

as follows: After consulting with my generals and military experts, please be advised that the United States Government will not accept or allow transgender individuals to serve in any capacity in the U.S. military. Our military must be focused on decisive and overwhelming victory and cannot be burdened with the tremendous medical costs and disruption that transgender in the military would entail, thereby attempting to convert his bigoted statement into United States policy, associating the Presidency and the people of the United States with bigotry, thereby casting contempt on transgender individuals, inciting hate and hostility, and sowing discord among the people of the United States on the basis of gender.

On August 15, 2017, Donald John Trump made a widely published statement characterizing a group of anti-Semites, bigots, racists, White nationalists, and Ku Klux Klansmen who rallied in Charlottesville, Virginia, as “very fine people,” thereby associating the Presidency and the people of the United States with bigotry.

On October 7, 2017, hate groups returned to Charlottesville, Virginia, at the statue of Robert E. Lee, the Confederate general, chanting, “You will not replace us!” after having chanted in their August Charlottesville rally that “Jews will not replace us!”. Since this event on October 7, the President has made widely published statements about many issues, including the National Football League, but has not made one widely published statement condemning the hate groups for returning to the place where an innocent person lost her life at the hands of hate.

On January 11, 2018, Donald John Trump held a meeting with a bipartisan group of congressional leaders that focused primarily on legislation that would provide a statutory protected status for individuals brought to the United States without documentation. At this meeting, as has been widely published, Donald John Trump made references to people from s-h-i-t-h-o-l-e (or s-h-i-t-h-o-u-s-e) countries. He also questioned why we need more Haitians or people from African countries, proclaiming that we should take them out. Donald John Trump then suggested that Norwegians were better suited to be immigrants to this country, thereby casting contempt on citizens and noncitizens who were welcomed here by previous Presidents due to natural disaster and civil unrest, thereby attempting to convert his bigoted statements into United States policy, associating the Presidency and the people of the United States with bigotry, inciting hate and hostility, and sowing discord among the people of the United States on the basis of national origin.

In all of this, the aforementioned Donald John Trump has, by his statements, brought the high office of President of the United States in contempt, ridicule, disgrace and disrepute, has

sown discord among the people of the United States, has demonstrated that he is unfit to be President, and has betrayed his trust as President of the United States to the manifest injury of the people of the United States, and has committed a high misdemeanor in office.

Therefore, Donald John Trump by causing such harm to the society of the United States is unfit to be President and warrants impeachment, trial, and removal from office.

The SPEAKER pro tempore. Under rule IX, a resolution offered from the floor by a Member other than the majority leader or the minority leader as a question of the privileges of the House has immediate precedence only at a time designated by the Chair within 2 legislative days after the resolution is properly noticed.

Pending that designation, the form of the resolution noticed by the gentleman from Texas will appear in the RECORD at this point.

The Chair will not at this point determine whether the resolution constitutes a question of privilege. That determination will be made at the time designated for consideration of the resolution.

□ 0930

BORN-ALIVE ABORTION SURVIVORS PROTECTION ACT

Mrs. ROBY. Madam Speaker, pursuant to House Resolution 694, I call up the bill (H.R. 4712) to amend title 18, United States Code, to prohibit a health care practitioner from failing to exercise the proper degree of care in the case of a child who survives an abortion or attempted abortion, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 694, the bill is considered read.

The text of the bill is as follows:

H.R. 4712

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Born-Alive Abortion Survivors Protection Act”.

SEC. 2. FINDINGS.

Congress finds as follows:

(1) If an abortion results in the live birth of an infant, the infant is a legal person for all purposes under the laws of the United States, and entitled to all the protections of such laws.

(2) Any infant born alive after an abortion or within a hospital, clinic, or other facility has the same claim to the protection of the law that would arise for any newborn, or for any person who comes to a hospital, clinic, or other facility for screening and treatment or otherwise becomes a patient within its care.

SEC. 3. BORN-ALIVE INFANTS PROTECTION.

(a) REQUIREMENTS PERTAINING TO BORN-ALIVE ABORTION SURVIVORS.—Chapter 74 of title 18, United States Code, is amended by inserting after section 1531 the following:

“§ 1532. Requirements pertaining to born-alive abortion survivors

“(a) REQUIREMENTS FOR HEALTH CARE PRACTITIONERS.—In the case of an abortion or attempted abortion that results in a child born alive (as defined in section 8 of title 1, United States Code (commonly known as the ‘Born-Alive Infants Protection Act’):

“(1) DEGREE OF CARE REQUIRED; IMMEDIATE ADMISSION TO A HOSPITAL.—Any health care practitioner present at the time the child is born alive shall—

“(A) exercise the same degree of professional skill, care, and diligence to preserve the life and health of the child as a reasonably diligent and conscientious health care practitioner would render to any other child born alive at the same gestational age; and

“(B) following the exercise of skill, care, and diligence required under subparagraph (A), ensure that the child born alive is immediately transported and admitted to a hospital.

“(2) MANDATORY REPORTING OF VIOLATIONS.—A health care practitioner or any employee of a hospital, a physician’s office, or an abortion clinic who has knowledge of a failure to comply with the requirements of paragraph (1) shall immediately report the failure to an appropriate State or Federal law enforcement agency, or to both.

“(b) PENALTIES.—

“(1) IN GENERAL.—Whoever violates subsection (a) shall be fined under this title or imprisoned for not more than 5 years, or both.

“(2) INTENTIONAL KILLING OF CHILD BORN ALIVE.—Whoever intentionally performs or attempts to perform an overt act that kills a child born alive described under subsection (a), shall be punished as under section 1111 of this title for intentionally killing or attempting to kill a human being.

“(c) BAR TO PROSECUTION.—The mother of a child born alive described under subsection (a) may not be prosecuted under this section, for conspiracy to violate this section, or for an offense under section 3 or 4 of this title based on such a violation.

“(d) CIVIL REMEDIES.—

“(1) CIVIL ACTION BY A WOMAN ON WHOM AN ABORTION IS PERFORMED.—If a child is born alive and there is a violation of subsection (a), the woman upon whom the abortion was performed or attempted may, in a civil action against any person who committed the violation, obtain appropriate relief.

“(2) APPROPRIATE RELIEF.—Appropriate relief in a civil action under this subsection includes—

“(A) objectively verifiable money damage for all injuries, psychological and physical, occasioned by the violation of subsection (a);

“(B) statutory damages equal to 3 times the cost of the abortion or attempted abortion; and

“(C) punitive damages.

“(3) ATTORNEY’S FEE FOR PLAINTIFF.—The court shall award a reasonable attorney’s fee to a prevailing plaintiff in a civil action under this subsection.

“(4) ATTORNEY’S FEE FOR DEFENDANT.—If a defendant in a civil action under this subsection prevails and the court finds that the plaintiff’s suit was frivolous, the court shall award a reasonable attorney’s fee in favor of the defendant against the plaintiff.

“(e) DEFINITIONS.—In this section the following definitions apply:

“(1) ABORTION.—The term ‘abortion’ means the use or prescription of any instrument, medicine, drug, or any other substance or device—

“(A) to intentionally kill the unborn child of a woman known to be pregnant; or

“(B) to intentionally terminate the pregnancy of a woman known to be pregnant, with an intention other than—

“(i) after viability, to produce a live birth and preserve the life and health of the child born alive; or

“(ii) to remove a dead unborn child.

“(2) ATTEMPT.—The term ‘attempt’, with respect to an abortion, means conduct that, under the circumstances as the actor believes them to be, constitutes a substantial step in a course of conduct planned to culminate in performing an abortion.”.

(b) CLERICAL AMENDMENT.—The table of sections for chapter 74 of title 18, United States Code, is amended by inserting after the item pertaining to section 1531 the following:

“1532. Requirements pertaining to born-alive abortion survivors.”.

(c) CHAPTER HEADING AMENDMENTS.—

(1) CHAPTER HEADING IN CHAPTER.—The chapter heading for chapter 74 of title 18, United States Code, is amended by striking “**Partial-Birth Abortions**” and inserting “**Abortions**”.

(2) TABLE OF CHAPTERS FOR PART I.—The item relating to chapter 74 in the table of chapters at the beginning of part I of title 18, United States Code, is amended by striking “**Partial-Birth Abortions**” and inserting “**Abortions**”.

