

in some cases, if you want to know whether they are, then let's find out. Let's look into it. Let's see if we can get the answers. And that is what my amendment does.

This has been a long, difficult speech for me to make. But I want my colleagues to know that just about everything in America is regulated—unfortunately, in some cases. There is no reason why this industry should not be regulated. Let's find out what is going on. Let's shine the light in. Let's bring the sunshine in. And let's get answers. And let's find out about the sale of body parts. Let's find out what the source of those body parts are. Let's shine the light in on the industry.

Tomorrow, I will have an amendment on that subject. I truly hope all Americans will be supportive—pro-life, pro-abortion. If you want to see to it that women are not abused, if you want to see to it that women are treated with respect and dignity, if you want to see to it that if an abortion occurs and there is a live birth, that that child should get help, should be allowed to live, if you want all that, and you care, then you should support this amendment because all it does is shine the light in. It is a disclosure amendment. That is all it is. It requires disclosure to shippers for any package containing human fetal tissue. It also contains language to limit the payment of a site fee from the transferee entity to the abortionist to be reasonable in terms of reimbursement for the actual real estate or facilities used by such an entity.

We are going to find out whether these people are in the business of selling body parts or abortions or both. What is the percentage? How much are they making on each? Shine in the light.

I have been on the floor year after year and in the House before that, for 15 to 16 years, trying to end this horrible industry, this disgusting exploitation of children and women, to no avail. If we just had a President who would pick up his pen and say, "I don't want to see another few thousand people die in the next 5 years; I am willing to sign the ban on one type of abortion," we could get a good start. But he won't do it. We are going to lose again.

So let's win with this amendment. Let's try to get an amendment passed that will shine the light in so we can find out what goes on in the industry.

I yield the floor.

MORNING BUSINESS

The PRESIDING OFFICER (Mr. BROWNBACK). Under the previous order, the Senate will now proceed to a period of morning business with Senators permitted to speak.

The Senator from Pennsylvania.

THOUGHTS ON DISCUSSION OF PARTIAL-BIRTH ABORTION

Mr. SANTORUM. Mr. President, I will speak briefly. The Senator from

Tennessee, Mr. FRIST, is here. I know he is planning to come and talk about this issue. Under our agreement, I agreed I would yield the floor when he gets here to make a speech.

I, first, thank the Senator from New Hampshire. I did not catch all of his remarks. I caught the last 45 minutes or so. He is talking about a very difficult issue. It is an amendment we will have to vote on tomorrow. It is not a difficult issue. It is a difficult issue to talk about. I think it is a rather simple issue. I am hopeful, again, this will be an issue where we put the politics of abortion aside and understand this kind of action should at least be looked into by some sort of study to determine whether this activity occurs and how pervasive this is.

What I would like to do tonight is share some thoughts in response to a discussion today about the anecdotes of cases that were presented in defense of partial-birth abortions. We heard about cases of women who needed this procedure to save the mother's health or the mother's life. I would like to review what the medical evidence is, again, and also bring up some cases where people took a different option and show how that option, as humane as the other side, with their wonderful pictures of husbands and wives and in some cases children, as warm and fuzzy as they would make it out to be, the fact is, in every one of those cases a child was killed. A baby was killed. That is a tragedy.

In many cases the baby would not have lived long, but the baby was killed before its time. Many of the people I am going to talk about tonight understood their baby was not going to live long or might suffer from severe abnormalities, but they were willing to take their child's life for what it was, as we all do when we are confronted with it in our own lives. We find out a son or daughter is afflicted with a horrible illness. Our immediate reaction is, well, how can I put my child out of its misery? Or my child isn't going to live very much longer; how can I end it sooner?

I don't think that is the immediate reaction of mothers and fathers in America. But yet, when it comes to the baby in the womb, we have many people who believe that is the logical thing to do. I argue that it is not the logical thing. It is not the humane thing. It is not in the best interest of the health of the mother. All those other things, in fact, in this debate don't matter.

What does matter in this debate is, is it in the best health interest of the mother? I will talk tonight about cases where people made a different choice and, I argue, from a health perspective, a better choice. When I say "health," I mean not only the physical health of the mother but also the mental health of the mother.

We will talk about some of those cases. I will talk about some of the cases that were brought up today and

explain why those cases, again, were not medically necessary to protect the health of the mother. There were other options available, even if they wanted to choose abortion.

Then I will share with you some things that have happened to me as a result of this debate and provide to my colleagues that, while we may not win all the votes, at times there are things even more important than that.

I see the Senator from Tennessee, Dr. FRIST, is here. I yield the floor to him.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. FRIST. Mr. President, I rise to continue the debate on the Partial-Birth Abortion Ban Act of 1999. I rise to follow the Senator from Pennsylvania, who has taken a leadership position and a moral position. I am delighted to hear he will tonight concentrate on an issue that I think has been for far too long overlooked in this debate; that is, the effects of this procedure, which is a barbaric procedure, on women. Those women are our sisters, our mothers, our daughters. That health effect is something that gets lost too often in the debate, which is not the politics. It is not the rhetoric. It is not the emotion. It is the health of the woman involved.

This is the third time I have had the opportunity to come to the floor and participate in this debate on the issue of partial-birth abortion. Each time I come, as a physician, I take the time to review the recent medical literature to see what the facts are, what the clinical studies are, what is the information and the medical armamentarium, the literature that is out there. That is where the medical profession, that is where the scientists involved in medicine, that is where the surgeons publish their experience, where you talk about indications, you talk about the side effects, you talk about risk, you talk about complications. That is where you share it with your colleagues.

Each time before coming to the floor to debate this issue and discuss this issue, I talk to my colleagues at the various institutions where I have trained and have been, on the east coast, the west coast in training. I picked up the phone and talked to several of them today, colleagues who are obstetricians directly involved in the surgical aspects of this procedure.

Each time this issue comes to the floor of the Senate, I step back and look at what studies, what developments there have been since we last discussed this issue. I rise tonight to talk about this procedure as a medical procedure. It has been interesting to me because over the course of today I have heard again and again that there is no obstetrician in this body of the Senate. I am not an obstetrician. I am a surgeon, which means I am trained to perform surgical procedures.

I am trained. I spent 20 years in both training and engaged in surgery to make surgical diagnoses, to perform

technical operations, to evaluate the risk of these operations, and to assess the outcome of these operations. No, I am not an obstetrician, and I don't pretend to be. I call obstetricians. I call people who are on the frontline. But I am a surgeon. I know something about surgical procedures. That is what I did before coming to the Senate. I am board certified in surgery. I am board certified in two different specialties.

