregnancy. He claims that most of the abortions he performs are non-elective, but his definition of non-elective is extremely broad. Dr. McMahon sent a letter to the Constitution Subcommittee in which he described abortions performed because of a mother's youth or depression as ''non-elective.'' I do not believe the American people support aborting babies in the second and third trimesters for reasons such as youth or depression.

Dr. McMahon also sent the subcommittee a graph which shows the percentage of, quote, ''flawed fetuses,'' that he aborted using the partial-birth abortion method. The graph shows that even at 26 weeks of gestation half the babies Dr. McMahon aborted were perfectly healthy and many of the babies he described as ''flawed'' had conditions that were compatible with long life, either with or without a disability. For example, Dr. McMahon listed 9 partial-birth abortions performed because the baby had a cleft lip.

The National Abortion Federation, a group representing abortionists, also seemed to recognize that partial-birth abortions were performed for many reasons other than fetal abnormalities. In 1993 the National Abortion Federation counseled its members, ''Don't apologize: this is a legal abortion procedure,'' and went on to state:

> There are many reasons why women have late abortions: life endangerment, fetal indications, lack of money or health insurance, social-psychological crises, lack of knowledge about human reproduction, etc.

Now the National Abortion Federation is emphasizing only one of those reasons. In fact, NAF sent a letter to Members of Congress with pictures of babies with severe disabilities urging them to support the use of partial-birth abortion.

I find it offensive to suggest that taking a baby's life in this manner is justified because that baby has abnormalities. The abortionist partially delivers the baby. Remember again this is the way the procedure is performed. The abortionist partially delivers the baby, stabs scissors through the baby's skull, and sucks the baby's brains out. Abnormalities do not make babies any less human or any less deserving of humane treatment. No baby's life should be taken in this manner.

Abortion advocates are claiming that by banning partial-birth abortion we are mounting a direct attack on Roe versus Wade. Yet, in Roe, the Court explicitly rejected the argument that the right to an abortion is absolute and that a woman is entitled to terminate her pregnancy at whatever time, in whatever way, and for whatever reason she alone chooses.

The question I would raise to my friends who support abortion on demand is this: is there ever an instance when abortion, or a particular type of abortion, is inappropriate? Abortion advocates' vehement opposition to H.R. 1833 makes their answer to my question clear. For them there is never an instance when abortion is inappropriate. For them the right to abortion is absolute, and the termination of an unborn child's life is acceptable at whatever time, for whatever reason, and in whatever way a woman or an abortionist chooses.

I do not believe that the American people accept that position. I do not believe that the American people wish to see this sort of procedure performed in this country. This is a procedure which should not be allowed. It is a procedure which is not necessary, it is a procedure which is an offense to the conscience of mankind, it is a procedure that this Congress should prohibit, and I am hopeful that when this bill comes to the floor on Wednesday of this week, we will see a resounding vote of support in favor of H.R. 1833, the Partial-Birth Abortion Ban Act of 1995. This is a bill that this House needs to pass, this Congress needs to pass, and President Clinton needs to sign into law.

Madam Speaker, now I yield to my colleague, the gentleman from Florida [Mr. WELDON].

□ 2100

Mr. WELDON of Florida. Madam Speaker, I would like to thank the gentleman from Florida [Mr. CANADY] for introducing this bill. I remember first reading about this bill in the American medical news. I am a physician. I practice internal medicine. I still try to practice, occasionally seeing patients; and when I first read about this procedure, honestly, I was quite appalled, though I must say, I have been appalled for years at the United States abortion policies.

As a physician, I took an oath when I graduated from medical school. It is called the Hippocratic oath: ''Do no harm.'' I have always felt that performing an abortion procedure is a direct violation of that Hippocratic oath.

Probably nothing more graphically brings that to focus than doing the partial birth abortion. To take a baby, even if the baby has a disability, and I just want to touch briefly on this claim that these babies have disabilities. It is so ironic to me that some of the same people who would speak out against this bill and claim that it is used only on babies with disabilities, which has clearly been shown not to be true, are the same people who would seek so often to increase funding for programs for the disabled. I have found that to be so ironic, that so many of the liberal-leaning Members of this body, and people in government who are frequently some of the most vocal advocates for the disabled, are the ones who will say, This procedure is okay if the baby has a disability, which to me seems like the height of hypocrisy.

Actually, before I took my Hippocratic oath, Mr. Speaker, I became quite convinced that abortion was wrong when I actually had the opportunity to see an abortion as a medical student. It was a 15-year-old girl in her second trimester, and of course, this procedure had not been devised at that

time. They were doing a saline abortion on her. To see that personally, for me, was absolutely moving and convincing that this procedure is wrong, it is morally wrong, it is ethically wrong, and there is no way to justify it. However, this particular procedure is horrifying.

I very much rise in support of this bill. Making this procedure illegal I think is mandatory. Even many people who advocate in support of abortion rights recognize that this is beyond the pale. To take a developed infant and partially deliver the child, where the baby has moving arms and moving legs, and is 3 inches away from being recognized by the Supreme Court of the United States as being a person and being protected by the full rights of the Constitution, and sucking its brains out so that it can be delivered through the undeveloped cervix, I think is just an outrage, a total outrage. To live in the United States, the land of the free and the home of the brave, the Nation that the rest of the world looks to for leadership, especially in the area of human rights and the dignity of human life, and to make a procedure like this legal I think is horrifying, and I very much speak out in support of the bill offered by the gentleman from Florida [Mr. CANADY].