The SPEAKER pro tempore. The gentlewoman from Alabama (Mrs. ROBY) and the gentleman from New York (Mr. NADLER) each will control 30 minutes.

The Chair recognizes the gentlewoman from Alabama.

GENERAL LEAVE

Mrs. ROBY. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 4712.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Alabama?

There was no objection.

Mrs. ROBY. Madam Speaker, the pro-life movement in Washington today is so exciting. Forty-five years ago this month, the Supreme Court of the United States ruled in *Roe v. Wade* to make abortion legal and available nationwide.

While many abortion activists celebrate this anniversary, it represents a particularly somber occasion for those of us who advocate for life at all stages. Every year since this ruling, the pro-life community has gathered in Washington to march in peaceful protest, and that is exactly what brought thousands of passionate individuals here today.

I would like to extend a very sincere thank-you to each and every person who made this trip today to participate in the March for Life. For those individuals, their dedication to the pro-life movement is inspiring, and I and many of my colleagues stand with them.

I would especially like to recognize all of the individuals from my home State of Alabama who made the 12- to 13-hour trip. I am proud to have people like these Alabamians and others here to represent our great State and our Nation in this pro-life movement.

I believe it is only fitting that we take action today here in the House of Representatives to defend the defenseless as thousands of Americans are

here to speak for those who cannot speak for themselves. I am proud to stand here today as a cosponsor of the legislation that we are considering, H.R. 4712, the Born-Alive Abortion Survivors Protection Act.

I would also like to thank my colleague from Tennessee, MARSHA BLACKBURN, for her leadership on this legislation.

At this point, I don't think that it is a secret that I am unapologetically pro-life, and I believe that our laws and our policies should assign the utmost importance to every life at every stage. I have been proud to stand here on the House floor many times in defense of the unborn, but this time we aren't even talking about unborn children. We are here to talk about those who have already been born.

The Born-Alive Abortion Survivors Protection Act is pretty simple. It states that, if a baby is born alive after a failed abortion, he or she must be given the same exact medical care that would be given to any other baby.

I know we will continue to play politics about when life begins and argue about the point at which the law should step in to protect it. And while I understand that not everyone agrees with my strong pro-life stance, I cannot fathom how any person could be opposed to legislation that protects babies who are so alive that you can look them in the eye.

Madam Speaker, I reserve the balance of my time.

Mr. NADLER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in strong opposition to H.R. 4712, the so-called Born-Alive Abortion Survivors Protection Act.

Despite what its supporters would have us believe, this legislation would do nothing to enhance protections or enhance the quality of care if an infant is born after an attempted abortion. What it would do, however, is directly interfere with the doctor's medical judgment and dictate a medical standard of care that may not be appropriate in all circumstances, which could, in fact, put infants' lives at greater risk.

Let me say at the outset of this debate very clearly, it has always been the law that healthcare providers cannot deliberately harm newborn infants and that they must exercise reasonable care in their treatment of such infants. The bill's implications that providers who provide abortions routinely act in a callous or criminal manner that would result in an infant's death or that a provider who performs an abortion somehow cannot be trusted to take adequate measures to save a living baby's life is insulting and untrue.

In opposing this bill, I do not oppose in any way proper medical treatment for newborn infants, whatever the circumstances of their birth, but determining the proper treatment is for medical professionals to decide, not politicians in Congress.

When I supported the Born-Alive Infants Protection Act in 2002, my reasoning and the reasoning of my pro-choice colleagues was simple: Killing an infant who is born alive either by an act of omission or commission is infanticide. It was, is, and always should be against the law, and we saw no harm in reaffirming that fact.

That law passed Congress with bipartisan support precisely because it was harmless, even if it was also useless, since it did not change the preexisting law in any way. The bill specifically just reiterated existing law in florid language and did nothing to interfere with a doctor's medical judgment or to cause needless harm.

Unfortunately, the bill before us today puts children's lives and health at risk. It requires doctors to immediately ensure transportation and admission of the infant to a hospital in all cases, with no regard as to whether doing so is in the best interest of the child's health and well-being.

This mandate effectively overrides the case-by-case exercise of professional medical judgment by healthcare providers and replaces it with a blanket rule enforceable with criminal penalties. Such a ham-fisted approach fails to consider the fact that, in many cases, it may be safer and more conducive for the infant's health to care for the infant where it was born rather than transporting it many miles away. But this bill assumes that Congress knows better, and it imposes a new obligation on providers that, rather than saving lives, could put infants at risk.

I am sure that such a result is not what the bill's supporters intend, but all too often, this is what happens when Members of Congress try to dictate a physician's exercise of professional medical judgment.

Perhaps if this bill had gone through regular order, we could have avoided this unfortunate situation, but there has never been a committee markup or a hearing on this bill. I would have welcomed the opportunity to hear from expert witnesses on best practices and standards of care for infants. Members could have offered amendments and perfected the bill to ensure that it achieves our common goal of providing the best, most medically appropriate care to infants and their mothers.

I am disappointed but not surprised that my colleagues rushed this bill to the floor when there is no evidence at all that doctors currently are failing to provide an appropriate level of care and a chorus of provider groups oppose the bill.

This is clearly an effort to have this vote coincide with the presence of many anti-choice demonstrators in Washington. Sadly, rather than protecting infants, my Republican colleagues are putting them at greater risk in the service of politics.

I cannot support H.R. 4712 because it mandates a particular course of treatment: immediate transport to a hospital, which may not be appropriate in

every case and may be medically dangerous in certain cases. It abandons the practice of considering the best medical interest of infants and their mothers.

Madam Speaker, I urge my colleagues to reject this ill-conceived legislation, and I reserve the balance of my time.

Mrs. ROBY. Madam Speaker, I yield 2 minutes to the gentlewoman from Missouri (Mrs. HARTZLER).

Mrs. HARTZLER. Madam Speaker, I have written remarks here, but after what I just heard, I have got to change what I was going to share.

The idea that you could oppose this bill under the ruse that it helps children and mothers is absolutely preposterous. The reason that we need this bill is because, yes, we did pass legislation in 2002 saying that a baby, if they are born during an abortion procedure, deserves life, but the problem is it is not being followed.

You can go out in the hall and visit with some nurses who have come here who have experienced the traumatic trauma of witnessing a baby born and then being put in a plastic bag and suffocated to death.

You can visit with the nurses that I have met who found a baby in a soiled closet who was born alive and was put there to die.

You can visit with a young mother named Angelee who unexpectedly gave birth to a baby boy in the restroom of an abortion clinic, and once she saw that baby, Angelee changed her mind. She wanted it to live. It was there. And her friend called the paramedics, but the clinic staff turned the medical team away, denying lifesaving care for Angelee's baby. The little baby died in the mother's arms as she rocked it and comforted it, showering it with love.

The reason this bill is needed is because it puts penalties on those healthcare officials who refuse to provide medical care, refuse to follow the law that you state you support. And so if you truly support life, if you support these babies, if you support the mother, then put some teeth in this legislation and make sure it is followed.

Madam Speaker, I urge everyone here to support it.

Mr. NADLER. Madam Speaker, I yield 2 minutes to the gentlewoman from Washington (Ms. JAYAPAL).

Ms. JAYAPAL. Madam Speaker, this bill is yet another inflammatory and unnecessary attack on women's rights, namely, a woman's constitutionally protected right to an abortion.

Of course we support proper care for infants who are born. Those of us who are mothers know that we want what is best for our children, but that is not what this bill is about.

This so-called Born-Alive bill seeks to further politicize abortion and criminalize providers. It is clearly unnecessary because doctors are already bound by guidelines that require them to provide emergency care when facing life-threatening circumstances.

Abortion care providers, including Planned Parenthood, are highly skilled and highly professional. They do not deserve to be criminalized. This is pure political theater.

Instead of ensuring that women have access to reproductive healthcare, the Republican majority is attempting to interfere with patients' relationships with their doctors, a provider's ability to practice medicine, and our constitutionally protected right to make choices about our own bodies.

And let us be clear: the impact of this will fall disproportionately on low-income and rural women and women of color.

And let's also be clear about this: Roe v. Wade gave women the right to access an abortion, and 7 in 10 Americans support that right across rural and urban America.