When people talk about this medical procedure, I want to make it clear I am not an obstetrician. But I am board certified in general surgery. I am board certified in cardiothoracic surgery. I have spent 20 years studying and performing surgical procedures.

This is background. A lot of what I did is publish and research surgical procedures. But this is background. I have focused not, as I mentioned earlier, on the politics or the rhetoric, but on the medical use of this specific procedure, partial-birth abortion. As my colleagues know by now—but I want to restate it because I have gone back and reviewed the medical literature and have talked to colleagues at other institutions, and I have looked at developments since last year—I conclude partial-birth abortion is a brutal, barbaric procedure that has no place in the mainstream practice of medicine today.

Again, partial-birth abortion is a brutal, barbaric procedure that has absolutely no place in the mainstream practice of medicine today. Partial-birth abortion is a procedure that is rarely, if ever, needed in today's practice of medicine. Alternative methods of abortion, if abortion is necessary, are always available—even when the abortion is performed very late in pregnancy.

Now, we have had the American College of Obstetricians and Gynecologists quoted on the floor, and they will continue to be, which I think is appropriate. A number of their statements, I think, are taken out of context and put forward. Ultimately, their recommendation is, I believe, against the procedure; but for a lot of different reasons they are against passage of what is being proposed. I will come back to that. But it is interesting, when it comes back to answering the question, "Are there always alternative procedures available," their answer would be yes.

Again, I refer to a number of documents, but this is the *Journal of the American Medical Association* of August 26, 1996, volume 280, No. 8. In an article this quotation is made:

An ACOG policy statement emanating from the review declared that the select panel "could identify no circumstances under which this procedure would be the only option to save the life or preserve the health of the woman."

There are always alternative procedures available. This is important because the procedure of partial-birth abortion, as we have described and laid out—a procedure in which the fetus is

manipulated in the uterus, partially evacuated from the uterus, scissors inserted to puncture the skull or the cranium with evacuation of the contents of the cranium, the brain—that procedure has not been studied. We know there are certain risks, but the alternative procedures that are available in every case have been studied. You can go to a medical textbook and look up those alternative procedures, and you can go to the clinical literature and read the studies. It has been peer reviewed and presented at meetings. Debate has been carried out. There are comparisons between one surgeon's results and another's. You can identify the risks for the alternative procedures, but you cannot for the partial-birth abortion.

Now, ACOG, as has been mentioned on the floor, does take the position that the procedure "may" be superior to other procedures, as its basis for justifying opposition to this legislation. But with everything I have read, ACOG did not identify those specific circumstances under which partial-birth abortion would be the preferred procedure. And thus, as a scientist, where you want to look at outcomes, risks, and results in determining whether or not to use a certain procedure or recommend such a procedure, the data is clearly not there. It is not there. Thus, you have a procedure which, as I have said, is a brutal, barbaric procedure, with no data substantiating it or identifying the risks, compared to alternative procedures that have been defined, where we know what those risks are. Thus, this use of the word "may," I would flip around and say "may not." I would say the burden of proof is to go to the literature and present the clinical studies that show this barbaric procedure, in any case, is the best or most appropriate. The data, I can tell you, is not there.

So I think the next question to ask is: Are we talking about a procedure, partial-birth abortion, which this legislation would prohibit, which is a part of mainstream medicine? Is it part of the surgical armamentarium out there that is talked about in textbooks, in the literature, or in medical schools?

The answer is, no, it is not. It is a fringe procedure. It is out of the mainstream. This procedure is not taught. This procedure is not taught in the vast majority of medical schools in the United States of America. Yet we will hear some medical schools talk about some types of dilatation and extraction, and they will talk about it at 16 weeks, at 14 weeks, and even 18 weeks. I think we need to make very clear we are talking about a procedure that requires manipulation in the uterus, partial delivery; thus, the partial-birth aspects of this procedure, with the insertion of the scissors and the evacuation of the contents. I can tell you, that procedure is not taught in medical schools today. When an obstetrician says, "Oh, yes, but we teach late-term abortions," some do, but they don't teach this procedure.

Surgical training. Again, I am not an obstetrician, but I did spend 7 years in surgical training learning every day. What do you learn as part of that? You learn the specific indications for a particular procedure. In your surgical training, you learn the various surgical techniques that have been described on the floor. Although it is very difficult for people to talk about and listen to on the floor of the Senate, that is part of it, that is the barbarism, the brutality of the way this procedure has evolved. In your surgical training, you look at the complications, outcomes, and risks of these accepted surgical procedures.

The indications for a partial-birth abortion, for the surgical techniques as described, the complications, the outcomes, and the risks are not taught in medical schools today. The procedure of partial-birth abortion is not routinely part of the residency programs today. Why? Because it is dangerous, because it is a fringe procedure, because it is outside of the mainstream of generally accepted medical practice. It has not been comprehensively studied or reviewed in the peer-reviewed literature. There are no clinical studies of it in the medical literature.

As I said, when this debate comes to the floor and you want to make the case, you look at the medical literature, which I have done, and then you want to say: What about the textbooks? Surely, it is in the textbooks if people are out there doing this procedure on women, which I contend is harmful to women; surely, it is written in the medical obstetric textbooks. That is what you study. That is the foundation.

So what I have done over the last couple of days is I have gone to the medical textbooks and reviewed 17 of those textbooks. I can tell you, after reviewing those 17 textbooks, only 1 of the 17 even mentioned partial-birth abortion, and that 1 of the 17 mentioned it in one little paragraph. It mentioned the fact there have been vetoes of the partial-birth abortion legislation from last Congress and the Congress before.

The textbooks that I reviewed were Williams Obstetrics, which is one of the foundations of obstetrical education today by Cunningham and Williams.

I reviewed the manual of obstetrics by Niswander and Evans.

I reviewed the Essentials of Obstetrics and Gynecology by Hacker and Moore.

I reviewed the Practice Guidelines for Obstetrics and Gynecology by Skoggin and Morgan.

I reviewed the Blueprints in Obstetrics and Gynecology by Callahan and Caughey.

I reviewed Novak's Gynecology by Novak and others.

I reviewed Operative Gynecology by Te Linde, Rock, and Thompson.

I reviewed Mishell Comprehensive Gynecology;

And Textbook of Women's Health by Wallis.

And the list goes on.

Again, I think it is important because it demonstrates that this procedure is outside of the mainstream. It is a fringe procedure, and, therefore, any defense of this procedure, which we know has complications, which we know affects women in a harmful way, should be justified in some way in the medical literature, where it is not.

The fringe nature of this procedure is also underscored by the fact that there are no credible statistics on partial-birth abortion.