However, I will say that I do that with a certain amount of grief in my heart, because when we make this procedure illegal, they will keep aborting these babies, but they will keep aborting these babies, but they will do it by a different procedure called dilation and extraction, where they dilate the cervix and then they tear the baby apart, limb by limb, and that, to me, is as evil as this is. But I very much, nonetheless, rise in strong support of the bill of the gentleman from Florida [Mr. CANADY]. I highly urge all my colleagues to support this bill, and end this ghastly procedure.

Mr. CANADY of Florida. Madam Speaker, I thank the gentleman from Florida. I now yield to the gentlewoman from Washington [Mrs. SMITH].

Mrs. SMITH of Washington. Mr. Speaker, I would like to thank the gentleman from Florida [Mr. CANADY] for taking on something that is not easy, because the American people do not want to talk about this subject. It takes brave people to stand and talk about what the Nation has not wanted to face.

This week we will be voting on the partial birth abortion ban legislation. I suspect the majority of the American people will never have heard of this heinous procedure. This is not surprising, because, as a Nation, we have created a veil of silence when it comes to the reality of abortion procedures. I know until about 10 years ago that I would not even talk about the procedure, saying it was the choice of a woman. However, tonight, if I had had this procedure before me, and had to be faced with the humanity of the baby, I would have changed to being for life sooner, because no woman who has delivered a baby, who has felt that baby inside of her and held a baby, could allow this procedure, whether she was for choice of abortion or adamantly against abortion.

Madam Speaker, I was a breech baby. I did not know that. I did not know what it meant. My mother said ''You came out backward, and that meant you were backward for many years.'' It was a family joke. I just about did not make it. America needs to realize that this procedure we are talking about tonight, if it had been me, they would have stopped the birth. My mother would have gone into labor, my feet would have come out, and they would have stopped my head from coming out.

Because we were pretty poor at that time and my mother had physical problems, she probably would have qualified for this if she could get a doctor to do it. They would have been able to kill me and then deliver me, and say that I had never been living. This is what we are facing tonight, with this procedure.

Madam Speaker, I was thinking about America and how we have decided to hide from this. But I think tonight I am willing to stand here and say to the American people and to my colleagues, no matter where you are, the humanity and the inhumanity of man has to be reckoned with.

There is an example that I am going to use. It was Gen. Dwight Eisenhower. After the war he required the allied soldiers to walk through Buchenwald, to see the inhumanity, and to see the damage, and to see the hate, and what this had done. He said, ''I made the visit deliberately and required my soldiers to, in order to be in a position to give firsthand evidence of these things if ever in the future there develops a tendency to charge these allegations merely to propaganda.''

General Eisenhower was not discussing abortion or this particular procedure, but he was understanding the necessity to look death in the face and call it for what it was, and it is certainly timely. While we may prefer to look away from abortion, the reality demands otherwise. I call on my colleagues to look at the humanity of these babies, see the pictures—that is not a blob, those are little legs and feet hanging out, that is a head—and make a decision, is that a baby; and if it is, vote today to protect that baby's life at least in this procedure; if you cannot protect him in others, at least in this.

Mr. CANADY of Florida. Madam Speaker, I yield to the gentleman from Oklahoma [Mr. COBURN].

Mr. COBURN. I thank the gentleman from Florida [Mr. CANADY] for yielding to me, Madam Speaker.

Madam Speaker, I want to thank the gentleman for his efforts. On behalf of my profession as a physician, I am extremely disgusted that such a procedure would ever come about.

As I thought about this procedure tonight and the discussions that we would have about it, I thought it would be very important for us to try to get a mental picture of it. As a practicing obstetrician delivering babies, I delivered two babies this weekend, to think that at times we inadvertently have to deliver babies at 24 and 25 weeks, if we think about it, those of us who know what that is like, of holding a small infant, an infant somewhat larger than this model, somewhat larger than this model in our hands and see it struggle for life, and know that in institutions throughout this country that we see efforts, great strides being made to save those infants, and now infants at 23½ weeks have made it to living, fully functional, capable adults, and healthy children; to know that we hold in our hands a child that, through this method, would no longer be viable.

The difference is that we will spend untold hundreds of thousands of dollars when this accidentally falls in our lap to save this child, and then we allow a procedure such as this.

I think one of the important points that needs to be made about this procedure, this procedure does not have anything to do with women. It has to do with the convenience of a doctor. For us to lose sight of that point will be a tragedy. If we want to terminate a pregnancy at 20 to 24 weeks, there are many ways to do it. We do not have to do it this way. This way has been developed so that it is easy for the physician, it is easy for the operator to complete the task and collect their fee of terminating the life. I think it must not be lost sight of, as this was developed as a technology to make it efficient to kill babies.

Finally, I wanted to just comment on a Dear Colleague letter that I got today, which so misstates this bill that it somewhat disappoints me in our Chamber that we would try to confuse situations away from the truth.

This comes from one of our colleagues in California. It talks about how some of his constituents would not be allowed, because they had a trisomy 13 baby, a baby that had three 13 chromosomes, that their child, they would never have been able to abort their child should they have wanted to, if this procedure is banned.

Of course, as the gentleman knows, that is not the case. If in fact there is a medical indication for this procedure it can be performed, although nobody can think of a medical indication now, not the 12 doctors that are on the advisory panel, the scientific panel for the AMA, not anybody else out there can think of a medical reason why we should use this procedure.

I also wanted to share with you also, one of my patients, his name is Kelsey Goss, Kelsey is 47 years old. Kelsey has Down syndrome. Kelsey has lived a wonderful life. The last 20 years or so has not been great in terms of the stroke that he had, but he has been a joy to his mother, a joy to his father until he died. To say that he was not valued, to say that he, because he had

three chromosomes in the wrong place, did not contribute to our society to me speaks at the very issue that we tend to want to cover up in our society.

