

that PAUL SIMON, perhaps as much as any Senator that I have ever had the privilege of serving with, has humanized government. He has humanized politics. And he has humanized politicians. I think he has done it with grace. He has done it with vision. And he has done it I think with joy, because that joy exudes from PAUL SIMON. The happiness of his profession, the happiness of his work, I think will live long after PAUL SIMON has left these Chambers of the U.S. Senate.

So, Mr. President, with that, we say thank you, PAUL SIMON, thank you for being our friend, thank you for being truly a great U.S. Senator and a great Member of this body and a great friend of us all. Mr. President, I yield the floor.

Mr. SIMPSON addressed the Chair.

The PRESIDING OFFICER. The Senator from Wyoming is recognized.

Mr. SIMPSON. Mr. President, I, too, will join in the great remarks about my friend PAUL SIMON and thank the Senator, soon-to-be senior Senator from Illinois. My time as senior Senator has been so fleeting that I am hardly able to recall it because I served as the junior Senator to Malcolm Wallop, my friend from Wyoming. So enjoy the term indeed, I say to my colleague from Illinois. Do it well.

And to my friend, Senator PRYOR, who came here with me—and he and his wife Barbara have become very dear and special friends of ours—he is a most genial, generous, kind man, and a friend to his friends. If they rallied him in time of need, it would only be because in his life and her life they have done just exactly that to all around them.

With regard to PAUL SIMON, you have to understand that I met PAUL when we were State legislators together in 1971. There was a conference on outstanding State legislators, and here were PAUL SIMON and myself, he of the Illinois Legislature, me of the Wyoming Legislature, honored. They had two from each State. I was one; PAUL was one. The first day I met him, I had a bow tie on because PAUL and I had to at least know how to tie our own bow ties. There are people in here today that have no concept of how to tie a bow tie. In fact, some of them have difficulty with even a mechanical tie is my experience seeing it today. But we laughed about that over the years.

But we are not in any way doing anything but paying tribute to this man who, with all the accolades we have heard, they are all true—honest, direct, thoughtful, steady. I know. I served with him. He served on my subcommittee on immigration, refugee policy, always attentive, always asking, always, always having a query and inquiring and saying, "Well, why is this? What is the purpose of this?"

And so, indeed, he and Jeanne, we wish them Godspeed. We will see more of them as we go on to snatch more of our own lives for ourselves rather than in this place and leave those tasks to

our brothers and sisters and knowing what is required of them and both of us ready to move on to other things.

I could not have had a finer colleague, whether it was working on the issues of fraudulent marriage—PAUL handled that while I was chairman—or the balanced budget. We all know the things he does. We all know who he is. That is why we did this tribute today. No one else will have a tribute like that in the U.S. Senate—how we would honor one of our colleagues in any way as we did today and see the look on his face and the delight and that smile that is so very special. He knew that and we knew that. I thought how appropriate to honor him in that way. None of us will ever receive such a wonderful accolade, with whimsy, humor, and good spirit. I commend all those who brought that to pass.

#### JAN PAULK

Mr. SIMPSON. A note about Jan Paulk. She is a wonderful woman and has been such a help to us in our Senate activities as we travel and do our official duties, visiting with Prime Ministers, Presidents, and State funerals and all the rest.

Jan Paulk, a very engaging woman, was hospitable, patient beyond words, and a fine companion on journeys, some with great sadness, some pomp and circumstance, and there was Jan, always assisting everyone, including spouses, and being genial, kind, and courteous in every way.

I have never seen her when she was out of sorts, and she certainly could have been on many occasions. My wife and I wish her well. Indeed, she is a very wonderful woman. There is much more for her to do, and she will do it. I am very pleased for her about her new task. She will enjoy all and she will do it exceedingly well. We wish her Godspeed.

I will now yield the floor and signify that the Senator from Tennessee, my friend, Senator Dr. BILL FRIST, will speak on a very emotional issue, partial-birth abortion. At the conclusion of his remarks we will go to the closing of the Senate session.

The PRESIDING OFFICER. The Senator from Tennessee is recognized.

#### PARTIAL-BIRTH ABORTION

Mr. FRIST. Mr. President, I rise today as a physician concerned about women, concerned about women's health, concerned about safe medical practices. I rise to strongly support the ban on partial-birth abortions. My colleagues in this Chamber already know my position that this procedure called a partial-birth abortion is both medically unnecessary and unnecessarily brutal and inhumane.