Throughout the course of today—and really has been put forward on both sides—people cited certain numbers of how many are performed. We went through this again in the last Congress. Some say that there are 500 of these procedures performed annually. The more realistic estimate I believe is that there is somewhere—again, it is truly so hard to estimate to even mention specific numbers—between 3,000 and 5,000 of these partial-birth abortions performed every year.

The numbers do not matter, I don't think, because what we are talking about is this barbaric procedure. It is harmful to women. So 1 is too many, or 5 is too many, or 10, or even 500—any is too many.

What data do we have that this procedure can be performed safely? Absolutely none. Part of the problem is the absence of accurate data with which to judge the safety of this procedure, and because of, in part, the incomplete data that is accumulated, and the way we accumulate data on abortions. Although the CDC collects abortion statistics every year, not all States provide that information to the CDC, and the ones that do lack information on as many as 40 to 50 percent of the abortions performed in that particular State.

But I think most importantly the categories that the CDC, Centers for Disease Control, uses to report the method of abortion does not split out partial-birth abortions from the other procedures. So it gets mixed in with all of the other procedures.

It is this lack of data on this procedure that I think is especially troubling because of the grave risk, as the Senator from Pennsylvania pointed out earlier, of complications the grave risk that this procedure poses to women.

In the debate, we have opponents of abortion on the one hand, proponents of a right to choose on the other, and we have the debates that come forth with the tint of emotion and rhetoric. But the thing that gets lost is what the Senator from Pennsylvania mentioned, and that is that this procedure is terrible for women. He outlined some of the ways in terms of the physical and mental health.

But I would like to drop back and look at this safety issue because in all of the arguments for rights, we need to have this procedure out there.

It is critically important, I believe—I say this as a physician—that we recognize that this procedure is dangerous and hurts women.

There are “no credible studies” on partial-birth abortions “that evaluate or attest to its safety” for the mother.

I take that from the Journal of American Medical Association, August 26, 1998.

There are “no credible studies” on partial-birth abortions “that evaluate or attest to the safety” for the mother.

The risk: I can tell you as a surgeon—again, I drop back to the fact that I am a surgeon and I spent 20 years of my adult life in surgery—that patients who undergo partial-birth abortion are at risk for hemorrhage, infection, and uterine perforation.

I can say that. And I can say it and be absolutely positive about it because these are the risks that exist with any surgical midtrimester termination of pregnancy.

The partial-birth abortion procedure itself involves manipulation of the fetus inside of the uterus, turning the fetus around, extracting the fetus from the uterus, and then punching scissors into the cranium or the base of the skull; requires spreading of those scissors to make the opening large enough to evacuate the brain.

That procedure has two additional complications than what would be with a trimester abortion, and that is uterine rupture, No. 1; and, No. 2, latrogenic laceration. That means the cutting of the uterus with secondary hemorrhage or secondary bleeding.

Uterine rupture: What does it mean? It means exactly as it sounds—that the uterus ruptures. And that can be catastrophic to the woman.

It may be increased during a partial-birth abortion because the physician in this procedure must perform a great deal of it blindly while reaching into the uterus with a blunt instrument and pulling the feet of the fetus down into the canal. Thus, you have uterine rupture.

I should also add that this type of manipulation is also associated—we know this from the medical literature because there are very few cases where you have to manipulate the fetus. That manipulation is also associated with other complications of abruption, amniotic fluid embolus, where the fluid goes to other parts of the body and other trauma to the uterus.

All of these are serious, potentially life-threatening complications from this fringe procedure that has not been studied, is outside the main stream medicine, not in the medical textbooks, not in the peer-review literature for which we have alternative procedures available.

The second complication is latrogenic laceration, an accidental cutting of the uterus, occurs because, again, much of this procedure is done blindly. The surgeon has scissors that are inserted into the base of the fetal skull. It is not just the insertion of the

scissors, but it takes a spreading of the scissors to establish a real puncture large enough to evacuate the brain.

Another example, an article dated August 26, 1998, another quotation. Let me open with the quotation marks.

“This blind procedure risks maternal injury from laceration of the uterus or cervix by the scissors and could result in severe bleeding and the threat of shock or even maternal death.”

“Could result in severe bleeding and the threat of shock or even maternal death.”

These risks, which I just outlined, have not been quantified for partial-birth abortions.

Would you want this untested procedure performed on anyone that you know? The answer, I believe, is absolutely not because there is always an alternative procedure available.

Mr. President, we are discussing a fringe procedure with very real risks to a woman's health. The lack of data on this procedure underscores my opposition to it. Just as we cannot ignore the risk to the mother, let's also look at the risk a little bit further down the line.

It leads me to a conclusion that partial-birth abortion is inhumane, and offends the very basic civil sensibilities of the American people. The procedure itself, yes. But what about the treatment of the perivable fetus? I say that because at what point in the gestation period viability actually is realized is subject to debate. It shifts with technology and with our ability to intervene over time.

Most of these procedures are performed today in what is called the perivable period—somewhere between 20 and 24 weeks of gestation, and beyond.

The centers for pain perception in a fetus develop very early in that second trimester period. We cannot measure fetal pain directly, but we do know that infants of similar gestational age after delivery—28 weeks, 30 weeks, or 24 weeks—those babies, those fetuses that are delivered, do respond to pain. Again, we are talking about a procedure performed on an infant, a fetus, at 24, 26 weeks.

With partial-birth abortions, pain management is not provided for the fetus at that gestational age. That fetus, remember, is literally within inches of actually being delivered. Pain management is given for procedures if those 2 or 3 inches are realized and the baby is outside of the womb, at the same gestational age; if the fetus is in the womb, pain management is not given.

I say that again because we have to at least think of the fetus and think of the procedure, taking scissors and inserting them into the cranium, into the skull, and the spreading of those scissors. What is that doing? Is that humane?

Therefore, to my statement that this is a barbaric procedure, I say it is an inhumane, barbaric procedure regarding the woman—and I just went

through those complications—and regarding the fetus.

Because of the “fringe” nature of this practice, because of the lack of peer review and study of this procedure, I have strong feelings about this issue. I have taken too much time walking through the medical aspects, but I think it is important to free up a lot of the intensity of the debate earlier in the day. I think it is important to have a discussion so the American people and my colleagues know at least one surgeon’s view of this surgical procedure.

I close by saying that because of this lack of peer review study of this procedure, because of the fringe nature of this procedure, because of the grave risk it poses to the woman, because I believe it is inhumane treatment of that infant, that fetus, and because even as ACOG, the gynecologic society, concedes partial-birth abortion is never the only procedure that has to be used, I strongly support this legislation by the Senator from Pennsylvania to outlaw this barbaric and this inhumane practice.

I yield the floor.

The PRESIDING OFFICER (Mr. FRIST). The Senator from Pennsylvania.