I want to thank the gentleman again for bringing this forward. As a physician who has performed abortions to save the life of a mother, I can think of no other reason why we should ever participate in any type of effort to terminate a life that is so helpless, so innocent, and this cannot be allowed to happen anymore. I will just tell you that I will fight hard to see that this is banned, I will fight hard to make sure that we expose those that continue to do it afterwards, to make sure that it is not carried out, because in fact when we hold that little 22-week baby, we know it can feel, it is gasping for air, it has pain fibers, it knows and senses the very precarious situation that it is in.

Mr. CANADY of Florida. I want to thank my colleague, the gentleman from Oklahoma [Mr. COBURN], a doctor, for his valuable insight into this procedure and what it really means. I think the gentleman from Oklahoma brings a unique perspective to this as an obstetrician, and I am very grateful for his support for this important legislation.

Madam Speaker, I yield to the gentleman from Tennessee [Mr. BRYANT].

Mr. BRYANT of Tennessee. Mr. Speaker, I thank the gentleman from Florida. I, too, join in expressing my appreciation to the gentleman for introducing this bill.

As one who brings a different perspective to this podium, Madam Speaker, a practicing attorney in civil law, and also a former U.S. attorney, as a Federal prosecutor I am very familiar with the concepts of due process of law and when life begins and these kinds of things. It is amazing to me that you can talk about a number of very divisive and emotional issues in the debate of abortions, but eventually it comes down in all instances to the issue of when does life begin.

□ 2115

As a prosecutor, I was always amazed to see the most heinous of murderers, the John Wayne Gacys, the Ted Bundys, many of the people on death row today who were given years and years of due process of law, furnished with lawyers to represent them; they are furnished with the idea, the concept, of guilt beyond a reasonable doubt, a presumption of innocence, all of these processes of due process of law under our government, and years and years of appeal.

On the other hand, we have an unquestionably, undeniably innocent preborn baby who is given none of this due process of law, and in fact, is subjected in this instance to the type of procedure that your bill attempts to outlaw.

I believe the gentleman from Florida [Mr. CANADY] is a practicing attorney, and I would like to see if maybe the gentleman could answer this question for me, and I think I know the answer. If they brought a Ted Bundy into the electric chair or were about to execute him after these years of appeal and all of this, and the power failed and you had the media there and you had the victim's relatives there and you had the family members there observing this intended execution and the power failed, and someone came out and asked Mr. Bundy to put his head down and they hit him over the head with a screwdriver and knocked a hole in his head and drained out his brain, sucked out his brain, does the gentleman from Florida think that would be any cause for the civil libertarians in terms of cruel and inhuman punishment via this type of execution?

Mr. CANADY of Florida. Madam Speaker, I do believe that there would be a rush to claim that that was cruel and unusual punishment. I believe that that sort of procedure would be universally condemned by people who are concerned about civil liberties in this country.

Mr. BRYANT of Tennessee. Well, I think the gentleman is right. We know as attorneys and have studied cases in law school about cruel and inhuman treatment. In fact, there have been appeals in the past that have tried to hold the death penalty illegal, because of the type, the manner, of execution.

It just astounds me that we could draw the law into play like we do for someone like a John Wayne Gacy or a Ted Bundy or people on death row who have committed the most heinous of murders, and yet we somehow allow this type of procedure to exist.

I am pleased to see, and I will close my comments with this, that the fact that the American Medical Association, its council on legislation, as has been alluded to earlier tonight, has voted unanimously, 12 to nothing, after reviewing this procedure and has found that there is no medical need for this type of act to be done. I think that comes a long way, and I think that says a lot for the people in the medical field, the people who control the AMA, even though the AMA itself, as I understand, did not take a position on this. However, I am pleased that they have joined on with us and, in fact, look forward to a vote on this next Wednesday at a time when I understand many of our colleagues who are so-called pro choice will also join with us in outlawing this type of procedure.

Madam Speaker, at this point I will simply thank the gentleman from Florida [Mr. CANADY] for being the point man for us on this issue.

Mr. CANADY of Florida. Madam Speaker, I thank the gentleman from Tennessee for his helpful comments.

I would now recognize the gentleman from Oklahoma [Mr. LARGENT].

Mr. LARGENT. Madam Speaker, I first want to thank my colleague from Florida, Mr. CANADY, for his courage in introducing H.R. 1333 and I rise in support of it and encourage all of our colleagues to support it on Wednesday when it comes to the floor for a vote.

I would like to say first of all that I think there is no humane way to end the life of a preborn baby, and I know many of my colleagues agree, but certainly not this technique that we are debating or discussing this evening that H.R. 1833 would ban.

The folks in my district and in my State understand that this bill is not about health care, it is not about women's issues, it is not about the ability for doctors to practice medicine, it is about babies, and it is about a very inhumane way to end their lives.

What I would like to do is, it has been said that originality is when you forget where you heard it first, and I will not forget where I heard this first. This is actually a story that I would like to read that was printed in the Daily Oklahoman as an editorial. It is entitled, ''The Littlest Angel'' and it is regarding H.R. 1333.

It says:

She remembers the baby. He had the most perfect, angelic face she had even seen. Nurses working in obstetrics see lots of babies, but this one stood out. Brenda Shafer still sees that face, nearly 2 years later.

The mother held the infant, wrapped in a blanket, and cried, Shafer also cried. Tears come easily at births, but these were tears of grief. The child with the face of an angel had Down syndrome. ''I never realized,'' Shafer says, ''how perfect these babies really are at this point.''

Too perfect to die.

In September 1993, Shafer went to work at the Women's Medical Center in Dayton, OH. Pro choice and proud of it, the nurse once told her daughters that if one of them got pregnant while a teen, she would see to it they aborted.