□ 0945

The vast majority on both sides of the aisle see through these cynical attempts to strip women's access to healthcare from the 20-week and 6-week abortion bans to these attempts to cut funding to Planned Parenthood. Our focus, Madam Speaker, should be on ensuring that every person in America has access to comprehensive healthcare, rather than harmful bills that strip healthcare or the Republican obsession with undermining the Affordable Care Act, which the American people have already said a loud "no" to.

We have so much real work to do: passing a real budget, passing a clean Dream Act, and fighting climate change.

Madam Speaker, I reject this bill. Let's do that real work instead.

Mrs. ROBY. Madam Speaker, I yield 4 minutes to the gentleman from Virginia (Mr. GOODLATTE), who is the chairman of the Judiciary Committee.

Mr. GOODLATTE. Madam Speaker, I want to thank the gentlewoman from Alabama, a member of the Judiciary Committee, for her outstanding work on this issue.

Today, thousands of people are rallying in the Nation's Capital to be part of the March for Life and to join a celebration of hope and compassion for those who do not yet have a voice and to save the lives of the unborn.

Many millions more have viewed videos of representatives of Planned Parenthood, which performs some 40 percent of all abortions each year. Those videos, recorded undercover, sadly portray a much darker side of our society. They show discussions of the exchange of money for the body parts of aborted babies. They also include discussions of instances during which in course of an attempted abortion, a baby is born intact and then shipped to a lab for the use of its body parts.

Congress must move immediately to protect any children born alive during the course of a failed abortion.

The bill before us today provides that in the case of an abortion or attempted abortion that results in a child born

alive, any healthcare practitioner present must exercise the same degree of professional care to preserve the life of the child as he or she would render to any other child born alive at the same gestational age.

The bill also provides that the child must be immediately—immediately—transported and admitted to a hospital. If a baby alive is left to die, the penalty can be up to 5 years in jail. If the child is cut open for its body parts or if some other overt act is taken, the punishment is that for first-degree murder, which must include life in prison or the death penalty.

Babies are born alive during failed abortions. The House Judiciary Committee heard direct testimony by two grown women who, as babies, survived attempted abortions. Gianna Jessen's mother was advised by Planned Parenthood to have an abortion. But as Ms. Jessen testified: "Instead of dying, I was delivered alive in an abortion clinic in Los Angeles." Her medical records state clearly that she was born alive during an abortion.

She continued to say: "Thankfully, the abortionist was not at work yet. Had he been there, he would have ended my life with strangulation, suffocation, or leaving me there to die. I was later diagnosed with cerebral palsy, which was caused by a lack of oxygen to my brain while surviving the abortion. I was never supposed to hold my head up or walk. I do. And cerebral palsy is a great gift to me."

Just think of that for a moment. Ms. Jessen says cerebral palsy is a gift to her because it came with the gift of life. She forgave her mother long ago and gives praise each day for that gift of life, which she enjoys to its fullest to this day.

Ms. Jessen presented a picture at the hearing showing the results of the sort of abortion she survived.

I urge my colleagues to support the Born-Alive Abortion Survivors Protection Act so others who survive failed abortions can have the same chance to be as thankful as Ms. Jessen and to support all efforts to save the unborn as well.

Mr. NADLER. Mr. Speaker, I yield 1½ minutes to the gentleman from California (Mr. BERA).

Mr. BERA. Mr. Speaker, I thank my good friend from New York for his leadership on this issue.

Over 26 years ago I graduated from medical school and took an oath—an oath that hundreds of thousands of doctors have taken over the years—to do good, to do no harm, and to help our patients make the best healthcare decisions that affect their own circumstances.

But this bill, Mr. Speaker, would criminalize the practice of medicine and questions doctors' judgments. This bill attempts to intimidate doctors from providing safe, evidence-based healthcare. It would set the precedent that those without medical training can make choices for patients and dictate medical practices.

Why are we having politicians fill in for doctors?

Get the politicians out of the delivery room and let doctors care for their patients.

There is no disagreement that every baby born should receive all the medical care and treatment to survive. We are all in agreement. That is not what this bill is about. This bill is an attempt to undermine a woman's access to safe and legal reproductive health services. It is a blatant attempt to intimidate doctors from practicing the medicine that is in the best interest of their patients.

That is why I, along with my colleague and fellow physician, Dr. RUIZ, attempted to offer an amendment that upholds existing law that healthcare providers must exercise the same skill, care, and diligence as they would any other child born at the same gestational age.

The SPEAKER pro tempore (Mr. MITCHELL). The time of the gentleman has expired.

Mr. NADLER. Mr. Speaker, I yield an additional 30 seconds to the gentleman from California.

Mr. BERA. It would have stopped Members of Congress, most of whom have no medical training, from interfering with how doctors practice medicine, because these decisions should be between a doctor and their patients.

I have always said that a woman's healthcare decision should be between her and her doctor, and that being a woman is not a preexisting condition.

As one of the few doctors who serves in this Chamber, listen to your doctor. I urge my colleagues to vote "no." That is what this doctor orders. Listen to him.

Mrs. ROBY. Mr. Speaker, I yield 2 minutes to the gentlewoman from North Carolina (Ms. FOXX).

Ms. FOXX. Mr. Speaker, I thank my colleague, Mrs. ROBY, for being a leader in this area.

Mr. Speaker, today I rise in support of H.R. 4712, the Born-Alive Abortion Survivors Protection Act. This is commonsense legislation to strengthen, under penalty of law, the protection of infants who enter the world alive after attempted abortions.

We agree, as my colleagues on the other side have pointed out, that an infant born alive rightly has protection under the law and is, in fact, a person. This was established by the Born-Alive Infants Protection Act, signed into law by President Bush in 2002 after it was passed by voice vote in this Chamber and by unanimous consent in the Senate.

We need this bill because, in practice, babies fighting for their lives after an attempted abortion are being denied treatment at the hands of so-called physicians.

This law affirms and protects the survivors of abortions and ensures that, just like every other baby who is born, these persons become hospital patients and receive the same medical

care as any other child born in the United States, not left in the very hands of those who sought to terminate their life.

Mr. Speaker, this is an unfortunately necessary bill to ensure healthcare professionals comply with the Born-Alive Infants Protection Act, and I urge my colleagues to vote to protect our Nation's most vulnerable children and to affirm life by voting to support it.

Mr. NADLER. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Tennessee (Mr. COHEN), the ranking Democrat on the Constitution and Civil Justice Subcommittee.

Mr. COHEN. Mr. Speaker, this moment in time in this previously respected and hallowed Hall is being diminished in the same manner in which the White House has recently been diminished. President Trump recently had a meeting and he referred to the Roosevelt Room, where he had a meeting with Cabinet members and other Senators, as "the studio." The studio, as if this is all theater, "Theatre of the Absurd."

Now, the President has a history in entertainment, and he may be trying to get a lifetime Oscar for the most farcical display or appearance of an executive since Governor Lepetomane of Mel Brooks fame.

But this House should not follow in those footsteps and make this Congress a studio for a show being presented for the right-to-life people who are marching on this anniversary of Roe v. Wade.

This bill violates regular order, which we were supposed to be implementing. There was no hearing in the subcommittee, there was no hearing in the committee, and there have been no amendments allowed. This is irregular. This is not regular order.

This is a theater, a show put on and produced by Trent Franks, who left this House under disgrace, and continued by this Republican administration while this government possibly could go into shutdown. Yet we are acting like this is not the situation. We have a bill that will go nowhere in the Senate, that is unnecessary, and that violates the principles of federalism because most of the principles herein are reserved to the States and are unnecessary and are an impediment to a woman's health, in many cases making the Members of Congress doctors and superimposing their magical medical knowledge over that of physicians who are attending the pregnant woman and the child.

It is already against the law to murder a child. If the child is born, it is a child, and to not use the duty of care that a doctor has would be murder. That is State law, but it is already the law. To require it to be taken immediately to a hospital could endanger the child. It should be a decision by the doctor.

This is the theater of the absurd. We should not be in this House making it into a studio like President Trump has made the White House into a studio.

We should be going through regular order and considering bills that have a chance to protect the American people and women.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President of the United States.

Mrs. ROBY. Mr. Speaker, I yield 2 minutes to the gentlewoman from Tennessee (Mrs. BLACK).

Mrs. BLACK. Mr. Speaker, the Born-Alive Abortion Survivors Protection Act requires doctors and nurses present during an abortion to properly care for a child who survives it. It is an oath that we take to save lives.