Mr. SANTORUM. I know the hour is late, and I will not take a lot of time. I appreciate the indulgence of the Senator from Kansas for his marathon stay on the floor and the Chair tonight.

First, let me thank the Senator from Tennessee for his expert testimony. We hear a lot from those who oppose this procedure and the fact there is no obstetrician here. I think someone with the surgical skills and the international reputation of Dr. FRIST, combined with the obstetricians who, in fact, are Members of Congress on the other side of this Capitol who oppose this procedure, who support this bill—I think we have the medical community of the Congress clearly on our side. I think as I stated before, we have the medical community generally on our side, hundreds and hundreds of obstetricians who have come forward and talked about it.

I want to talk tonight about a few cases. I do that for a couple of reasons. I want to articulate again that there are alternatives available to a partial-birth abortion. We heard Dr. FRIST talk about other abortion techniques that are available in the medical literature, techniques available for later in pregnancy if a mother decides to have an abortion. I want to share with people, because I think it is important and this transcends the partial-birth abortion debate, but I think it is relevant to discuss that there are other ways to deal with this that are as healthy, and, I argue, even more healthy, for the mother involved.

We heard the Senator from Illinois, Mr. DURBIN, today talk about Viki Wilson, Coreen Costello, and Vikki Stella. I entered into the RECORD those three cases. All these women came to the

Congress. They testified themselves. They brought their own stories forward. They are now being used by Members of Congress and have been used by Members for several years to support the claim this was the only method available to them and this saved their health and their future fertility. I will take them one by one very quickly, but I want to reemphasize that this was not the only option available to them. There were, in fact, more healthy procedures.

That does not mean if a certain procedure is performed—I am sure the doctor would affirm this—there is more than one procedure that can be used. Even if it is not the proper procedure, it may turn out OK with a good result. The point I am trying to make and I think the point the medical community is trying to make: It is not the best medicine, it is not proper, and it certainly isn’t the only procedure available.

In the case of Viki Wilson, according to her own testimony, she didn’t have a partial-birth abortion. She says in her testimony that the death of her daughter Abigail was induced inside the womb.

My daughter died with dignity inside my womb, after which the baby was delivered head first.

Partial-birth abortion, as we heard Dr. FRIST describe, is when the baby is delivered in a breach position alive, that all of the baby is taken out of the mother except for the head, and then a sharp instrument is inserted in the base of the skull, the baby is killed, and the brains are suctioned out.

That is not what happened. Yet we know that from her testimony, we have known that for several years, since 1995. Yet year after year after year, as we debate this bill, people come to the floor and hold up this case and say: Here is someone who was saved from health consequences by partial-birth abortion. It didn’t happen. It didn’t happen.

Let’s take the cases where it did happen. I have two letters, one from a Dr. Pamela Smith who is at Mount Sinai Hospital in Chicago and another from Dr. Joseph DeCook who is at Michigan State University, discussing two different cases: First the Vikki Stella case, and second Coreen Costello.

It is very comfortable for me to stand here and talk about the very personal and tragic cases. I am sure it is very painful for those involved to hear their case being brought up by someone they disagree with in a very vociferous way. But if they are going to bring their case to support a conclusion that this procedure is medically necessary, then their story, their records, have to be examined to determine whether, in fact, it does support this medical determination, which has been arrived at by some, that this is a medically necessary procedure.

In the case of Miss Stella, she has proclaimed that this is the only thing that could be done to preserve her fertility.

This is what Dr. Pamela Smith writes:

The fact of the matter is that the standard care of that is used by medical personnel to terminate a pregnancy in its later stages does not include partial-birth abortion. Caesarean section, inducing labor with petosin or proglandins or, if the baby has excess fluid in the head, as I believe was the case with Miss Stella, draining the fluid from the baby’s head to allow a normal delivery, all are techniques taught and used by obstetrical providers throughout this country. These are techniques for which we have safe statistics in regard to their impact with regard to the health of both the woman and the child. In contrast, there are no safety statistics on partial-birth abortion.

We heard Dr. FRIST say that. This is not a peer-reviewed procedure. We do not know from any kind of peer-reviewed study as to whether this is proper.

There is no reference on this technique in the National Library of Medicine database, and no long-term studies published to prove it does not negatively affect a woman’s ability to successfully carry a pregnancy to term in the future. Miss Stella may have been told this procedure was necessary and safe, but she was sorely misinformed.

We all want to believe what our doctor tells us. We all put faith in our doctor. When our doctor says this is the only thing that could have helped you, I am not surprised that that is repeated by people who had the service performed on them. But what this doctor is saying, what 600 obstetricians have said, what Dr. FRIST has said, what Dr. COBURN in the House has said, what Dr. Koop has said—Dr. C. Everett Koop—what the AMA has said, is that this is not good medicine. So she was sorely misinformed.

One of the complicating factors here that Senator DURBIN brought up was that Vikki Stella had diabetes. And Dr. Smith addresses that. She says:

Diabetes is a chronic medical condition that tends to get worse over time, and it predisposes individuals to infections that can be harder to treat. If Miss Stella was advised to have an abortion, most likely this was secondary to the fact that her child was diagnosed with conditions that were incompatible with life. The fact that Ms. Stella is a diabetic, coupled with the fact that diabetics are prone to infection and the partial-birth abortion procedure requires manipulating a normally contaminated vagina over a course of 3 days, a technique that invites infection, medically I would contend that of all the abortion techniques currently available to her, this was the worst one that could have been recommended for her. The others are quicker, cheaper, and do not place a diabetic in such extreme risk of life-threatening infections.

Again, for all of the argument that we need this procedure to protect the health of the mother, and here are cases in which it was used to protect the life and health of the mother, the fact is it was not the best thing. The evidence is it was not the best thing. So the very cases we are to rely upon to make a judgment that this was in fact a case in point as to why this procedure is necessary do not substantiate the claim. These are their best cases. You don’t bring out your worst cases. This is the best evidence.

This goes back to what Dr. FRIST just mentioned, what I have mentioned earlier in the day. We are still waiting to hear what case is necessary: In what case is this the best procedure? Give us the set of facts and circumstances where this is, in fact, a preferable option, where it has been peer reviewed, where there is consensus in the field that this problem with the child and problem with the mother, that combination, requires partial-birth abortion as the preferred method.

Organizations have said this may be the best. If you say "may," then you have to come forward saying where can it be the best; tell me what circumstances. They have not. Yet, incredibly, with all of the evidence we have presented on our side of this issue, of how it is bad medicine, how it is not peer reviewed, how it is rogue medicine, how it was developed by an abortionist who was not an obstetrician, how it is only done in abortion clinics, how it is not taught in medical schools, it is not in any of the literature—all of this information is overwhelming that this is a bad procedure—the only thing they hold onto on the other side is, it may be necessary, with no instance, no hypothetical.