Mr. President, every baby deserves to be treated with respect, with dignity and with compassion. This procedure, which has been banned in a bipartisan, in a historic way by the U.S. Senate

and by the House of Representatives, very deeply offends our sensibilities as human beings.

I need to make very clear that those of us who oppose this very specific, very explicitly defined procedure care very deeply about women and about the horrific situations they sometimes face, but how can we answer to our children, to our families, to our constituents back home and to ourselves if we continue to allow babies to be aborted through this partial-birth abortion procedure, especially—and I think in some of the remarks earlier today it was made clear—especially in light that this procedure, this specific, well-defined procedure is medically unnecessary.

As the Senate's only physician, the only physician in this body, as the only board-certified surgeon in this body, I feel compelled to address the issue surrounding the medical misinformation that is laid on our desks, that you hear on the floor of this body, that you read in the newspaper each day.

There are really three medical myths that each of us in preparing to vote 2 days from now must address. There are medical myths that surround potential harm to the mother, to affecting the welfare of the mother, and they are as follows:

Myth No. 1: We have heard it said in this body that this is an accepted and safe medical procedure, often necessary to save the reproductive health and/or life of the mother. I have talked to physicians who perform emergency and elective late-term abortions, both in Tennessee and around the country. Many of them had not heard of this specific procedure, but all of them, after hearing it—and I went back to the original papers, which I will share—all of them that I talked to, condemned it as medically unnecessary—meaning there are in those very rare situations alternative types of therapy—or even dangerous, dangerous, to the health of the mother. In every case of severe fetal abnormality or medical emergency, there are other alternative procedures that will preserve the life of the mother and the mother's reproductive health.

Dr. Hern, the author of a textbook entitled "Abortion Practice," which is a widely accepted text on abortion, disputed the claim that this is a safe procedure in an interview with the American Medical News. He cited, for example, concerns about turning the fetus into a breach position—which is part of this procedure—turning the baby around, which can cause placental abruption, or separation of the placenta, and amniotic fluid embolism.

In an effort to combat much of the medical and scientific misinformation surrounding this issue, a number of physicians and specialists and medical spokespeople have gotten together, formed a coalition to address some of the medical errors, the medical misinformation, that have been put forward. Dr. C. Everett Koop, a former Surgeon

General is a member of this coalition. He has also stated that this procedure, in his clinical experience, "is not a medical necessity for the mother."

I hesitate to go into the procedure, but, again, as a physician, what I turn to is the procedure itself as defined in the medical literature. So I turn to a presentation called Dilation and Extraction for Late Second Trimester Abortion, written and presented by Dr. Martin Haskell, presented at the National Abortion Federation risk management seminar, September 13, 1992. This is the actual paper that was presented. As with any medical paper, there is an introduction, a background, a patient selection, a description of the patient operation. Without going into the entire description of the operation, let me quote from this medical presentation presented at a medical scientific meeting.

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 carved Metzenbaum scissors in the right hand [the Metzenbaum scissors are scissors about that size, typically used in surgery.] He carefully advances the tip carved down along the spine and under his middle finger until he feels it contact the base of the skull with the tip of his middle finger.

Reassessing proper placement of the closed scissors tip and safe elevation of the cervix, the surgeon then forces the scissors into the base of the skull or into the foramen magnum. 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.

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

I share this because I have other descriptions, and I have seen the graphics. And I always wonder. "What filter does this go through before it gets to the floor of the U.S. Senate, or to the House, or to the newspaper?" And these are the exact words used in the oral presentation at a medical meeting of this procedure by one of its proponents.

Myth No. 2: This procedure is only performed in cases of severe fetal abnormality when the fetus is already dead, or will die immediately after birth.

Mr. President, this falsehood has been repeated again and again and again. It has been used as one of the principal defenses of the veto handed down by President Clinton. But the record clearly shows that this is false. Dr. Martin Haskell, one of the best known practitioners of this procedure, this partial birth method, told *American Medical News* that:

Eighty percent of his partial-birth abortions were done for "purely elective reasons."

Another doctor testified before Congress that he has performed partial-birth abortions on late term babies simply because they had a "cleft lip."