On the third day of her new job, Shafer assisted with the delivery of the Down syndrome baby, who had gestated for more than 26 weeks. She saw his heart beating on a monitor. She saw him delivered in pieces, in chunks. He feet came out first, then his legs, and then his little belly and arms.

He was moving, his fingers were clasped together. He was kicking his feet. But his head was still inside. Then the doctor stuck some scissors in the back of the baby's neck. Shafer almost threw up. The heart monitor went silent after the baby's brains were sucked out.

The baby with the face of an angel was placed in a medical pan, but the mother wanted to see him. She insisted. Wrapped in the blanket, the child got the only cuddling he would ever have in this world. Later, a lab employee came by to dispose of his remains.

On Tuesday, the U.S. House Judiciary Committee voted to impose jail terms of up to 2 years for performing the type of abortion described above. To a person, Republicans on the committee voted for a ban on these ''partial birth'' abortions. Democrats on the panel voted against it.

''This is the beginning of the end of Roe versus Wade,'' lamented Representative Pat Schroeder, Democrat, Colorado, who held her face in her hands during the vote. ''They've just taken a big chunk out of it and clearly want to go after the whole thing.''

How ironic. Her words perfectly describe the very procedure she seeks to protect.

Had he been given another 12 weeks, the baby with the face of an angel could have survived outside of the womb. Had he been aborted 12 weeks earlier, he would have been just another fetus, courtesy of Roe versus Wade.

But this baby stood out. ''I still have nightmares about what I saw,'' Shafer said. It has changed her life. Now Shafer is trying to change the law. She needs your help.

Our colleagues, we ask you to vote in favor of H.R. 1833.

Mr. CANADY of Florida. I thank the gentleman from Oklahoma.

Mr. Speaker, I yield 5 minutes to the gentleman from New Jersey [Mr. SMITH].

Mr. SMITH of New Jersey. Madam Speaker, I thank my good friend for yielding.

Madam Speaker, we are here this week to debate what some might call a simple medical question. Specifically, whether a certain procedure known as partial birth abortion should be left alone as good and permissible medicine, or legally banned as brutality, masquerading as medicine.

This week the 22-year coverup of abortion methods is over. I applaud Chairman CANADY for his courage in bringing this very thoughtful legislation to the floor and for exposing this particular abuse of little kids.

For more than two decades the abortion industry has sanitized abortion methods by aggressively employing the shrewdest and most benign euphemisms market research can buy. They have engaged, without question, in coverup.

Throughout the country there have been proposals at the State legislative level for informed consent legislation to provide, before the woman submits to abortion, a clear understanding of the child's humanity. Pictures, anatomically correct, about the child in utero.

NARAL and the Abortion Rights lobby has opposed each and every one of those efforts to inform the woman about the humanity of the unborn child and about any possible deleterious effects that abortion could have on her life. Gov. Bob Casey recently told me that in Pennsylvania, where informed consent is the law, there has been a 13-percent drop in abortions, and Dr. Bernard Nathanson, a former abortionist himself, has said that if wombs had windows, women would run out of abortion clinics, because they would see that the child that they carry is a little baby.

Now we find ourselves in the midst of a sea change regarding how abortion is addressed by this House. This week, in addition to the debates on whether or not the Federal Government should fund abortions, we will, for the first time, begin to debate whether or not a particular heinous method of abortion, partial birth abortions, should continue to be legal in our land.

This is serious business, Madam Speaker. It is therefore especially fitting that this debate in particular should not be about philosophical abstractions like choice, the rights of women and privacy, all of them laudable when considered only in the abstract. This debate, if it is to shed any light on the serious question at hand, if it is to be honest and thereby worthy of this House, must be about the very behavior, the methods themselves, and that is why the descriptions of this type of abortion needs to go forward without being gagged.

Madam Speaker, as the gentleman from Florida [Mr. CANADY] pointed out earlier, Dr. Martin Haskell, a medical doctor who unashamedly performs these methods of abortions by the hundreds, unashamedly does this kind of abuse to children, let him describe it in his own words as he told the National Abortion Federation's risk management seminar Abortion Federation's risk management seminar a couple of years ago.

I quote him:

> The surgeon introduces a large, grasping forcep through the vaginal and cervical canals into the corpus of the uterus. Based upon his knowledge of fetal orientation, he moves the tip of the instrument carefully toward 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 than applies firm traction to the instrument causing a version of the fetus and pulls the extremity into the vagina.

Dr. Haskell goes on to say:

> The surgeon uses his fingers to deliver the lower extremity, then the torso, then the shoulders, and then the upper extremities. The skull lodges at the internal cervical os. Usually there is not enough dilation for it to pass through. The fetus is oriented dorsum or spine up.
>
> The surgeon then takes a bear of blunt, curved Metzenbaum scissors in the right hand. He carefully advances the tip, curved down, along the spine and under his middle finger until he feels it contact at the base of the skull under the tip of his middle finger.
>
> The surgeon then forces the scissors into the base of the skull. Having safely entered the skull, he spreads the scissors to enlarge the opening.
>
> The surgeon removes the scissors and introduces a suction catheter into this hole and evacuates the skull contents. With the catheter still in place, he applies traction to the fetus, removing it completely from the patient.

Madam Speaker, that clinical description of child abuse is what is in the table and will be debated this week. Whether individuals should be permitted to pull a living child out of her mother's womb and stick a scissors through the back of her head and then suck her brains out until she is dead is the brunt and the crux of this legislation. Should that behavior be legal, or should it be criminal is what we must decide this week.

This week, this legislation will, for the first time ever in this debate in this House or in the Senate, finally say whether or not we will approve or disapprove of legalized abortion, particularly in this method.