Pull out your worst set of facts for me, put them on paper, and tell me what it is. They will not do it. You have to wonder, don't you, if this is the evidence they want to use to claim that health is a necessary provision. It is bogus. It is bogus.

Coreen Costello—again, this is based on what she has revealed of her medical history of her own accord. Again, Dr. DeCook states that a partial-birth abortion is never medically indicated. In fact, there are several alternative standard medical procedures to treat women confronting unfortunate situations such as what Miss Costello had to face.

According to what she presented to us, the Congress, Miss Costello's child suffered from at least two conditions, polyhydramnios secondary to abnormal fetal swallowing and hydrocephalus.

In the first the child could not swallow the amniotic fluid and an excess of the fluid, therefore, collected in the mother's uterus.

The second condition, hydrocephalus, is one that causes an excessive amount of fluid to accumulate in the fetal head. Because of the swallowing defect, the child's lungs were not properly stimulated, and underdevelopment of the lungs would likely be the cause of death if abortion had not intervened. The child had no significant chance of survival, but also would not likely die as soon as the umbilical cord was cut.

The usual treatment for removing the large amount of fluid in the uterus is called amniocentesis. The usual treatment for draining excess fluid from the fetal head is a process called cephalocentesis. In both cases, the excess fluid is drained by using a thin needle that can be placed inside the womb through the abdomen, transabdominally or through the vagina. The transvaginal approach, however, as performed by Dr. McMahon on Miss Costello, puts a woman at an increased risk of infection because of the non-sterile environment of the vagina. Dr. McMahon used this approach most likely because

he had no significant experience in obstetrics and gynecology.

Again, using a higher risk procedure. Why? This man was not an obstetrician; he was an abortionist.

In other words, he may not have been able to do as well transabdominally in the standard method used by OB/GYNs because that takes a degree of expertise he did not possess.

After the fluid has been drained and the head decreased in size, labor will be induced and attempts made to deliver the child vaginally. Miss Costello's statement that she was unable to have a vaginal delivery or, as she called it, natural birth or induced labor, is contradicted by the fact that she did indeed have a vaginal delivery conduct by Dr. McMahon. What Miss Costello had was a breach vaginal delivery for purposes of aborting the child, however, as opposed to a vaginal delivery intended to result in a live birth. A cesarean section in this case would not be medically indicated, not because of any inherent danger but because the baby could have been delivered safely vaginally.

We have heard testimony after testimony from hundreds of obstetricians saying there may be cases where separation has to occur between the mother and the child because of the health of the mother, because of the life of the mother. There may be a case—there are cases where the baby within the mother's womb is a threat to the mother's life and health. But what these doctors have said over and over and over again is, just because we have to separate the mother from the child does not mean you have to kill the child in the process.

In the case of partial-birth abortion—take Coreen Costello—fluid was drained. The baby could have been delivered. The baby could have been delivered and given a chance to survive. By killing the baby, you increase the risk to the mother. When you do a procedure inside of the mother that causes the destruction of the child through shattering the base of the skull, you are performing a brutal procedure, a very bloody, barbaric procedure inside of the mother that could result in laceration, and bony fragments or shards perforating that birth canal area. That is much more dangerous to the health of the mother than simply delivering the baby intact.

It seems almost incredible to me that in the overwhelming—overwhelming—status of the medical evidence presented on the floor we would have any question as to whether this is really necessary to protect the health of the mom.

My argument goes a little further because I think these doctors are saying that you may need to deliver the child prematurely, but you never need to kill the baby to protect the health and life of the mother. There is always a way to deliver the child. At least give this child the dignity of being born.

Remember, most of these abortions are done on healthy mothers and healthy babies. I think everyone looks at this debate and says: Oh, this is a debate; about sick moms and sick kids. It is not a debate about sick mothers

and sick kids. This is a debate primarily about healthy mothers who decide late in pregnancy not to have a child, and the child is healthy. The child would be born alive if it were not killed by the partial-birth abortion. The child, in many cases, would not only be born alive but would survive that birth. We in the Senate say too bad; too bad.

I am going to talk now about the small percentage of cases where there are the difficult choices because that is the real powerful argument. That is why they make it because they believe it is the most powerful argument they have to keep this procedure legal. They do not want to talk about the 90 percent of the cases because they cannot defend that. You cannot defend a 25-week abortion with a healthy mother and a healthy baby where that baby would be born alive, survive, develop, and live normally. You cannot defend that.

And guess what. Surprise, surprise, nobody does. They do not talk about those cases. That is the norm here. That is the norm. That is what goes on out there. They do not talk about that. They want to bring in the sick kids and the sick moms and say: We need this for these small percentage of cases.

Again, let's get to the argument again. In every one of those cases where there is a maternal health issue, there is overwhelming evidence this procedure is not in the best interest of the mother, but they want to bring in the sick kids.

That bothers me because it assumes that you, the American public, out there listening to what I am saying, somehow look at sick children as less important, as less worthy of life, as disposable, as a burden, as a freak, as pain and suffering, not as a beautiful, wonderful gift from God. That is why they argue these cases, and they argue these cases because there are millions of Americans who, when they hear about this child who is deformed or not going to live long, see this child as a burden, as unwanted, as imperfect.

It is a sad commentary on our country if we look at God's creations and see only what their utility is to our country, to our lives, to our world. And if their utility is not how we can quantify it in terms of what kind of job they can have, how smart they will be or how beautiful they will be, what they will add to the value of life in America, they are seen as less useful, less needed, less wanted, a burden.

The fact that the people who make this debate, oppose this bill, bring this up and talk about just these cases sends a chill down my spine, because they are appealing to the darker side of us when they do that. They are appealing to our prejudice against people who do not look like us, who do not act like us, who are not perfect like us, and yet they are the very people who will fight heroic fights. And I give credit to many who will fight the heroic fights to give rights to that disabled child after it

survives. But once the child is delivered and once it is alive, then they will fight the battle to make sure it gets a proper education under IDEA.

The Senator in the Chair, Dr. FRIST, was a great leader on that and worked with some of the opponents of this bill on ensuring disabled individuals have rights. But I wonder how they can justify using these cases to appeal to this dark side of us, the cultural phenomenon in this country that demands perfection, that is poisoning our little girls with what perfect little girls must look like, that is leading to disorder after disorder as a result of the striving for perfection that has permeated our culture, what you have to look like, what you have to smell like, what you have to wear.

They feed into that by saying these poor children are not quite worthy of life. While we will fight for them once they are born, I think what they are actually saying is: But we really hope they are not born in the first place.