Myth No. 3: The fetus is already dead or insensitive to pain during this procedure, which I just described, because of the anesthesia administered to the mother.

Of all the misconceptions of this debate this has some of the most troubling implications for women's health. Some of the documents distributed to this body have stated "The fetus dies of an overdose of anesthesia given to the mother intravenously."

Mr. President, this is not true. If it were true, then women who undergo elective operations during pregnancy—even life-saving procedures done under anesthesia—would probably avoid it because of fear of danger to that fetus. And it is wrong I think to scare women to endanger their health in order to defend an unnecessary procedure.

Let me go back to the paper again, the medical scientific paper, because I forgot to mention that in closing of the paper, in the summary, the last paragraph on page 33, which says:

In conclusion, dilation and extraction—the partial birth procedure I just described—is an alternative method for achieving late second trimester abortions to 26 weeks. It can be used in the third trimester.

So even the author says it is an alternative method. This procedure is medically unnecessary.

I have heard from a number of my fellow colleagues who have been outraged at the blatant misinformation campaign that has come forward.

The American Society of Anesthesiologists has issued repeated statements contradicting the argument of fetal death or coma due to anesthesia given to the mother.

Mr. President, I know that this issue does stir up a lot of emotion. But I think we do need to be careful with the facts. The facts are this procedure is indefensible from a medical standpoint. There is never an instance where it is medically necessary in order to save the life of the mother or her reproductive health.

I know a number of my colleagues oppose this bill not because they support the procedure but on the grounds that they fear further and further Government intervention into the practice of medicine. And I too have a fear of excessive Federal Government intervention into that practice of medicine. But I do think there comes a time when individuals, a few individuals on the fringe, force us to draw a line to protect innocent human life from the sort of brutality which I just described to you out of the literature. And I truly feel, Mr. President, that this is one of those times.

Mr. LEVIN addressed the Chair.

The PRESIDING OFFICER. The Senator from Michigan.

Mr. LEVIN. Mr. President, parliamentary inquiry: Are we in morning business?

The PRESIDING OFFICER. Not at this moment.

BEST REGARDS TO SENATOR COHEN

Mr. LEVIN. Mr. President, I rise briefly to extend my best regards to Senator BILL COHEN as he leaves this body after 18 years in the distinguished service.

I have had the good fortune of serving with Senator COHEN on the Governmental Affairs Committee for the entire 18 years, and have also served with him on the Subcommittee of Oversight of Government Management on that committee. Sometimes he was the chairman and other times I was the chairman during this 18-year period. But in either case we were always able to work together and I think make a real difference in the management of our Federal programs.

Several pieces of legislation stand out for me when I think back over our years of working together: First and foremost would be the Compensation in Contracting Act which Senator COHEN and I cosponsored and got enacted back in 1984. There is a current estimate that perhaps \$40 to \$50 billion in savings resulted from that law. That was a great piece of work that he had such an instrumental role in.

Then we worked on lobbying reform which has cleaned up our broken lobbying disclosure laws and has resulted in the registration of at least twice as many lobbyists and the disclosure of almost five times as much money being spent on lobbying activities than we knew of prior to this law being passed.

We have reauthorized the independent counsel law three times since it was first enacted in 1978.

We have struggled with many key issues, including maintaining the independence of the office but continuing to retain important checks. It is far from a perfect law but it has been worth the effort.

The list of joint efforts is long: Social Security Disability Reform Act of 1984; several reauthorizations of the Office of Government Ethics; oversight hearings on Wedtech; the FAA; Federal courthouse construction; Federal debarment practices; overloading; security; subcontractor kickbacks; hurry-up spending on medical labs; the United States Synfuels Corporation. We touched on almost every department of the Federal Government.

We have taken testimony from a broad cross-section of witnesses from hackers to slackers, from crooks to saints, auditors, parents, scientists, whistleblowers, meat inspectors, doctors, lawyers, and engineers. We have had witnesses behind screens, witnesses with distorted voices, and witnesses giving testimony by phone over a speaker. We have had hearings with all the press, and we have had hearings with no press. We have had hearings where everything worked, and we have had hearings where nothing seemed to work. We have had testimony that was funny, testimony that was tragic. We have addressed issues where the solutions were obvious and achievable, and where the answers were elusive.