

107TH CONGRESS
2D SESSION

H. R. 4965

To prohibit the procedure commonly known as partial-birth abortion.

IN THE HOUSE OF REPRESENTATIVES

JUNE 19, 2002

Mr. CHABOT (for himself, Mr. SENSENBRENNER, Mr. BARCIA, Mr. HYDE, Mr. HALL of Texas, Mr. SMITH of New Jersey, Mr. OBERSTAR, Mrs. MYRICK, Mr. STUPAK, Ms. HART, Mr. MOLLOHAN, Mr. PORTMAN, and Mr. RAHALL) introduced the following bill; which was referred to the Committee on the Judiciary

A BILL

To prohibit the procedure commonly known as partial-birth abortion.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Partial-Birth Abortion
5 Ban Act of 2002”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds and declares the following:

8 (1) A moral, medical, and ethical consensus ex-
9 ists that the practice of performing a partial-birth

1 abortion—an abortion in which a physician delivers
2 an unborn child’s body until only the head remains
3 inside the womb, punctures the back of the child’s
4 skull with a sharp instrument, and sucks the child’s
5 brains out before completing delivery of the dead in-
6 fant—is a gruesome and inhumane procedure that is
7 never medically necessary and should be prohibited.

8 (2) Rather than being an abortion procedure
9 that is embraced by the medical community, particu-
10 larly among physicians who routinely perform other
11 abortion procedures, partial-birth abortion remains a
12 disfavored procedure that is not only unnecessary to
13 preserve the health of the mother, but in fact poses
14 serious risks to the long-term health of women and
15 in some circumstances, their lives. As a result, at
16 least 27 States banned the procedure as did the
17 United States Congress which voted to ban the pro-
18 cedure during the 104th, 105th, and 106th Con-
19 gresses.

20 (3) In *Stenberg v. Carhart*, 530 U.S. 914, 932
21 (2000), the United States Supreme Court opined
22 “that significant medical authority supports the
23 proposition that in some circumstances, [partial
24 birth abortion] would be the safest procedure” for
25 pregnant women who wish to undergo an abortion.

1 Thus, the Court struck down the State of Nebras-
2 ka’s ban on partial-birth abortion procedures, con-
3 cluding that it placed an “undue burden” on women
4 seeking abortions because it failed to include an ex-
5 ception for partial-birth abortions deemed necessary
6 to preserve the “health” of the mother.

7 (4) In reaching this conclusion, the Court de-
8 ferred to the Federal district court’s factual findings
9 that the partial-birth abortion procedure was statis-
10 tically and medically as safe as, and in many cir-
11 cumstances safer than, alternative abortion proce-
12 dures.

13 (5) However, the great weight of evidence pre-
14 sented at the Stenberg trial and other trials chal-
15 lenging partial-birth abortion bans, as well as at ex-
16 tensive Congressional hearings, demonstrates that a
17 partial-birth abortion is never necessary to preserve
18 the health of a woman, poses significant health risks
19 to a woman upon whom the procedure is performed,
20 and is outside of the standard of medical care.

21 (6) Despite the dearth of evidence in the
22 Stenberg trial court record supporting the district
23 court’s findings, the United States Court of Appeals
24 for the Eighth Circuit and the Supreme Court re-
25 fused to set aside the district court’s factual findings

1 because, under the applicable standard of appellate
2 review, they were not “clearly erroneous”. A finding
3 of fact is clearly erroneous “when although there is
4 evidence to support it, the reviewing court on the en-
5 tire evidence is left with the definite and firm convic-
6 tion that a mistake has been committed”. *Anderson*
7 *v. City of Bessemer City, North Carolina*, 470 U.S.
8 564, 573 (1985). Under this standard, “if the dis-
9 trict court’s account of the evidence is plausible in
10 light of the record viewed in its entirety, the court
11 of appeals may not reverse it even though convinced
12 that had it been sitting as the trier of fact, it would
13 have weighed the evidence differently”. *Id.* at 574.

14 (7) Thus, in *Stenberg*, the United States Su-
15 preme Court was required to accept the very ques-
16 tionable findings issued by the district court judge—
17 the effect of which was to render null and void the
18 reasoned factual findings and policy determinations
19 of the United States Congress and at least 27 State
20 legislatures.

21 (8) However, under well-settled Supreme Court
22 jurisprudence, the United States Congress is not
23 bound to accept the same factual findings that the
24 Supreme Court was bound to accept in *Stenberg*
25 under the “clearly erroneous” standard. Rather, the

1 United States Congress is entitled to reach its own
2 factual findings—findings that the Supreme Court
3 accords great deference—and to enact legislation
4 based upon these findings so long as it seeks to pur-
5 sue a legitimate interest that is within the scope of
6 the Constitution, and draws reasonable inferences
7 based upon substantial evidence.