That is very disturbing because I am going to share with you tonight some stories about parents who made a different choice, who, when they heard about the child inside, decided they were going to look at that child the way God looks at that child, as a beautiful, wonderful creature of God, perfect in every way in His most important eyes, and accepted children for as long or as short a time as their life was to be.

I am going to share with you a story first of Andrew Goin.

Last time we debated this issue on the override of the President's veto last year—it was last fall—I had this picture up here. We talked about Andrew. And I will do so again. But I have a little addendum to this story.

First, let me tell you about Andrew. That is Andrew. Andrew's mother is Whitney Goin. She had a feeling something was wrong 5 months into her pregnancy. When she went in for her first sonogram, a large abdominal wall defect was detected. She described her condition after learning there was a problem with the pregnancy:

My husband was unreachable so I sat alone, until my mother arrived, as the doctor described my baby as being severely deformed with a gigantic defect and most likely many other defects that he could not detect with their equipment. He went on to explain that babies with this large of a defect are often stillborn, live very shortly, or could survive with extensive surgeries and treatments, depending on the presence of additional anomalies and complications after birth. The complications and associated problems that a baby in this condition could suffer include but are not limited to: bladder exstrophy, imperforate anus, collapsed lungs, diseased liver, fatal infections, cardiovascular malformations

And so on.

A perinatologist suggested she strongly consider having a partial-birth abortion. The doctor told her it may be something that she "needs" to do—that she "needs" to do. He described the procedure as "a late-term

abortion where the fetus would be almost completely delivered and then terminated."

The Goins chose to carry their baby to term. But complications related to a drop in the amniotic fluid level created some concerns. Doctors advised the Goins that the baby's chances for survival would be greater outside the womb. So on October 26, 1995, Andrew Hewitt Goin was delivered by C-section. He was born with an abdominal wall defect known as omphalocele, a condition in which the abdominal organs—stomach, liver, spleen, small and large intestines—are outside of the baby's body but still contained in a protective envelope of tissue. Andrew had his first of several major operations 2 hours after he was born.

Andrew's first months were not easy. He suffered excruciating pain. He was on a respirator for 6 weeks. He needed tubes in his nose and throat to continually suction his stomach and lungs. He needed eight blood transfusions. His mother recalled:

The enormous pressure of the organs being replaced slowly into his body caused chronic lung disease for which he received extensive oxygen and steroid treatments as he overcame a physical addiction to the numerous pain killers he was given.

It broke his parents' hearts to see him suffering so badly.

Andrew fought hard to live. In fact, Baby Andrew did live. On March 1, 1999, Bruce and Whitney Goin welcomed their second child, Matthew, into the family.

Here is a picture of the two of them. Contrary to the misinformation about partial-birth abortion that has been so recklessly repeated, carrying Andrew to term did not affect Whitney's ability to have future children.

This is that little boy who "needed" to be aborted, who was not "perfect" in our eyes. It is one of these "abnormalities" that we need to get rid of. What a beautiful little boy. What a gift he is to his parents. What a gift he is to all of us for his courage and inspiration. What inspiration we get as a society from those who overcome the great odds and pain and strife. How ennobled we are by it.

Are we ennobled by partial-birth abortions? Would we be ennobled in this country today if Whitney Goin did what she "needed" to do according to the doctor?

Andrew Goin touched more than one life directly.

When I had this previous picture up of Andrew last year, I was here at about this time of night. At that time, Senator DEWINE was in the Chair. I was thinking, and I called my wife about an hour before, as I did tonight, and I said: Honey, I just have to get up and talk some more. I just feel it in me. I have to say more. I know it's not going to change anybody's vote, but I have to say it. I know there is nobody on the floor other than MIKE DEWINE—at that time; and now BILL FRIST at this time—who will be listening to what I'm going to say, but I have to say it.

So here I am again. I remember finishing that night a little after 10 o'clock. And it was after 10 o'clock, because the pages always encourage me, when I speak late at night, to speak until after 10 o'clock so they don't have to go to school in the morning. So congratulations, you are 3 minutes away from it.

So it was after 10 o'clock. And I remember closing down the Senate and Mike coming up here, and I just felt this sense that this was all for nothing—as much as I care about this issue and as wrong as I believe this is for our country—that all that was said that night was falling on deaf ears.

In fact, the next day we lost the override vote. So my feeling of futility, if you will, was compounded—until a few days later when I received an e-mail from a young man who said:

Recently my girlfriend and I were flipping through the channels, and we came across C-SPAN, and were fortunate enough to hear your speech regarding the evils of partial-birth abortion. We saw the picture of the little boy with the headphones on, who was lucky enough to have had parents who loved him and brought him into this world instead of ending his life prenatally. Both of us were moved to tears by your speech.

And my girlfriend confessed to me that she had scheduled an appointment for an abortion the following week. She never told me about her pregnancy because she knew that I would object to any decision to kill our child. But after watching your emotional speech, she looked at me, as tears rolled down her cheeks, and told me that she could not go through with it.

We're not ready to be parents. We still have a couple years left at college. And then we will have a large student loan to pay back. But I am grateful that my child will live. It is a true tragedy that the partial-birth abortion ban failed to override Clinton's veto. But please take some comfort in knowing that at least one life was saved because of your speech. You have saved the life of our child. May God bless you and keep you.

Fortunately for me, the writer of this e-mail stayed in touch. I received an e-mail a couple of weeks ago that reported back what had happened over the previous year. He says:

We reevaluated our ability to raise a child at this point in time in our lives, and we finally decided to put our baby up for adoption. I know that she is being raised by a loving couple that cares deeply for her. I often wonder if we did the right thing by putting her up for adoption, but I know we did the right thing by bringing her into the world. Every now and then I think that one day she is going to grow up and be a part of the lives of many people. Then I wonder what would have happened if I had just kept on clicking through the channels and not stopped to see you speaking on C-SPAN. A terrible thing might have happened and I probably would never have known about it. I will always have in my mind the thoughts about her life that she is living and the people that she is important to. Once again, thank you so much for your speech on C-SPAN that day. It is a terrible tragedy that you were unable to override Clinton's veto, what it meant to us, of course, our daughter and her adopted parents.

There is something ennobling about that story, something that touches all

of us, something that gives us hope. What I am saying is, I don't think partial-birth abortion does that to anyone. I don't think it is ennobling to kill a child 3 inches away from being born. I don't think it is inspiring. I don't think it is the better angels of our nature. I don't think it is going to go down in the annals of the Senate as one of our great compassionate civil rights votes or constitutional votes.