Imagine that, Mr. Speaker. A doctor must give the same care to a baby born alive after a botched abortion that they would give to a baby born any other way at the same gestational age.

We are talking about saving living, breathing human beings, human beings that were formed in the image of their Creator with inherent dignity.

I am appalled when my friends from the other side of the aisle say it would endanger a child to take them to a hospital and to actually call for emergency care where all of the services are provided in an ambulance and take them to a hospital where they would have the best chance to survive.

As a grandmother and a nurse, it is utterly appalling that we have to pass legislation to save babies that are left to die.

Whether or not we agree that life begins at conception—and I truly hope that one day we will—this bill is merciful, it is humane, and it is just.

Abortion is brutal for both the mother and the child, and providing care for babies who have survived this horrific practice should never be a question. No one should be against this. We all should gather together and say that if a healthcare professional does not help to save the life of that baby that is born of a botched abortion, they should be held criminally liable just as they would for any other life that they refuse to save.

Mr. NADLER. Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from Texas (Ms. JACKSON LEE), who is a member of the Judiciary Committee.

Ms. JACKSON LEE. Mr. Speaker, I thank the ranking member for his leadership in serving on this committee, and I thank Mr. COHEN for his very eloquent explanation.

Let me say that I stand with these women, Jenny R., Kathy L., Lindsey, and Taias, women who have experienced the tragedy of losing a child, wanting a child, and wanting the protection of Roe v. Wade. I stand with these women.

I rise today to again ask the question: Why do we divide over the wonderment of birth?

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I am reminded of H.R. 2175, passed in 2002, the Born-Alive Infants Protection Act, which was widely supported.

Now, we come on the eve of a failed administration in its first year to stand as if we are doing something for those who are coming here—and I have great respect for their position of pro-life—but it doesn't mean that we must undermine the Constitution, add mandatory minimums, make up needs where there are no needs. That is what this particular bill does.

This amendment to H.R. 4712 is clearly involving and intruding into a process between the mother, the doctor, the family, and her God. There is no evidence of lawbreaking that has been uncovered that necessitates congressional involvement.

Abortion is a proven safe, legal, and humane practice. It has to be that way under the law. But we are in the middle of violating the Constitution and the Supreme Court cases by passing this legislation: up to 5 years in prison, a threat of financially crippling lawsuits, and, of course, shutting down those health facilities that we absolutely need.

Let me be very clear: we should be dealing with this shutdown that the Republicans are planning and moving forward. The reason we should be dealing with the shutdown is because law enforcement officers have no money, our clinics have no money.

The SPEAKER pro tempore (Mrs. WAGNER). The time of the gentlewoman has expired.

Mr. NADLER. Madam Speaker, I yield the gentlewoman an additional 30 seconds.

Ms. JACKSON LEE. Madam Speaker, passing by the Capitol Police, it made me think of my own law enforcement officers in Houston, Texas. Because we do not have a budget, we do not have appropriations, we are about to shut down the government. We have a CR. There is no funding for police officers. There is no funding for the desperate people who have been impacted by Hurricanes Harvey, Maria, and Irma. No funding whatsoever.

I salute the Senate and the Senate Democrats for standing firm for those people. There are no moneys for federally qualified health clinics. There are no moneys for children's health insurance.

You are not doing your job, and here we are trying to create mandatory minimums on a bill that is not necessary. I believe we should try to keep this government open with the right kind of law.

Mr. Speaker, I rise in strong opposition to H.R. 4712, the "Born-Alive Abortion Survivors Protection Act."

First of all, the majority's failure to govern and address the priorities of the American people is staggering as we are faced with a fourth continuing resolution finding ourselves four months into the fiscal year.

The majority has yet to come up with a long term spending bill rather than an incomplete stop gap that only covers the government until February 16.

Republicans have wasted time creating the GOP Tax Scam and now Republicans are still

wasting time debating this anti-women bill once again while there is no DACA solution and hundreds of thousands of immigrants who have grown up in this country and greatly contribute to society are facing unfair deportation.

I strongly oppose this latest attempt by the Republican House majority to limit women's rights to safe and legal abortions.

H.R. 4712 amends the Born-Alive Infants Protection Act—a 2002 law that the pro-choice community did not oppose.

This bill, however, adds penalties to the law and an entirely new section in which Congress attempts to intrude directly into medical practice of abortion care for anti-choice ideological purposes.

Anti-choice lawmakers say this new bill is necessary because some babies "survive" abortion procedures.

They cite the now-discredited videos attacking Planned Parenthood as their evidence.

Of course, such allegations are untrue: newborns already have many legal protections, and there is no similarity between safe, legal abortion care and infanticide.

This bill is a solution in search of a problem. No evidence of lawbreaking has been uncovered that necessitates congressional involvement.

Abortion practice is safe, legal, and humane; any evidence of wrongdoing can and should be handled under existing law.

If there is ever a case of harm or mistreatment of newborns, then of course, it should be investigated and prosecuted.

No such case exists here.

That makes it even clearer that H.R. 4712 must have other purposes; we believe the bill's true goals are to inflame the public with outrageous accusations, to interfere with medical care, and to intimidate doctors out of practice.

This legislation is consistent with the assaults that the Trump Administration and anti-abortion members of Congress in both the House and Senate have been undertaking throughout the 115th Congress and show no signs of ending.

The bill intrudes into medical practice, its mandate is so broad and the penalties so severe—up to five years in prison and the threat of financially crippling lawsuits—that one can only conclude that H.R. 4712 hopes to intimidate abortion providers out of practice.

This interference in medical care could also cause tremendous additional grief to some families making difficult decisions in heart-breaking cases.

We would not tolerate similar intrusion by politicians into any other medical specialty; abortion care is no different.

Finally, it is important to put this legislation into the proper context.

We are in the midst of an unprecedented assault against reproductive rights: this bill is just one in a litany to restrict a woman's right to choose while using women as political pawns with an extremist, anti-choice base.

Instead of spending time attempting to roll back women's constitutionally protected rights, this House should be advancing legislation that will reform our truly broken immigration and criminal justice systems.

The bill before us is offered for a simple purpose; to sensationalize opposition to abortion and serve as a political decoy to shut down our government.

The United States Supreme Court ruled over 40 years ago, in *Roe v. Wade* (410 U.S.

113 (1973)), that a woman's constitutional right to privacy includes her right to abortion.

Since this landmark decision, abortion rates and risks have substantially declined, as have the number of teen and unwanted pregnancies.

Restricting all access to reproductive and women's health services only exacerbates a woman's risk of an unintended pregnancy and fails to accomplish any meaningful overthrow of *Roe v. Wade*.

In recent years, state policymakers have passed hundreds of restrictions on abortion care under the guise of protecting women's health and safety.

Fights here in Congress have been no different.

In my state of Texas a law that would have cut off access to 75 percent of reproductive healthcare clinics in the state was challenged before the U.S. Supreme Court in 2014 and 2015.

On October 2, 2014, the Supreme Court struck down as unconstitutional a Texas law that required that all reproductive healthcare clinics that provided the full range of services would be required to have a hospital-style surgery center building and staffing requirements.

This requirement meant that only 7 clinics would be allowed to continue to provide a full spectrum of reproductive healthcare to women.

Texas has 268,580 square miles only second in size to the state of California.

The impact of the law in implementation would have ended access to reproductive services for millions of women in my state.

In 2015, the State of Texas once again threatened women's access to reproductive health care when it attempted to shutter all but 10 healthcare providers in the state of Texas.

The Supreme Court once again intervened on the behalf of Texas women to block the move to close clinics in my state.

It seems every month we are faced with a new attack on women's access to reproductive health care, often couched in those same terms.

But we know that's not really the case.

If my colleagues were so concerned about women's health and safety, they would be promoting any one of the number of evidence-based proactive policies that improve women's health and well-being.

Instead, they are attacking Planned Parenthood in a back-handed attempt to ban abortion.

That is their number one priority. This is certainly not about protecting women's health, it's about politics.

Just as the 1988 Human Fetal Tissue Transplantation Research Panel (or the Blue Ribbon Commission) sought to separate the question of ethics of abortion from the question ethics of using fetal tissue from legal elective abortions for medical research when laying the foundation for the 1993, NIH Health Revitalization Act (which passed overwhelmingly with bipartisan support), we must separate the personal views of abortion from the legal issues of federal compliance.