It was mentioned earlier by my good friend, Mr. CANADY, and also by some other Members during this special order, that one particular nurse saw this and got deathly sick from what she saw. She saw that living child, the heart beating, the feet kicking, the hands grasping and making little fists, and she walked out of there never to go back, and now she has turned State's evidence to bring a witness to the Congress and to the American people about partial birth abortions.

It was pointed out earlier that the American Medical Association's legislative council saw fit to join in supporting this legislation, and shame on the American Medical Association when that recommendation came forward for not saying yes, we will stand for children as we have done so historically, going back to the 1860's and beyond, when they said that abortion takes the life of a baby. Unfortunately, politics intervened with its ugly head and unfortunately, they have now become ''neutral'' on this particular legislation.

The gentleman from Florida [Mr. CANADY] is a great leader, and he is bringing this debate to this House, and I hope many people who call themselves pro choice will take a good, hard look at the reality of what abortion actually is.

Madam Speaker, when you look at the methods of abortion, this is one of many that is a heinous act. If you look at D&C abortions where the baby is literally dismembered in utero, not so much different from this method. The suction methods which the other side likes to talk about with all kinds of euphemisms, suction curettage and all of those words they use, clinical words, to kill the baby, usually around the 12th week.

□ 2130

Those methods, too, destroy a living growing developing little baby boy or little baby girl.

This legislation is human rights legislation. I hope this whole House, and I know it is hoping against hope because some Members are under instructions from the abortion lobby to oppose it and to speak out against it, but in their heart of hearts, that small still voice will say, that is a crime. That is child abuse.

We need to speak out loudly and clearly because we have an affirmative obligation to protect children from that kind of abuse. I applaud the gentleman from Florida [Mr. CANADY] for his leadership. It is a good bill and deserves the support of every Member of this House.

Mr. CANADY of Florida. I thank the gentleman from New Jersey for his comments tonight. I want to also thank the gentleman from New Jersey for his long-standing leadership in defense of the unborn. There is no one in the Congress who has fought harder and more consistently to protect the rights of the unborn than our colleague from New Jersey, Mr. SMITH. We all owe a debt of gratitude to him for his leadership.

GENERAL LEAVE

Mr. CANADY of Florida. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days

within which to revise and extend their remarks on the subject of my special order today.

The SPEAKER pro tempore. (Mrs. SEASTRAND). Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. CANADY of Florida. Madam Speaker, I yield 2 minutes to my good friend the gentleman from Arkansas [Mr. HUTCHINSON].

Mr. HUTCHINSON. I thank the gentleman for yielding. I appreciate, CHARLES, your leadership on this very, very difficult subject. I know it is not pleasant and I know this discussion this evening has not been easy and this has been difficult for you and that you do sponsor this and take the lead on this out of a deep sense of conviction. I admire you for it.

Make no mistake about it, this hideous procedure should be outlawed and it should be outlawed now. It is a procedure that is predicated on stabbing the partially born baby's skull with surgical scissors and suctioning the child's brain out and it should not be tolerated in what professes to be a civilized society.

The description that Mr. SMITH from New Jersey gave is horrible but the reality as we know is far more horrible. Beyond the most important aspect of what we are doing in this legislation, in saving the lives of several hundred unborn children at least, the education benefit of this debate and what will happen tomorrow or Wednesday is also, I think, tremendously important. This method of abortion is simply indefensible, it is a late-term method used on unborn babies that can surely feel the pain of what is happening and are utterly defenseless. With an estimated 80 percent plus of these grisly late-term abortions being elective in nature, with hundreds of these repulsive procedures being performed in the United States annually, it is time for all people of decency to unite in passing this legislation.

William Wilberforce, the great 18th and 19th century reformer who spent his life fighting the horrors of the slave trade said concerning slavery in his day, ''Our posterity looking back to the history of these enlightened times will scarce believe that it has been suffered to exist so long, a disgrace and dishonor to this country.''

Madam Speaker, I believe someday history will look back to our so-called enlightened times and they will scarce believe that we have suffered to exist so long a disgrace and dishonor to this country. It is time that we pass H.R. 1833.

Mr. CANADY of Florida. I thank the gentleman from Arkansas. I now yield 1 minute to my good friend the gentleman from Missouri [Mr. TALENT].

Mr. TALENT. I thank the gentleman for yielding. I would like to add to my colleague's remarks my appreciation to the gentleman for his courage in bringing this difficult issue before the House now.

Madam Speaker, Mother Teresa said one time, ''How can people say that there are too many children? That is like saying that there are too many flowers.'' I very much appreciated that remark. I think of it when we discuss debates like this.

I hope and look forward to a time when we can persuade America that there is room in this country for all of the souls that are created here. I believe that some day we will be able to persuade America of that. Until we can reach that point, at least we can take some incremental steps. At least we can outlaw procedures like this, the gruesome details of which have been discussed in specificity by some of my other colleagues.

I want to make this point and that is why I asked the gentleman to yield a moment to me. I understand that those who oppose this bill are going to oppose it on the grounds that if we outlaw this particular gruesome procedure, it will mean somehow that Roe versus Wade cannot stand. I hope that that indeed is the case someday. But I would like to ask them this question. If they cannot justify Roe versus Wade without justifying procedures like this, if they feel so intellectually insecure or morally insecure about that decision that they believe it cannot stand as the result of a chain of events that would be let loose by outlawing gruesome procedures like this, then maybe it is time for them to reexamine their position about Roe versus Wade. No American can look at this diagram, can read what it means to babies all around this country and believe that this procedure can be justified in a civilized society.

Mr. CANADY of Florida. I thank the gentleman from Missouri. I appreciate his comments.

Mr. Speaker, I yield 4 minutes to the gentleman from Arizona [Mr. HAYWORTH].