8 (9) In *Katzenbach v. Morgan*, 384 U.S. 641
9 (1966), the Supreme Court articulated its highly
10 deferential review of Congressional factual findings
11 when it addressed the constitutionality of section
12 4(e) of the Voting Rights Act of 1965. Regarding
13 Congress’ factual determination that section 4(e)
14 would assist the Puerto Rican community in “gain-
15 ing nondiscriminatory treatment in public services,”
16 the Court stated that “[i]t was for Congress, as the
17 branch that made this judgment, to assess and
18 weigh the various conflicting considerations It
19 is not for us to review the congressional resolution
20 of these factors. It is enough that we be able to per-
21 ceive a basis upon which the Congress might resolve
22 the conflict as it did. There plainly was such a basis
23 to support section 4(e) in the application in question
24 in this case.”. *Id.* at 653.

1 (10) Katzenbach’s highly deferential review of
2 Congress’s factual conclusions was relied upon by
3 the United States District Court for the District of
4 Columbia when it upheld the “bail-out” provisions of
5 the Voting Rights Act of 1965, (42 U.S.C. 1973c),
6 stating that “congressional fact finding, to which we
7 are inclined to pay great deference, strengthens the
8 inference that, in those jurisdictions covered by the
9 Act, state actions discriminatory in effect are dis-
10 criminatory in purpose”. *City of Rome, Georgia v.*
11 *U.S.*, 472 F. Supp. 221 (D. D. Col. 1979) *aff’d* *City*
12 *of Rome, Georgia v. U.S.*, 446 U.S. 156 (1980).

13 (11) The Court continued its practice of defer-
14 ring to congressional factual findings in reviewing
15 the constitutionality of the must-carry provisions of
16 the Cable Television Consumer Protection and Com-
17 petition Act of 1992. See *Turner Broadcasting Sys-*
18 *tem, Inc. v. Federal Communications Commission*,
19 *512 U.S. 622* (1994) (Turner I) and *Turner Broad-*
20 *casting System, Inc. v. Federal Communications*
21 *Commission*, *520 U.S. 180* (1997) (Turner II). At
22 issue in the Turner cases was Congress’ legislative
23 finding that, absent mandatory carriage rules, the
24 continued viability of local broadcast television would
25 be “seriously jeopardized”. The Turner I Court rec-

1 ognized that as an institution, “Congress is far bet-
2 ter equipped than the judiciary to ‘amass and evalu-
3 ate the vast amounts of data’ bearing upon an issue
4 as complex and dynamic as that presented here”.
5 512 U.S. at 665–66. Although the Court recognized
6 that “the deference afforded to legislative findings
7 does ‘not foreclose our independent judgment of the
8 facts bearing on an issue of constitutional law,’” its
9 “obligation to exercise independent judgment when
10 First Amendment rights are implicated is not a li-
11 cense to reweigh the evidence de novo, or to replace
12 Congress’ factual predictions with our own. Rather,
13 it is to assure that, in formulating its judgments,
14 Congress has drawn reasonable inferences based on
15 substantial evidence.” *Id.* at 666.

16 (12) Three years later in *Turner II*, the Court
17 upheld the “must-carry” provisions based upon Con-
18 gress’ findings, stating the Court’s “sole obligation
19 is ‘to assure that, in formulating its judgments, Con-
20 gress has drawn reasonable inferences based on sub-
21 stantial evidence.’” 520 U.S. at 195. Citing its rul-
22 ing in *Turner I*, the Court reiterated that “[w]e owe
23 Congress’ findings deference in part because the in-
24 stitution ‘is far better equipped than the judiciary to
25 “amass and evaluate the vast amounts of data”

1 bearing upon' legislative questions," id. at 195, and
2 added that it "owe[d] Congress' findings an addi-
3 tional measure of deference out of respect for its au-
4 thority to exercise the legislative power." Id. at 196.

5 (13) There exists substantial record evidence
6 upon which Congress has reached its conclusion that
7 a ban on partial-birth abortion is not required to
8 contain a "health" exception, because the facts indi-
9 cate that a partial-birth abortion is never necessary
10 to preserve the health of a woman, poses serious
11 risks to a woman's health, and lies outside the
12 standard of medical care. Congress was informed by
13 extensive hearings held during the 104th and 105th
14 Congresses and passed a ban on partial-birth abor-
15 tion in the 104th, 105th, and 106th Congresses.
16 These findings reflect the very informed judgment of
17 the Congress that a partial-birth abortion is never
18 necessary to preserve the health of a woman, poses
19 serious risks to a woman's health, and lies outside
20 the standard of medical care, and should, therefore,
21 be banned.