Namely, the NIH Health Revitalization Act prohibits the payment or receipt of money or any other form of valuable consideration for fetal tissue, regardless of whether the program to which the tissue is being provided is funded or not.

A limited exception, and crux of the applicable issue of legality, lies with provision allowing for reimbursement for actual expenses

(e.g. storage, processing, transportation, etc.) of the tissue.

Planned Parenthood repeatedly maintains and supports that their affiliates involved with fetal tissue research comply with this requirement.

In fact, of the 700+ affiliate health care centers across the country, only 4 Planned Parenthood affiliates currently offer tissue donation service and of those 4, only 2 (California and Washington) offer fetal tissue donation services—that's 1 percent of all Planned Parenthood service centers.

The California affiliate receives a modest reimbursement of \$60 per tissue specimen and the Washington affiliate receives no reimbursement.

It is worth noting that fetal tissue has been used for decades.

Since the 1920's researchers have used fetal tissue to study and treat various neurological disorders, spinal cord injuries, diabetes, immune deficiencies, cancers and life-threatening blood diseases.

One of the earliest advances with fetal tissue was to use fetal kidney cells to create the first poliovirus vaccines, which are now estimated to save 550,000 lives worldwide every year.

The most widely known application in the field of human fetal tissue transplantation has been the treatment of Parkinson's disease.

Many of our other common vaccines, such as polio, measles, chicken pox, rubella and shingles, have been developed through the use of fetal tissue or cell lines derived from fetal tissue.

When looking at the 1 percent of health care providers involved in fetal tissue donation and research, and no clear credible proof of illegal activity, it is obvious that attacks on Planned Parenthood are wholly misguided.

Planned Parenthood has one of the most rigorous Medical standards and accreditation processes in the country.

It is the only national provider that has developed a single set of evidence-based Medical Standards and Guidelines that define how health care is provided throughout the country.

Guidelines are developed and updated annually by a group of nationally-renowned experts, physicians, and scientists, including medical experts from Harvard and Columbia.

Planned Parenthood affiliates must submit to accreditation reviews that include 100 indicators (or high level areas of review) and over 600 individual Elements of Performance (or measures for review). Half of these relate to the provision of medical care and patient safety.

Violations of mandatory reporting regulations are subject to disciplinary action, up to and including termination.

It is no secret that the Center for Medical Progress is an extreme anti-choice organization with a goal of outlawing legal abortion procedures in this country.

To achieve that goal, they have shamelessly targeted Planned Parenthood and the funding that provides healthcare services to millions of women every year.

They continue to use deceptive tactics and secret videos to try and undermine Planned Parenthood.

Just like Live Action, the Center for Medical Progress is not a group that can be taken credibly.

The Center for Medical Progress is simply recreating a history doctoring and manipu-

lating video intended to create misimpressions about Planned Parenthood.

It is a coordinated effort by anti-choice forces—not only on Planned Parenthood or a woman's right to choose, but on women's health care across the board.

Hundreds of thousands have already spoken up, including leading groups and communities such as the growing voice of our millennial generation.

My colleagues should be doing more to connect our youth and women to services that help them reduce their risk of unintended pregnancies and STD's, and improve their overall health through preventative screenings, education and planning, rather than restricting their access to lawfully entitled family-planning and private health services.

I urge all Members to vote against this bill.

Mrs. ROBY. Madam Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. SMITH), who has served a long time as the chairman of the Pro-Life Caucus.

Mr. SMITH of New Jersey. Madam Speaker, I thank the gentlewoman for yielding.

Madam Speaker, in 2018, doctors routinely diagnose and treat illnesses and disabilities suffered by the littlest patients: unborn babies as well as newborns. They enhance both the child's health and longevity.

Abortionists, on the other hand, take a far different approach. They dismember and chemically poison children to death for profit.

For decades, babies have survived later term abortions. A Philadelphia Inquirer story some thirty-seven years ago called baby survival "the dreaded complication." In other words, it is a complication that a child survives.

I got involved in the pro-life movement when I read an AP story of a child who survived a later term abortion. The abortion rights movement then, in 1972, before Roe v. Wade—it was in New York—were apoplectic about it because the baby survived. That should have been a reason for rejoicing.

Dr. Willard Cates of the CDC was breathtakingly candid when he said: "Live births are little known because organized medicine, from fear of public clamor and legal action, treats them more as an embarrassment to be hushed up rather than a problem to be solved. It's like turning yourself in to the IRS, he said. What is there to gain? The tendency is not to report because there are only negative incentives."

An undercover investigator asked an abortionist: What do you do? What is your protocol when the child is born alive?

He said: "I mean the key is, you need to pay attention to who's in the room, right?"

That was what he was quoted as saying.

We are talking about coverup, ensuring that the people who are in the abortion clinic all gag themselves and not speak to the truth of what has happened when a baby has been killed after birth.

The legislation today requires a significant penalty for healthcare practitioners present at the time the child survives the abortion, exercise the same degree of skill, care, and diligence to preserve the life and health of the child, and then get them to a hospital.

This is humane legislation. I urge my colleagues to support it.

Mr. NADLER. Madam Speaker, I yield 1 minute to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Madam Speaker, I rise in opposition to H.R. 4712, the Born-Alive Abortion Survivors Protection Act.

Of course, if a baby is born alive, everything must be done to protect that life. No one disagrees with that. Perhaps more importantly, it is already the law. To suggest otherwise is just wrong.

So don't be fooled. This bill is yet another effort to erode women's rights to obtain safe, legal abortions and a cynical attempt to appease those who have come to D.C. to advocate for the reversal of Roe v. Wade.

H.R. 4712 would insert the opinions of politicians into medical practice and the individual rights of women to make their own decisions. This is not what women want, what doctors were trained to do, and I personally find offensive the fact that there is a suggestion that Democrats are not for saving the lives of born children. Of course, we are. We all are.

This is not a necessary piece of legislation. It is already on the books.

Mrs. ROBY. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I would just like to point out that it is not currently Federal law, or the law in all 50 States, that a baby born alive after a failed abortion receive medical treatment instead of being left on the floor to die. That is why we are here today, to require under Federal law nationwide that a baby born alive after a failed abortion receives medical care and isn't left on the floor or in a trash can to die.

Madam Speaker, I yield 1 minute to the gentleman from North Carolina (Mr. BUDD).

Mr. BUDD. Madam Speaker, while many of us in this body disagree on the issue of abortion, we should all be able to agree that, once a child is born, he or she deserves protection.

If a doctor attempts to perform an abortion, sometimes a baby actually escapes and emerges from the womb still living. If this real-life scenario isn't terrible enough, sometimes these babies, who are breathing the same air as you and I, are left to die and their lives are terminated right there in the medical facility.

Madam Speaker, these surviving children from this terrible procedure need our protection.

Back in 2002, President Bush signed a bill that said if an abortion results in the live birth of an infant, that infant

is a legal person for all purposes under our laws. However, this law didn't create additional protections for these surviving children.

That is why I am urging my colleagues to support Mrs. BLACKBURN's bill that would add additional protections. Whether it is making sure an infant is immediately taken to a hospital or mandating these doctors do everything they can to save their life, these survivors need our protection.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mrs. ROBY. Madam Speaker, I yield the gentleman from North Carolina an additional 30 seconds.

Mr. BUDD. Madam Speaker, last year, we voted on a bill to ban abortions after 20 weeks. While I supported that bill, many of my colleagues chose not to, but I urge them to at least support this commonsense bill to protect the lives of abortion survivors.

Mr. NADLER. Madam Speaker, I yield 1½ minutes to the distinguished gentlewoman from Oregon (Ms. BONAMICI).

Ms. BONAMICI. Madam Speaker, I thank the gentleman for yielding.

Madam Speaker, I rise to oppose this legislation. Of course, infants born alive deserve healthcare. As Dr. BERA just explained, doctors are already obligated to provide that. But this bill threatens to send healthcare providers to jail and women to back alleys.

Instead of debating this bill, we should be working to reduce the rate of unintended pregnancies which, of course, reduces the number of abortions. History shows that when abortions are restricted or banned, they do not go away. They become dangerous and unsafe. Look at countries that restrict abortion. Every year, thousands of women die from unsafe procedures.

Yet here we are debating a bill that will make criminals out of doctors and will drive more women to hazardous self-help methods.