Mr. HAYWORTH. I thank the gentleman from Florida for holding this very important special order this evening. Indeed during the course of this I am reminded of something which I believe was said by Abraham Lincoln. To paraphrase him now, he said, I believe the American people once fully informed of the facts will make the correct decision.

Madam Speaker, as I have listened tonight, I have noted those speakers who have preceded me have made mention of the fact that in this debate, certain facts are ignored. It has been detailed here, some would say with perhaps great explicitness, the brutality and the violence of this procedure, and really ''procedure'' is almost too kind a word. It in itself is a euphemism.

As I stand here, Madam Speaker, tonight in this Chamber, with colleagues and interested bodies and indeed via the technology of television many fellow Americans looking on, I think it is also important to talk about other facts, because those who oppose our efforts to ban this type of procedure will use certain ad hominem arguments, they will suggest that somehow those of us on this side of the debate would champion violence at various clinics.

Let us go on record and be unequivocal about this point tonight. Madam Speaker, we, and indeed I think I can speak for all of us in this Chamber, abhor any act of violence toward any American. But we are talking about an incredibly violence act tonight. One of my colleagues called it child abuse.

We pride ourselves on living in the so-called information age. Those who may take exception to the details of this procedure being delineated during the course of this debate, I would simply ask this question. Is it not important that all the facts be known? Is it not important that we be fully informed as we make this decision? Because again as Lincoln pointed out, once we are fully informed of the facts, then we make the correct decision.

It is a very simple question, really, one that is often lost in the midst of rhetorical flourish, in the euphemisms that abound, in the abstractions of alleged constitutional rights, that indeed we champion, for this is the most basic of those rights, the right to life, the right that the innocent preborn be given an opportunity to live or at the very least through outlawing this heinous procedure, that this particularly gruesome method of extermination go the way of so many acts noted for cruelty and insensitivity and blatant violence.

It is important to look at the facts. It is important to end this violence. It is an action that I am confident that many, who may have varying degrees of disagreement on other aspects of this debate, in the final analysis will rally behind.

Mr. CANADY of Florida. I thank the gentleman from Arizona. I would now yield 3 minutes to the gentleman from Indiana [Mr. SOUDER].

Mr. SOUDER. I thank the gentleman very much and appreciate his leadership on this bill.

I grew up in a very peace-loving family that would not destroy innocent children. I remember one time my mom said when I was little, I was worried about a spider that she wanted me to kill and I did not want to damage the spider, let alone a human life. But it was more kind of a general feeling than specific knowledge on the abortion issue.

I happened to be at graduate school at the University of Notre Dame when the Supreme Court decision Roe versus Wade came down and I got very involved in the pro-life movement and heard about the methods of the candy apple babies, so-called because they burn off their skin and you just see the red, or the method of cutting up the babies and the sheer horror of the pictures and the knowledge is just so overwhelming and that is where if the American people knew the truth about the abortion issue it would not be tolerated. You would not allow this type of thing. If you knew somebody in your

neighborhood took their dog out in the street and did this to their dog, you would not want to associate with them. Yet people in your neighborhood do this to their babies.

How can this be happening in this country? As a father I do not understand how a people can take their children that we love so dearly and that we care and do this cruel and inhumane punishment to them.

We have heard all through this year about how speakers have come down here into the well and attacked us on our balanced budget proposals and say that we are heartless, that we are coldblooded, that we are cruel, that we lack compassion, that we do not have human decency, that we are causing inordinate pain and suffering.

This is those things. You can debate how much money we should spend on different programs, but these partial-birth abortions, when you stick a scissors into the back of a human life and you suck their brains out, there is no debating whether this ii compassionate or heartless. Let those who have been using those terms so loosely and throwing them around for political purposes defend this in their vote on Wednesday if they want to see compassion.

Even the AMA's Council on Legislation agreed that the procedure was basically repulsive. Basically repulsive? It is disgusting. It has been hard to sit down here and listen to people talk about this without getting tears in your eyes about the children and the little tiny defenseless babies in this country who are being treated worse than animals in this society. It is very discouraging that we have all of these humane shelters, all of these people devoted to protecting animals, yet there is this double standard for human beings. I do not understand how this country has tolerated this, particularly this most flagrant of procedures, the last step.

Many times they even want to suck out these brains in the name of science, they want to use it, the fetal tissue from these living babies to supposedly save somebody else's life or impact them. I do not know how we can stand here in this country, the land of freedom, and land where people died to have the right to life and the right to survive and do this.

I want to close with the story about my cousin. We have heard about people who are handicapped and my cousin Kalisa was born with one stub and without another leg and her organs were not able to keep her alive and they knew she was going to die, they did not know what year but they said maybe 8 years and she lived until she was 10 years old and she could not continue living.

But there is not one person who ever came in touch with my cousin who does not believe that her life brought more to this society than many of us who have all of our means, all of our arms and legs and all of our organs because Kalisa was always happy, she knew where she was going to go, she was a light to others, she knew that she was not going to live long and she was a positive influence on others. Those people who say that because somebody has a handicap or because somebody is less intelligent or something else deserve to die should be reprimanded, should be shamed in this House, and then to propose procedures like this, if they cannot stand with us on saying that we are not going to take the weakest in our society and destroy them with this most disgusting method, I am disappointed they would be reelected in this country and speak for the American people.

□ 2145

Thank you for your leadership on this.

Mr. CANADY of Florida. Madam Speaker, I yield to the gentleman from Kentucky [Mr. LEWIS].