22 (14) Pursuant to the testimony received during
23 extensive legislative hearings during the 104th and
24 105th Congresses, Congress finds and declares that:

1 (A) Partial-birth abortion poses serious
2 risks to the health of a woman undergoing the
3 procedure. Those risks include, among other
4 things: an increase in a woman’s risk of suf-
5 fering from cervical incompetence, a result of
6 cervical dilation making it difficult or impos-
7 sible for a woman to successfully carry a subse-
8 quent pregnancy to term; an increased risk of
9 uterine rupture, abruption, amniotic fluid embolus,
10 and trauma to the uterus as a result of
11 converting the child to a footling breech posi-
12 tion, a procedure which, according to a leading
13 obstetrics textbook, “there are very few, if any,
14 indications for . . . other than for delivery of
15 a second twin”; and a risk of lacerations and
16 secondary hemorrhaging due to the doctor
17 blindly forcing a sharp instrument into the base
18 of the unborn child’s skull while he or she is
19 lodged in the birth canal, an act which could re-
20 sult in severe bleeding, brings with it the threat
21 of shock, and could ultimately result in mater-
22 nal death.

23 (B) There is no credible medical evidence
24 that partial-birth abortions are safe or are safer
25 than other abortion procedures. No controlled

1 studies of partial-birth abortions have been con-
2 ducted nor have any comparative studies been
3 conducted to demonstrate its safety and efficacy
4 compared to other abortion methods. Further-
5 more, there have been no articles published in
6 peer-reviewed journals that establish that par-
7 tial-birth abortions are superior in any way to
8 established abortion procedures. Indeed, unlike
9 other more commonly used abortion procedures,
10 there are currently no medical schools that pro-
11 vide instruction on abortions that include the
12 instruction in partial-birth abortions in their
13 curriculum.

14 (C) A prominent medical association has
15 concluded that partial-birth abortion is “not an
16 accepted medical practice,” that it has “never
17 been subject to even a minimal amount of the
18 normal medical practice development,” that
19 “the relative advantages and disadvantages of
20 the procedure in specific circumstances remain
21 unknown,” and that “there is no consensus
22 among obstetricians about its use”. The asso-
23 ciation has further noted that partial-birth
24 abortion is broadly disfavored by both medical

1 experts and the public, is “ethically wrong,”
2 and “is never the only appropriate procedure”.

3 (D) Neither the plaintiff in *Stenberg v.*
4 *Carhart*, nor the experts who testified on his
5 behalf, have identified a single circumstance
6 during which a partial-birth abortion was nec-
7 essary to preserve the health of a woman.

8 (E) The physician credited with developing
9 the partial-birth abortion procedure has testi-
10 fied that he has never encountered a situation
11 where a partial-birth abortion was medically
12 necessary to achieve the desired outcome and,
13 thus, is never medically necessary to preserve
14 the health of a woman.

15 (F) A ban on the partial-birth abortion
16 procedure will therefore advance the health in-
17 terests of pregnant women seeking to terminate
18 a pregnancy.

19 (G) In light of this overwhelming evidence,
20 Congress and the States have a compelling in-
21 terest in prohibiting partial-birth abortions. In
22 addition to promoting maternal health, such a
23 prohibition will draw a bright line that clearly
24 distinguishes abortion and infanticide, that pre-

1 serves the integrity of the medical profession,
2 and promotes respect for human life.

3 (H) Based upon *Roe v. Wade*, 410 U.S.
4 113 (1973) and *Planned Parenthood v. Casey*,
5 505 U.S. 833 (1992), a governmental interest
6 in protecting the life of a child during the deliv-
7 ery process arises by virtue of the fact that dur-
8 ing a partial-birth abortion, labor is induced
9 and the birth process has begun. This distinc-
10 tion was recognized in *Roe* when the Court
11 noted, without comment, that the Texas partu-
12 rition statute, which prohibited one from killing
13 a child “in a state of being born and before ac-
14 tual birth,” was not under attack. This interest
15 becomes compelling as the child emerges from
16 the maternal body. A child that is completely
17 born is a full, legal person entitled to constitu-
18 tional protections afforded a “person” under
19 the United States Constitution. Partial-birth
20 abortions involve the killing of a child that is in
21 the process, in fact mere inches away from, be-
22 coming a “person”. Thus, the government has
23 a heightened interest in protecting the life of
24 the partially-born child.

1 (I) This, too, has not gone unnoticed in
2 the medical community, where a prominent
3 medical association has recognized that partial-
4 birth abortions are “ethically different from
5 other destructive abortion techniques because
6 the fetus, normally twenty weeks or longer in
7 gestation, is killed outside of the womb”. Ac-
8 cording to this medical association, the “‘par-
9 tial birth’ gives the fetus an autonomy which
10 separates it from the right of the woman to
11 choose treatments for her own body”.