There are effective ways to reduce unintended pregnancies and improve maternal health, which is what we should be doing. Instead, this bill disregards the professional judgment of trained medical professionals. It imposes extreme new standards of care. That is why providers like the American College of Obstetricians and Gynecologists strongly oppose this legislation.

Madam Speaker, women in this country will continue rejecting archaic and counterproductive policies like this, just as my colleagues should reject this bill.

Mrs. ROBY. Madam Speaker, I yield 2 minutes to the gentlewoman from South Dakota (Mrs. NOEM).

Mrs. NOEM. Madam Speaker, I rise today in support of the Born-Alive Abortion Survivors Protection Act.

The whole experience of being a first-time parent can be really overwhelming. I remember feeling this incredible sense of joy. But there are always so many questions, too. How are

we going to provide for this baby? What kind of person will they become? What if something goes wrong?

There is no doubt a lot of things can go wrong in a pregnancy, but we find comfort in the fact that there is a whole team of healthcare professionals there who will do everything that they can to care for that baby or to save that baby, if necessary.

But what if they didn't?

What if they stepped back and refused to deliver care to your child?

It would be unacceptable.

Yet when a baby is born alive after a failed abortion, that same healthcare professional may not deliver the life-saving care that that baby deserves.

Melissa Ohden from Sioux City, Iowa, was born alive after an abortion attempt. By God's grace and the work of an incredible nurse, Melissa survived. As she tells it, there were demands made to leave her there to die in the hospital room that day. She says that ultimately a nurse rushed her off to the NICU because, in the nurse's words, "Melissa just kept gasping for breath." That nurse wasn't going to leave her there to die.

Madam Speaker, every life has dignity and every life deserves respect. We ultimately need to ban abortion and protect life from the moment of conception. But until that is done, we must fight to protect every single precious little life that we can. The Born-Alive Abortion Survivors Protection Act will do that and help us be successful in that mission.

With that, I urge my colleagues to support it.

Mr. NADLER. Madam Speaker, I yield 1 minute to the distinguished gentlewoman from California (Ms. JUDY CHU), a former member of the Judiciary Committee.

Ms. JUDY CHU of California. Madam Speaker, I rise in strong opposition to H.R. 4712.

This bill would allow the Federal Government to override a doctor's medical judgment, without exception. It is motivated by politics, not science.

First, this bill reiterates current law, which already protects all newborns from medical negligence. Second, the criminal penalties in this bill go above and beyond current law and are clearly intended to intimidate doctors. This isn't sound medical practice. This is politics impeding a doctor's medical judgment.

And what is more, this intimidation would endanger newborns. This bill would require all newborn infants to be immediately transferred to the nearest hospital, but not all hospitals have neonatal units, or it might be harmful to move the infant immediately. Clearly, the intent is not to protect newborns but to stir outrage.

This bill is a solution in search of a problem. It is unnecessary, redundant, and part of a broader attack on women's health and reproductive rights from this Chamber and the Trump administration.

I strongly urge my colleagues to vote "no."

Mrs. ROBY. Madam Speaker, I yield 1 minute to the gentleman from Michigan (Mr. MITCHELL).

Mr. MITCHELL. Madam Speaker, I thank the gentlewoman for yielding.

Madam Speaker, I rise today in support of the Born-Alive Abortion Survivors Protection Act, which I proudly cosponsored.

This week, we are reminded of our Nation's most vulnerable people as we solemnly remember the 1973 Roe v. Wade Supreme Court decision. Unfortunately, abortion has resulted in the deliberate death of too many babies, including babies born alive. We must protect these children.

Today, by this bill, we do protect these children who are born after a botched abortion attempt.

The CDC reported that, during a 12-year period, over 370 babies died after being born alive during a termination of pregnancy. The intentional neglect of care for these lives is unconscionable.

We must respect mothers and their children by ensuring necessary medical care is given to babies born alive after a failed abortion attempt. How hard is that?

Any doctor denying care to these newborns must be held criminally accountable. This legislation does that.

Madam Speaker, it is our duty to protect all lives, and I took an oath to do just that.

□ 1015

Mr. NADLER. Madam Speaker, I yield 1 minute to the gentlewoman from California (Ms. LEE).

Ms. LEE. Madam Speaker, I thank the ranking member for yielding and for his tremendous leadership on so many issues.

Madam Speaker, I stand in strong opposition to this bill, which is really just another attempt to criminalize abortion and limit access to the full range of reproductive healthcare for women.

This so-called Born-Alive Abortion Survivors Protection Act is another cynical attack on a woman's right to make her own healthcare decisions. It is unnecessary and it simply pitches a false narrative to the American people in order to intimidate women and providers.

Madam Speaker, in 2002, Congress passed a bill with broad bipartisan support that acknowledges the rights of any child born alive in this country, and affirms that any infant should receive appropriate medical care. That is a given, and everyone believes that.

Republicans are distorting the truth about current law. This legislation before us is a step too far. It interferes with medical practice by enforcing extreme new standards of care through criminal and civil penalties on providers.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. NADLER. Madam Speaker, I yield an additional 30 seconds to the gentlewoman from California.

Ms. LEE. In conclusion, I would just like to say that no woman should have a politician interfering in her personal health decisions. They should be made between her and her medical provider, period.

Madam Speaker, I urge my colleagues to oppose this very cynical and sinister bill and to get out of the business of interfering in women's health.

Mrs. ROBY. Madam Speaker, I yield 2 minutes to the gentleman from Texas (Mr. FARENTHOLD), who is also a member of the Judiciary Committee.

Mr. FARENTHOLD. Madam Speaker, I rise today in support of H.R. 4712, the Born-Alive Abortion Survivors Protection Act, as have many of my colleagues.

I find it interesting to hear from the party that brought us the Affordable Care Act about the government interfering with healthcare decisions. But that isn't what I want to talk about today.

I want to talk about the horrendous practice of sitting and watching a child that was born alive die and not providing them care. The Born-Alive Infants Protection Act of 2002 says every infant who is born alive, at any stage of development, is a human being. However, there is no law right now that criminalizes the act of abortionists who deny care to babies who survive abortions.

These fragile young lives need care immediately once they are born, which is why I strongly support this legislation. It not only requires appropriate care for children who survive abortions, but it also establishes strong criminal penalties for those who violate the law, including punishing those who intentionally kill a child born alive. Again, I think that is a violation of the Federal murder laws. You are intentionally letting a child die, and you could help. You are a doctor. You are trained.

As a strong supporter of life, it is important that we hold those who kill innocent children accountable for what they do. I believe this law will do that.

Madam Speaker, I encourage my colleagues to please join me in supporting this important legislation to protect the lives of our newborn babies.

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

Mrs. ROBY. Madam Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. ROTHFUS).

Mr. ROTHFUS. Madam Speaker, I rise in support of the Born-Alive Abortion Survivors Protection Act.

This should not be a controversial vote. This bill should pass unanimously.

If a little girl is born alive, she should be protected. It is that simple.

Everyone in this House, everyone hearing my voice, was at a point of just having been born, and all of us had a right to live at that point, whether we were wanted or not.

I wonder what the great pro-life Democrats of yesterday would think of what we are hearing from the other side today, pro-life leaders like Eunice Kennedy Shriver; Sargent Shriver; Thomas Eagleton; and, of course, the late great Governor Casey of Pennsylvania. Their rhetoric reminds me of what Governor Casey said 25 years ago:

It is a bitter irony that abortion has found a home within the Democratic Party, which claims to be a champion of the poor, despite the fact that the interests of the poor are in direct conflict with the interests and the agenda of the abortion industry.

Madam Speaker, this is a simple bill. Please vote for humanity. Please vote for this bill.

Mr. NADLER. Madam Speaker, I yield 1 minute to the gentlewoman from New York (Mrs. CAROLYN B. MALONEY).

Mrs. CAROLYN B. MALONEY of New York. Madam Speaker, I thank the ranking member for his extraordinary leadership and for yielding.

Madam Speaker, I rise in strong opposition to H.R. 4712.

In the past year, the usual Republican stream of anti-woman, anti-choice policies has turned into a flood. Today's vile bill is based on myths and lies and is designed to intimidate doctors from providing abortions.

I would like to remind my colleagues that for 45 years, the Supreme Court has upheld a woman's constitutional right to access a legal abortion, and that current law already protects infants, as well it should.