Mr. LEWIS of Kentucky. Madam Speaker, one of the great tragedies of our Nation is the practice of abortion. Since 1973, with the Roe versus Wade decision, we have seen a culture of death, as the Pope described it, brought about by over 30 million abortions. Thirty million abortions have cheapened the value of life in our Nation. But, Madam Speaker, if abortion is not bad enough, the procedure of partial birth abortions is the most hideous example of brutality that can be imagined. It is absolutely outrageous. The procedure is used in mid-term, or the mid-term point in pregnancy, and the American Medical News reported most fetuses aborted this way are alive until the end. In fact, evidence indicates the mother's anesthesia often does not put the fetus to sleep. Therefore, the baby would have to endure the horrible pain.

What are the pro-abortion arguments for this procedure? Pro-abortion forces say that procedure is used mostly on malformed babies or babies who would not live anyway. That is false. A doctor who performed more than 1,000 partial birth abortions said 80 percent are elective, that an even greater question is who should have the right to choose life and death for the other 20 percent.

Pro-abortion forces say very few are performed. In the Louisville Courier-Journal earlier this year, an ACLU member said partial birth abortions are primarily limited to the third trimester. These make up less than 1 percent of all abortions. By that projection, that is more than 4,000 each year, or three or 4 abortions a day, and two doctors alone reportedly performed nearly 500 a year.

Are we supposed to be reassured?

Madam Speaker, I think H.R. 1833 is a good bill. This horrible, brutal practice that destroys the most innocent should be stopped and stopped immediately.

Mr. CANADY of Florida. Madam Speaker, I yield to the gentleman from Nebraska [Mr. CHRISTENSEN].

Mr. CHRISTENSEN. Madam Speaker, I thank the gentleman for yielding. Although I am opposed to abortion as a matter of conscience, I was particularly shocked when I learned of the cruelty and callousness of this procedure. As one of the Members earlier stated, the AMA in their Legislative Council voted without dissent to endorse this legislation, with one of the members saying that a partial birth abortion ''was not a recognized medical technique.''

I think perhaps what is most disturbing about a partial birth abortion is how closely this comes to infanticide. While I respect the views of these who disagree with me on the matter of abortion, any validity their arguments may have surely disappears when discussing this grotesque procedure.

When this issue comes to the House floor this week for debate, they will drag out euphemisms, never once addressing the issue we are talking about here, a viable unborn little baby.

I believe the American people are solidly behind this legislation. I hope and pray that we can have a successful effort later this week.

Pass H.R. 1833.

Mr. LIPINSKI. Mr. Speaker, I rise today in support of H.R. 1833, the ban on partial-birth abortions. To me, there are two amazing observations surrounding this issue: one that it is legal and two, that there are people who are willing to stand up and defend it.

I was shocked, as I am sure many of my colleagues were, to find out that in this country it is legal to partially deliver a baby, insert scissors at the base of its head and suction out the brains. Some suggest that the baby is already dead during the procedure, but I submit to you the following interview between the American Medical News [AMN] and abortionist, Dr. Martin Haskell:

AMN. Let's talk first about whether or not the fetus is dead beforehand . . .

HASKELL. No it's not. No, it's really not.

This bill has the support of the 12 member American Medical Association's legislative council who unanimously agreed that this form of abortion should be abolished. One legislative council representative called the procedure basically repulsive, saying that it was not a recognized medical technique. And lest we forget what the American public has to say, I remind you that an overwhelming majority reject any type of late-term abortions.

Unbelievably, there are a small number of people who defend this procedure by stating that it is necessary to provide the option to end the life of babies with severe abnormalities or to protect the life of the mother. What do you consider an abnormality? One abortionist has admitted performing this procedure on babies because they had a cleft lip. Dr. Haskell has stated, ''I'll be quite frank: most of my abortions are elective in that 20–24 week range . . . In my particular case, probably 20 percent are for genetic reasons. And the other 80 percent are purely elective.'' With respect to a woman's health, no doctor is going to perform a 3-day procedure on a woman whose life is in danger. There are many other procedures available to a doctor to protect the life of the mother without killing her baby.

Mr. Speaker, I am amazed. I thought that pro-life and pro-abortion advocates would finally be able to find some common ground in this contentious debate. I thought that no one would be able to defend such an abhorrent procedure. Sadly, I was wrong. Luckily, there is still time to review the facts, and I urge my colleagues to do just that. Read over the procedure. Read over the AMA legislative counsel's unanimous decision. Read over the polls on America's view on late term abortions. Then do the only thing you can do and vote for the ban on partial-birth abortions.

Thank you.

Mrs. VUCANOVICH. Mr. Speaker, I would like to commend the following editorial which appeared in the September/October issue of the American Enterprise magazine. Maggie Gallagher does an excellent job of describing the brutal reality of an inhuman procedure known as partial birth abortion.

After you have examined the facts, I invite you to join with me in voting for H.R. 1833—the Partial Birth Abortion Act Ban of 1995.

[From the American Enterprise, September-October 1995]

A PERFECTLY LEGAL PROCEDURE

(By Maggie Gallagher)

She still has recurring nightmares—flashbacks, like a soldier back from Vietnam: ''I see the baby, its hands and legs moving. Then the scissors jab, and the body goes limp. It haunts me.''

Despite what you might think, Brenda Schafer, a 38-year-old registered nurse from Franklin, Ohio, is not a witness to a gruesome crime. She is an eyewitness to a perfectly legal procedure going on across America under the cover of abstract, pious words that all sensible people believe in—words like, ''a doctor-patient relationship'' and ''a woman's right to choose.''