It doesn't lift up our spirits. It doesn't make us walk with that longer stride, with our head held high. It is sanctioning the killing of an innocent baby who is 3 inches away from constitutional protection, and it blurs the line of what is permissible in this country. If we can kill a little baby that would otherwise be born alive, 3 inches away from being born, what else are we capable of?

Unfortunately, we are answering that question every day, with the violence we see reported on television, with the insensitivity to life that we see occurring in our daily lives, with the calls for assisted suicide, with the calls for mercy killings, even with this debate, with the argument the Senator from California made earlier. She wants to make sure that every child is wanted.

Mother Teresa said it best at the National Prayer Breakfast a few years ago. "Give me your children," she said. Give me your children. If you don't want your children, give them to me; I want them.

Tens of thousands of mothers and fathers who cannot have children want those children and will love those children. There is not a shortage of wanting in America when it comes to children. The most debilitating thing to think about is that the life of a child can be snuffed out, a life that could include 90 or 100 years. A little girl born this year has a 1-in-3 chance to live to be 100. So for those little girls who are aborted through partial-birth abortion, 100 years of loving and making a contribution to our society, finding the cure to cancer, of enriching our lives is snuffed out because for a period of time, a short period of time, your mother didn't want you. How many of us in our lives today would be snuffed out or could be snuffed out because someone doesn't want you?

We have a chance to make a statement tomorrow in the Senate. We have a chance to stand as a body for these little children, these imperfect little children who the world and, unfortunately, Members of the Senate believe are somehow less worthy of being born because they may not live long or they may be in pain and it would be merciful to put them out of their misery. I am sure Andrew Goin would say, please don't show me that kind of mercy. In fact, we have lots of other children who were born who I am sure would say, please don't show me that kind of mercy.

A picture here of Tony Melendez. Tony was born with no arms, 11 toes, and severe clubfoot. That is little

Tony. I am sure what he would say to you today is, please don't show me that kind of mercy because I am not perfect like you would like me to be. Tony didn't let all the prejudice that comes with having no arms, a clubfoot, 11 toes stop him from being one of the greatest inspirations we have had in our time. Tony is now a musician. Tony plays the guitar with his feet. He has performed for the Pope on three occasions, has traveled to 16 foreign countries, played the national anthem in game 5 of the 1989 World Series, on and on and on.

If you would listen to the debate today on the floor of the Senate, you would think it might be more merciful to let him die before he gets the chance to prove that he is worthy.

Donna Joy Watts. Donna Joy was here a couple of years ago. Donna Joy is an amazing story. It has been put in the CONGRESSIONAL RECORD for a long time. We had it in here several times. Lori Watts, her mom, found out that her child had hydrocephalus, an excessive amount of cerebral fluid, water on the brain. She was told her daughter would virtually have no brain, that most of her brain would be gone. So the obstetrician, when she found out on the sonogram, said Donna Joy should be aborted, that a partial-birth abortion should be performed—yes, a partial-birth abortion. Mr. Watts said, "No, we don't want to do an abortion." So they sent the Wattses to see a high-risk obstetrics group. They went to three hospitals in the Baltimore area. All three hospitals said they would abort Donna Joy, but they would not deliver her. Let me repeat that. They would perform an abortion, but they would not deliver her. So people are worried about safe access to abortion. We are getting to the point where we need safe access to birth. Finally, she found a team that would deliver her. Again, this group also advised an abortion but then agreed to deliver. She was born with severe health problems.

What the Wattses expected was that, as soon as the baby was born, a team would go into action to see what they could do to help save this little girl. They found out that they did nothing. They did nothing. They put the baby in a neonatal unit and kept it warm and they said to the Wattses, your baby is going to die. We are not going to do anything. This baby is so sick, has such a little brain, so many complications, we are not going to deal with it. Guess what. She didn't give up. She kept living. So now the doctors had this baby, now alive three days, and they don't know what to do with her. This baby keeps living and she should have been dead.

Finally, three days later, they implanted a shunt to drain off the excess fluid. Of course, the shunt should have been in as soon as possible to minimize the damage, but they waited three days. What has happened ever since then has been remarkable. Yes, there were complications. The shunts

haven't worked. They have had to go back in several times to fix that. They had trouble feeding her. And so her mother came up with an ingenious way of fixing a mixture of baby food and giving it by syringe, one drop at a time, because that is all she could handle eating. She had other complications.

Meningoencephalocele is another complication, and I can go on with epilepsy, sleep disorders, digestive complications. She has had a lot of problems. But she has survived them all. She has survived them all.

Donna Joy is about to celebrate, next month, her eighth birthday. And, yes, I have met her. She has been in my office. She walks and talks and plays with my kids. She takes karate and she goes around with her mom to various places. We are fortunate to have the Watts living in Pennsylvania. She provides living testimony to hope and to the horrors of partial-birth abortion, because she should not be alive today. She should not be in this picture. If you accept the arguments on the other side, it is probably better if she wasn't there.

I don't accept those arguments. I don't accept the arguments that because a child may not have the kind of life that you want, she cannot have a life worth living, because all life is worth living.

There are several other cases here that I would like to put in the RECORD. One I want to talk about, finally, is the case of Christian Matthew McNaughton. I talk about this because this is somewhat personal because I know the McNaughtons. They are a wonderful family. Mark is a State legislator up in Pennsylvania. Christian was born in 1993. Before he was born, the McNaughtons found, when Dianne went in for a sonogram, that Christian had hydrocephalus, water on the brain. By the way, in several of the stories we heard about why we need to have partial-birth abortion, the abnormality was hydrocephalus. So these are parallel cases. The radiologist said the baby seemed to have more fluid on the brain than tissue. They cautioned that it was possible the baby had no brain at all. They were told their prospects were dim, and they were advised that they could have an abortion. It would be preferable to have an abortion. In fact, they were offered a partial-birth abortion.

Again, as the doctor explained it, the baby would be partially delivered, the surgical instrument inserted into the base of the skull, the brains would be extracted, or what there was of the brain, and the rest of the body would be delivered. Of course, they rejected that option. One of the doctors said, after they rejected the option, that shunt surgery to relieve the pressure, the fluid on the baby's brain, would not be performed if the child's quality of life prospects did not warrant it. That goes back to the Donna Joy situation.

Christian was born in June of 1993. He required special medical care. A CAT

Scan revealed he suffered a stroke in utero, which caused excess fluid to build up in his brain. It showed that the lower level quadrant of his brain was missing. Within a week of his birth, he had the first shunt surgery to drain fluid, and he had a follow-up procedure in three months. He exceeded everybody's expectations. So a baby, which doctors initially believed was blind, had no capacity for learning, grew to a little boy who talked, walked, ran, sang, enjoyed playing baseball and basketball. He attended preschool. His heroes were Cal Ripken, Jr., Batman, Spiderman, and the Backstreet Boys. He loved whales and dolphins. His favorite movie was Angels in the Outfield. And he especially loved his baby sister, who was two years younger than he. Christian brought joy to all who were fortunate enough to know him.