But Republicans would rather play politics with women's lives than rely on science and the law.

This bill seeks to criminalize legal medical services and put extreme, anti-choice ideology between a woman and her doctor.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. NADLER. Madam Speaker, I yield an additional 30 seconds to the gentlewoman from New York.

Mrs. CAROLYN B. MALONEY of New York. Madam Speaker, in what other circumstance would we ever tolerate denying, delaying, or interfering with legitimate and legal medical care?

This must stop.

Protect women from this political charade. Allow doctors to take care of their patients.

Please vote "no" on this unfair, vile bill.

Mrs. ROBY. Madam Speaker, I yield 1 minute to the gentleman from Alabama (Mr. ADERHOLT).

Mr. ADERHOLT. Madam Speaker, I rise today in strong support of this legislation, the Born-Alive Abortion Survivors Protection Act.

I know that some of my colleagues on the other side of the aisle will be arguing, and have been arguing, that there is no reason for this bill, that we already have a law on the books to protect children who are born alive.

I was here back in 2002 when the Born-Alive Infants Protection Act of

2002 was enacted. However, that law did not criminalize the actions of abortionists who deny care to babies who survive abortions. Not only do abortion providers not provide care to children who are born alive, some are known to actively prevent their lives from proceeding.

This legislation not only requires appropriate care to be given to any child who survives an attempted abortion, but it also establishes strong criminal penalties for violating such a requirement.

I believe it is important to note that the mother of a child is in no way being prosecuted under this legislation, and women are not being targeted.

On this 45th anniversary of Roe v. Wade, I ask my colleagues to support this legislation.

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

Mrs. ROBY. Madam Speaker, I yield 1 minute to the gentleman from Indiana (Mr. BANKS).

Mr. BANKS of Indiana. Madam Speaker, anyone who believes in human rights should support giving care to every infant born alive, even after an abortion attempt.

This bill ensures that any child who is born as the result of an attempted abortion—a child who is literally outside of the mother's womb—is cared for just like any other newborn baby.

Regardless of our differences on the issue of life, I think all of us can come together to protect the lives of children who are already born.

We have seen horrible cases where the lives of children were ended immediately after being born, or even neglected and left to die, as in Kermit Gosnell's clinic.

Today I urge my colleagues to do the right thing and protect our Nation's children from violence by voting for this important piece of legislation.

Mr. NADLER. Madam Speaker, I yield 1 minute to the gentleman from Virginia (Mr. MCEACHIN).

Mr. MCEACHIN. Madam Speaker, I thank Mr. NADLER for yielding.

Madam Speaker, I rise today in opposition to H.R. 4712.

This act is a continuation of the House Republicans' decadelong attempt to rob women of their constitutional right to safe, legal abortion care. The bill we are considering today, however, takes these attacks on women a step further.

H.R. 4712 seeks to supersede doctors' professional judgments, imposing unnecessary, and potentially harmful, new standards of care. Violation of these extreme standards will result in harsh criminal penalties.

This bill seeks to intimidate doctors. If passed, it will discourage them from providing care and make it harder for patients to receive the help they need.

That is why it is opposed by respected medical organizations, such as the American College of Obstetricians

and Gynecologists, the American Society of Reproductive Medicine, the National Association of Nurse Practitioners in Women's Health, and many others.

It is simple: healthcare decisions should be between a woman and her doctor.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. NADLER. Madam Speaker, I yield an additional 30 seconds to the gentleman from Virginia.

Mr. MCEACHIN. Madam Speaker, again, it is simple: healthcare decisions should be between a woman and her doctor.

Politicians are not medical experts and have no place interfering with the provision of compassionate, evidence-based care.

Madam Speaker, I am an attorney and you can trust me with a lot of things, but a medical decision on someone else's behalf is not one of them.

As we mark the 45th anniversary of *Roe v. Wade*, we should be advancing policies that help women and families, rather than restricting access to healthcare they need and deserve.

Madam Speaker, I urge my colleagues to oppose H.R. 4712.

Mrs. ROBY. Madam Speaker, I yield 1 minute to the gentleman from South Carolina (Mr. NORMAN).

Mr. NORMAN. Madam Speaker, as a father of 4 and now 16 grandchildren, I strongly support the sanctity of human life, and I believe that life begins at conception. Madam Speaker, a person is a person, no matter how small.

Whether a baby is still in the womb, if a child is born prematurely, or even if a child is born alive following an attempted abortion, they still have a life that is worth protecting.

Therefore, I am a proud cosponsor of H.R. 4712, the Born-Alive Abortion Survivors Protection Act, sponsored by my good friend, Representative MARSHA BLACKBURN. This bill will be do so much to protect our most vulnerable. I will continue to support legislation and advocate for those who cannot advocate for themselves.

Mr. NADLER. Madam Speaker, I yield 2 minutes to the gentlewoman from Florida (Ms. FRANKEL).

Ms. FRANKEL of Florida. Madam Speaker, I stand here to oppose this deadly legislation being proposed by my colleagues on the other side of the aisle.

When I was 15 years old—and that was in the days before abortion was legal—I found a friend bleeding to death because of a back-alley abortion. Those were the days that when a woman needed an abortion, she would rely on coat hangers and poison.

This bill is going to take us back to those deadly days. Its aim is to intimidate doctors and threaten their own freedom if they dare to use their own medical judgment, with the consent of a patient, to perform what is now a legal abortion.

Madam Speaker, I stand and I urge my colleagues to oppose this deadly legislation.

Mrs. ROBY. Madam Speaker, it is my honor to yield 3 minutes to the gentlewoman from Tennessee (Mrs. BLACKBURN), the lead sponsor of this important bill, who has been such a fierce advocate for the unborn.

□ 1030

Mrs. BLACKBURN. Madam Speaker, I thank the gentlewoman from Alabama for her leadership on this issue.

To my friends across the aisle, I want to say I would be hopeful that you all would take a few minutes and actually read this legislation. It is not a lengthy bill. It doesn't take that long to read. Quite precisely, it does a few simple things that need to be done, that need to be done to build on the 2002 law that this body chose to pass and put on the books.

Now, the reason that we chose to do this is because of what we have learned since 2002. If you go in and look at the Kermit Gosnell trial and that house of horrors, and if you take the time to listen to some of this testimony, there was a healthcare worker who said, during the years of working in that facility, that there could have been as many as 100 babies who survived a botched abortion. And what happened? They lost their life.

So this bill is about protecting women and babies. It is not about *Roe v. Wade*. It is all about protecting women and babies. It gives that mother who has that abortion, and it is botched, and that baby survives—it gives her that civil right of action that she ought to have. It does set that standard that you have got to have medical care provided to these precious, precious babies who survive that. You do that immediately. They deserve that standard of care.

It says if a healthcare professional does not make the choice to provide that care, they are going to face those criminal penalties.

So, yes, the bill is there to protect women and these babies.

I just had a great conversation with a young lady who survived an abortion. She is an adult now. She stands for life. I encourage this body to support the bill and to pass the Born-Alive Abortion Survivors Act.

Mr. NADLER. Madam Speaker, may I inquire if the other side is ready to close?

Mrs. ROBY. Madam Speaker, I am prepared to close.

Mr. NADLER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I end this debate by reiterating the point I made at the beginning. This legislation would do nothing to enhance protections or the quality of healthcare if an infant is born after an attempted abortion.

The 2002 law reaffirmed that it has always been, and is now, against the law to intentionally kill or harm a newborn infant whatever the circumstances of its birth.

The other side has referred several times to the case of Dr. Gosnell. Dr.

Gosnell is now in jail under a sentence of life imprisonment without parole, plus 30 years, convicted of first-degree murder without this bill, because it is already against the law not to give proper care or, God forbid, to murder a baby born alive.

The law already requires the highest standard of care for all newborns. This bill does nothing new to protect infants in any respect.

The bill, however, is not harmless. Rather, by demanding the immediate transportation of the newborn to a hospital, regardless of the medical or other circumstances, it would place the lives and health of some newborn infants at risk.

The bill directly interferes with a doctor's medical judgment and dictates a particular course of action that may be harmful to the newborn in the particular circumstances. That is why a coalition of 13 healthcare provider groups, joined by a coalition of 25 additional health, civil rights, and women's rights groups, strongly opposes this bill. As the providers note, the bill wrongly "injects politicians into the patient-physician relationship, disregarding providers' training and clinical judgment and undermining their ability to determine the best course of action with their patients."