The procedure is called a partial-birth abortion, and perhaps 500 to 4,000 of them are carried out every year. According to Brenda, it is impossible to exaggerate the procedure's horrors. Here is what she saw the day the temp agency assigned her to Dr. Martin Haskell's Dayton, Ohio abortion clinic: ''The whole baby was delivered, except for its head. I could see the hands and legs moving. Have you ever seen a baby fling out its arms when it is startled? That's what it look like. I saw Dr. Haskell insert a pair of scissors, then the baby flinched. He inserted a high-power suction catheter [to remove the brain tissue], and the baby went limp. I almost threw up all over the floor.'' The baby was not defective and, at a gestational age of 26-and-a-half weeks, was well past the 23 to 24 weeks doctors considered the point of viability; most premature infants born at that age do pretty well.

There were six partial-birth abortions that day in that clinic alone. Brenda assisted in three of them. One mother sought an abortion because her baby had Down's syndrome; the other two carried babies with no defects. One mother was a 17-year-old unwed woman. The other, whose partial-birth abortion is described above, was a married 40-year-old with a grown son who apparently decided, rather late, that she didn't want a change-of-life baby.

While the larger issue of abortion is of course enormously controversial, we know that practices like partial-birth abortions, abortion for sex selection, and late-term abortion are strongly opposed by large majorities of Americans. Aiming to bring some peace to the abortion wars by at least eliminating these most offensive procedures, the House Committee on the Judiciary recently approved a bill to ban partial-birth abortions. Abortion-rights advocates, however, have made it clear they will accept no limitations of abortion on demand, at any time or for any reason. NOW president Patricia Ireland has denounced the House bill, while Barbara Bradford of the National Abortion Federation sent out talking points for abortion defenders that urged: don't apologize, it's legal procedure.

Brenda says she once believed in the noble-sounding slogans of the pro-choice movement: ''I have four teenage daughters. I told them if they got pregnant, I'd make them have an abortion.'' Like many Americans, she was fiercely committed to abortion rights in the abstract; it was the reality she literally couldn't stomach.

When it was over, the mother who underwent a partial-birth abortion that day insisted on seeing the results. So Brenda and the other nurses cleaned it up, wrapped it in a blanket, and put the corpse of a little baby in her arms. Face-to-face with what she had done, the woman began crying inconsolably, repeatedly pleading, ''God forgive me.''

The SPEAKER pro tempore (Mrs. SEASTRAND). Under the Speaker's announced policy of May 12, 1995, the gentleman from Colorado [Mr. SKAGGS] is recognized for 60 minutes as the designee of the minority leader.

[Mr. SKAGGS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

ENDING WELFARE FOR LOBBYISTS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana [Mr. MCINTOSH] is recognized for 60 minutes.

Mr. MCINTOSH. Madam Speaker, I am here to speak tonight on an issue that is continuing to be debated in the House and in the Senate, and that is our efforts to end welfare for lobbyists. As many of you know, last summer this House of Representatives passed a landmark piece of legislation that was added to the Labor-HHS appropriations bill, that said from now on anybody who receives a Federal grant has to make a choice. They can either continue to receive the Government funds or they can give up the funds and then continue to be lobbyists. But they cannot do both as long as they are receiving a Federal subsidy.

That bill, I think, strikes an important blow on behalf of taxpayers everywhere who no longer wish to be seeing their taxes used to finance some of the biggest, most powerful and influential lobbying organizations right here in Washington, DC, organizations who have continually over the last 40 years lobbied this Congress for more and more and more spending so that we have runaway deficits and the largest national debt in history.

This legislation, legislation that we referred to as ending welfare for lobbyists, I think is very important and strikes a blow on behalf of taxpayers everywhere for responsible Government. Tonight I wanted to discuss with you and several of my colleagues the nature of this problem and what our solution is and how we plan to go forward in implementing that reform on behalf of the taxpayers.

First, I have a chart here that gives you an idea of what is happening. We discovered that currently there are $39 billion that the Federal Government says it gives out in grants each year. Now, some of that money goes to very worthwhile causes and to groups who are not lobbyists, but the large percentage of that money goes to groups who turn around and lobby the Government for more spending and for various social programs. That subsidy for the lobbying activities here in Washington is exactly the area that we are targeting with this legislation.

Again, I want to emphasize what we will be doing is saying to the groups, ''If you want to be a charity and do good works, that you are entitled to do, and we will support you under the various Federal programs. But if you want to be a lobbyist, you need to do it on your own time and on your own dime, because the taxpayer is not going to subsidize lobbying any longer.''

Madam Speaker, at this point I yield to my colleague, the gentleman from Arizona [Mr. HAYWORTH], who is here to join us in support of this bill.

Mr. HAYWORTH. Madam Speaker, I thank my friend from Indiana for again introducing and really being the catalyst for this important legislation.

Madam Speaker, I think perhaps you were also in the Chamber the night this particular measure was first debated. I can recall, after all, this is known as the people's House, and as my good friend from Indiana joined me here on the floor, I guess it is safe to say that there was a particularly raucous response from one of our friends on the minority from California. Indeed, to read his comments the following day in the Wall Street Journal, I found it to be somewhat incredible; quoting him now, ''It is a glorious day if you are a fascist; if you are a fascist, it is a glorious day.''

My friend from California took great unbrage at the fact that through the efforts of my friend from Indiana this new majority was moving not to extinguish advocacy, but to say, as my colleague from Indiana did so quite eloquently, if you are engaged in lobbying, do it on your own time with your own dime. Would that it were just a dime being spent.

But as my friend from Indiana, in concert with my good friend from Maryland and our more senior colleague from Oklahoma have detailed, this is not penny ante here. This is $39 billion in money from the taxpayers of America, Madam Speaker, from you and I and other taxpayers out there working hard to feed their families and to provide a future for their children, or as seniors on a fixed income, to make ends meet.

Their money is going into a process that I think is fair to describe, and I am not exaggerating here, it can only be described as somewhat incestuous, where people come to the Hill and lobby for funds and, indeed, many of their endeavors are worthwhile, and