In August, Christian began experiencing head pains. Here is little Christian in this photo, and this is his little baby sister. His shunt was malfunctioning, and it had to be replaced.

After surgery, Christian experienced cardiac arrest respiratory distress. He slipped into a coma. Fluid continued to accumulate on his brain. He fought hard to live. But he didn't. He died 2 years ago on August 8 at the age of 4.

If you think these kids don't matter, if you think this option is just all pain, ask Mark and Dianne whether they would trade the 4 years. They have those wonderful memories—difficult, sure; painful, sure. But they believed in their child. They loved him. They nurtured him. And he returned much more than they ever gave—not just to them but to all of us.

Do you want to know how they felt about their little brother?

Last year, on his anniversary, these are little ads taken out in the Harrisburg Patriot News by his sisters, his brother, his mom and dad.

His sister said:

Christian, we love you, we miss you, we wish we could kiss you just one more time.

His brother, Mark:

I have a poem for you.

Blue jays are blue, and I love you; robins are red, and I miss you in bed; sparrows are black, I wish you were back; I am sorry for the bad things I did to you, you are the best and the only brother I ever had, please watch over us and take care of us. Love Mark.

His mom and dad:

Our arms ache to hold you again. Our hearts are forever broken, but we thank God we had a chance to love you. We know your smile is brightening up the heavens, and that Jesus loves the little children. Please help us to carry on until the day we can all play together again.

What would be missed, as some would suggest, if we just take all of this pain away, and kill this baby before it would suffer through this horrible life?

The McNaughtons would not trade a minute. I think it is obvious they wouldn't trade a minute.

All of the stories are not happy ones. All of the sad stories do not have a

bright side. Some are just tragic and tragic and tragic.

But I can tell you as a family who has gone through the loss of a child, and what we thought was a normal pregnancy didn't go the way we had hoped, accepting your child, loving your child, taking your children as they are, for as long as they are to be may be the hardest thing you can do. But it is the best that we can do—not just for the child whose life you have affirmed and accepted but in your life.

In the case of Mark, the little boy knew he was loved. He lived a couple of hours. Karen and I and our family have the knowledge that for those hours we opened up our arms to him, and during those 2 hours he knew he was loved.

What a wonderful life we could all have if that is all we had.

We have a chance tomorrow to draw a bright line. A bright line needs to be drawn for this country. If there is a time in our society and in our world when we need a bright line separating life and death, I can think of no better time.

This debate today and tomorrow is drawing that line, affirming that once a baby is in the process of being born and there is a partial-birth abortion outside of the mother, the line has been crossed. It is not a fuzzy line. If we perform that kind of brutality to a little baby who would otherwise be born alive, it is beneath us as a country.

History will look back at this debate, I am sure, and wonder how it could have ever occurred. How we could ever have done that to the most helpless among us? How did we ever cross the line?

But tomorrow those Members of the Senate will have a chance to tell a different story for history, to say that the greatest deliberative body in the world will strike a clear blow for the right to life for little children during the process of being born.

I don't think it is too much to ask. But I do ask it of my colleagues. I plead with them to find somewhere in their hearts the strength to stand up and do what is right for this country, what is right for the little children, and say no to partial-birth abortions.

Mr. President, I yield the floor.

SUBMITTING CHANGES TO THE BUDGETARY AGGREGATES AND APPROPRIATIONS COMMITTEE ALLOCATION

Mr. DOMENICI. Mr. President, section 314 of the Congressional Budget Act, as amended, requires the Chairman of the Senate Budget Committee to adjust the appropriate budgetary aggregates and the allocation for the Appropriations Committee to reflect amounts provided for emergency requirements and arrearages for international organizations, international peacekeeping, and multilateral development banks.

I hereby submit revisions to the 2000 Senate Appropriations Committee allo-

cations, pursuant to section 302 of the Congressional Budget Act, in the following amounts:

(In millions of dollars)

	Budget authority	Outlays	Deficit
Current allocation:			
General purpose discretionary	550,441	557,580	.....
Violent crime reduction fund	4,500	5,554	.....
Highways .....	.....	24,574	.....
Mass transit .....	.....	4,117	.....
Mandatory	321,502	304,297	.....
Total	876,443	896,122	.....
Adjustments:			
General purpose discretionary	+7,063	+4,118	.....
Violent crime reduction fund .....	.....	.....	.....
Highways .....	.....	.....	.....
Mass transit .....	.....	.....	.....
Mandatory .....	.....	.....	.....
Total	+7,063	+4,118	.....
Revised allocation:			
General purpose discretionary	557,504	561,698	.....
Violent crime reduction fund	4,500	5,554	.....
Highways .....	.....	24,574	.....
Mass transit .....	.....	4,117	.....
Mandatory	321,502	304,297	.....
Total	883,506	900,240	.....
I hereby submit revisions to the 2000 budget aggregates, pursuant to section 311 of the Congressional Budget Act in the following amounts:			
Current allocation: Budget resolution	1,445,390	1,428,962	-20,880
Adjustments: Emergencies and arrearages	+7,063	+4,118	-4,118
Revised allocation: Budget resolution	1,452,453	1,433,080	-24,998

EXPLANATION OF VOTE

Mr. DODD. Mr. President, I was necessarily absent while attending to a family member's medical condition during Senate action on rollcall votes Nos. 328 and 329.

Had I been present for the votes, I would have voted as follows: On rollcall vote No. 328, adoption of the conference report on H.R. 2684, a bill making appropriations for the Departments of Veterans Affairs and Housing and Urban Development, and for sundry independent agencies, boards, commissions, corporations, and offices for the fiscal year ending September 30, 2000, I would have agreed to the conference report. On rollcall vote No. 329, the motion to table Senate Amendment No. 2299, a Reid perfecting amendment to the campaign finance reform bill, I would have voted not to table the amendment.

CAMPAIGN FINANCE REFORM

Mr. MOYNIHAN. Mr. President, we have now set aside—until the next time!—the McCain-Feingold legislation on campaign finance reform. I did not speak during this most recent debate. The third in three years, and for certain not the last as Senator FEINGOLD made clear last evening on the "NewsHour with Jim Lehrer." I supported the reform with only a faint sense of familiarity. Here we are, reforming the results of the last reform. A not infrequent task of Congress. But now it might be useful to offer a few related observations.

The first is to state that raising money for political campaigns has never been a great burden for this Senator, and for the simple reason that I