Let me add one other thing. This bill does not interfere, in any way, with the rights secured by the Supreme Court decision in *Roe v. Wade*. That decision guarantees the right of a woman to choose an abortion if she wishes.

It does not, nor does any other law or any other provision, negate the command of the law that everyone respects that any newborn child, whatever the circumstances of its birth, must be cared for in the best possible medical way, and, of course, deliberately killing it would be first-degree murder.

This bill does not change this, but this bill does do harm by presenting risk to certain newborns by demanding their immediate transport to the hospital when it may be harmful to their health to do so.

We should listen to the healthcare professionals, we should respect their judgment, and the House must reject this seriously flawed bill.

Madam Speaker, I yield back the balance of my time.

Mrs. ROBY. Madam Speaker, I yield myself the balance of my time.

Of course, like so many of my colleagues, I support this measure, but it feels really strange standing here today in defense of living, breathing children, to have to make a case that a baby who survives an abortion and is born into this world should be treated just like a baby born any other way, but, unfortunately, we must.

There is currently no law mandating that a baby born alive after a failed abortion receive medical treatment instead of being left to die. That is why we are here, to require, under Federal law nationwide, that a baby born alive after an abortion attempt receives the

same care that any other baby would receive.

So finally my question, Madam Speaker, to those who would oppose such a measure is this: How is the life of one baby any different or less valuable than the life of another baby? How does anyone justify that?

I know that, as Members of Congress, part of our job is to debate with each other about issues facing our Nation. I take that job responsibility very seriously. I just don't believe this particular issue is up for debate.

Madam Speaker, I urge my colleagues to support H.R. 4712. I yield back the balance of my time.

Ms. DELAURO. Madam Speaker, I rise in strong opposition to this rule and the underlying bill. With this bill, the Majority has declared war on the health and wellbeing of millions of women, rolling back women's health care. The bill's inflammatory language is an insult to women and the doctors who provide them with care.

This legislation is redundant, and would criminalize the work that doctors do legally today. This would unnecessarily intimidate healthcare providers like Planned Parenthood, who serve 2.4 million Americans every year with lifesaving services like pap tests, breast exams, and screenings for sexually transmitted infections. For many low-income families, Planned Parenthood is their only option.

Family planning is a critical component of women's economic security. Being able to determine when and how to have children has a direct effect on a working woman's ability to chart their course in terms of schooling, careers, and family. These decisions should be left to women, their loved ones, and doctors.

This bill is spiteful, mean-spirited, and dangerous. It limits women's healthcare choices and interferes with the patient doctor relationship—in fact, the American Congress of Obstetricians and Gynecologists call this legislation, and I quote “a gross interference in the practice of medicine.”

The Congress should not stop women from accessing care, and we certainly should not be hindering a woman's ability to make her own healthcare decisions. We ought to be protecting the rights of every woman to make her own family planning decisions, and to have access to a full range of healthcare services. I urge my colleagues to reject this partisan, cruel bill.

Mr. BABIN. Madam Speaker, I rise in strong support of The Born-Alive Abortion Survivors Protection Act.

There is no question that the rule of law should require medical practitioners to treat babies born alive after a failed abortion with the same care they would treat any baby born at that same gestational age.

Everyone in this body should agree that it is inhumane to willingly kill a baby who has been born alive. It's time to end this repugnant practice.

Unfortunately, the left spread the lie that pro-life Republicans only care about life when it's in the womb and not once it's born—However, the bill before us is about protecting the born and alive and nearly all of its support comes from Republicans.

No human being should be treated with such violence.

Let's pass this bill and end this horrendous and unthinkable act.

Ms. MCCOLLUM. Mr. Speaker, I rise in opposition to H.R. 4712, the latest attempt by House Republicans to come between physicians and their patients.

H.R. 4712 amends the Born-Alive Infants Protection Act of 2002 (P.L. No: 107–207) which I voted for because it codified current law. Unfortunately, H.R. 4712 amends the bipartisan Born-Alive Infants Protection Act, injecting partisan politics into the healthcare decisions of women and their physicians.

H.R. 4712 would overrule medical professionals by forcing that a newborn infant be transported to a hospital regardless of whether that would be best for the infant's health. Not only is this a dangerous intrusion into the medical decision-making of doctors, but it also may endanger infant health. Even if it is in the best interest of the infant's health, if a doctor violates this law's mandate, automatic criminal penalties of prison time, crippling fines, or both would be applied to that medical professional.

Although supporters of this bill claim that their intentions are only to protect newborn infants from medical negligence, the true objectives of this legislation are clear: spread misinformation about women's reproductive health and to dissuade medical professionals from entering the practice of abortion services.

This legislation is unnecessary. Today, abortion practice is safe, legal, and highly regulated to ensure that the best possible care is provided to a woman. Existing law ensures that medical professionals meet these standards. Let me be clear, an individual who performs illegal abortion services should be prosecuted to the fullest extent of the law. I join all Members of Congress and all Americans in opposition to the horrific actions of Dr. Kermit Gosnell. There is no dispute that Dr. Gosnell deserved to be prosecuted, found guilty, and face the multiple life sentences that he is now serving due to the laws already in place in Pennsylvania and throughout the nation.

Unfortunately, H.R. 4712 is yet another assault by the Trump Administration and Congressional Republicans on women's reproductive health. Congress' most basic responsibility is funding the government and today we are facing a government shutdown. I urge my Republican colleagues to stop playing politics with women's health and get back to addressing the urgent needs of the American people like keeping the government open.

I urge my colleagues to oppose H.R. 4712. The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 694, the previous question is ordered on the bill.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. NADLER. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

RAISING A QUESTION OF THE PRIVILEGES OF THE HOUSE

Mr. AL GREEN of Texas. Madam Speaker, I rise to a question of the privileges of the House and offer the resolution previously noticed.

The SPEAKER pro tempore. The Clerk will report the resolution.

The Clerk read as follows:

H. RES. 705

Impeaching Donald John Trump, President of the United States, of high misdemeanors.

Resolved, That Donald John Trump, President of the United States, is unfit to be President, unfit to represent the American values of decency and morality, respectability and civility, honesty and propriety, reputability and integrity, is unfit to defend the ideals that have made America great, unfit to defend liberty and justice for all as extolled in the Pledge of Allegiance, is unfit to defend the American ideal of all persons being created equal as exalted in the Declaration of Independence, is unfit to ensure domestic tranquility, promote the general welfare and secure the blessings of liberty to ourselves and our posterity as lauded in the preamble to the United States Constitution, is unfit to protect government of the people, by the people, for the people as elucidated in the Gettysburg Address, and is impeached for high misdemeanors, and that the following article of impeachment be exhibited to the Senate:

Article of Impeachment exhibited by the House of Representatives of the United States, in the name of itself and of the people of the United States, against Donald John Trump, President of the United States, in maintenance and support of its impeachment against him for high misdemeanors committed as President constituting harm to American society to the manifest injury of the people of the United States:

ARTICLE I

In his capacity as President of the United States, unmindful of the high duties of his high office, of the dignity and proprieties thereof, and of the harmony, and respect necessary for stability within the society of the United States, Donald John Trump has with his bigoted statements done more than simply insult individuals and groups of Americans, he has harmed the American society by attempting to convert his bigoted statements into United States policy and by associating the presidency and the people of the United States with bigotry on one or more of the following occasions:

On January 27, 2017, Donald John Trump issued Executive Order 13769 providing for a partial shutdown of immigration from mainly Muslim countries to fulfill a bigoted campaign promise that read as follows: “DONALD J. TRUMP STATEMENT ON PREVENTING MUSLIM IMMIGRATION (New York, NY) December 7th, 2015—Donald J. Trump is calling for a total and complete shutdown of Muslims entering the United States until our country's representatives can figure out what's going on,” thereby attempting to convert a bigoted campaign promise into United States policy, associating the presidency and the people of the United States with bigotry, thereby casting contempt upon Muslims, inciting hate and hostility, and sowing discord among the people of the United States on the basis of religion.

On July 26, 2017, Donald John Trump made a public statement substantially as follows: After consulting with my Generals and military experts, please be advised that the United States Government will not accept or allow Transgender individuals to serve in