12 (J) Partial-birth abortion also confuses the
13 medical, legal, and ethical duties of physicians
14 to preserve and promote life, as the physician
15 acts directly against the physical life of a child,
16 whom he or she had just delivered, all but the
17 head, out of the womb, in order to end that life.
18 Partial-birth abortion thus appropriates the ter-
19 minology and techniques used by obstetricians
20 in the delivery of living children—obstetricians
21 who preserve and protect the life of the mother
22 and the child—and instead uses those tech-
23 niques to end the life of the partially-born child.

24 (K) Thus, by aborting a child in the man-
25 ner that purposefully seeks to kill the child

1 after he or she has begun the process of birth,
2 partial-birth abortion undermines the public's
3 perception of the appropriate role of a physician
4 during the delivery process, and perverts a
5 process during which life is brought into the
6 world, in order to destroy a partially-born child.

7 (L) The gruesome and inhumane nature of
8 the partial-birth abortion procedure and its dis-
9 turbing similarity to the killing of a newborn in-
10 fant promotes a complete disregard for infant
11 human life that can only be countered by a pro-
12 hibition of the procedure.

13 (M) The vast majority of babies killed dur-
14 ing partial-birth abortions are alive until the
15 end of the procedure. It is a medical fact, how-
16 ever, that unborn infants at this stage can feel
17 pain when subjected to painful stimuli and that
18 their perception of this pain is even more in-
19 tense than that of newborn infants and older
20 children when subjected to the same stimuli.
21 Thus, during a partial-birth abortion procedure,
22 the child will fully experience the pain associ-
23 ated with piercing his or her skull and sucking
24 out his or her brain.

1 (N) Implicitly approving such a brutal and
 2 inhumane procedure by choosing not to prohibit
 3 it will further coarsen society to the humanity
 4 of not only newborns, but all vulnerable and in-
 5 nocent human life, making it increasingly dif-
 6 ficult to protect such life. Thus, Congress has
 7 a compelling interest in acting—indeed it must
 8 act—to prohibit this inhumane procedure.

9 (O) For these reasons, Congress finds that
 10 partial-birth abortion is never medically indi-
 11 cated to preserve the health of the mother; is in
 12 fact unrecognized as a valid abortion procedure
 13 by the mainstream medical community; poses
 14 additional health risks to the mother; blurs the
 15 line between abortion and infanticide in the kill-
 16 ing of a partially-born child just inches from
 17 birth; and confuses the role of the physician in
 18 childbirth and should, therefore, be banned.

19 **SEC. 3. PROHIBITION ON PARTIAL-BIRTH ABORTIONS.**

20 (a) IN GENERAL.—Title 18, United States Code, is
 21 amended by inserting after chapter 73 the following:

22 **“CHAPTER 74—PARTIAL-BIRTH**
 23 **ABORTIONS**

“Sec.
 “1531. Partial-birth abortions prohibited.

1 **“§ 1531. Partial-birth abortions prohibited**

2 “(a) Any physician who, in or affecting interstate or
3 foreign commerce, knowingly performs a partial-birth
4 abortion and thereby kills a human fetus shall be fined
5 under this title or imprisoned not more than 2 years, or
6 both. This subsection does not apply to a partial-birth
7 abortion that is necessary to save the life of a mother
8 whose life is endangered by a physical disorder, physical
9 illness, or physical injury, including a life-endangering
10 physical condition caused by or arising from the pregnancy
11 itself. This subsection takes effect 1 day after the enact-
12 ment.

13 “(b) As used in this section—

14 “(1) the term ‘partial-birth abortion’ means an
15 abortion in which—

16 “(A) the person performing the abortion
17 deliberately and intentionally vaginally delivers
18 a living fetus until, in the case of a head-first
19 presentation, the entire fetal head is outside the
20 body of the mother, or, in the case of breech
21 presentation, any part of the fetal trunk past
22 the navel is outside the body of the mother for
23 the purpose of performing an overt act that the
24 person knows will kill the partially delivered liv-
25 ing fetus; and

1 “(B) performs the overt act, other than
2 completion of delivery, that kills the partially
3 delivered living fetus; and

4 “(2) the term ‘physician’ means a doctor of medicine
5 or osteopathy legally authorized to practice medicine and
6 surgery by the State in which the doctor performs such
7 activity, or any other individual legally authorized by the
8 State to perform abortions: Provided, however, That any
9 individual who is not a physician or not otherwise legally
10 authorized by the State to perform abortions, but who nev-
11 ertheless directly performs a partial-birth abortion, shall
12 be subject to the provisions of this section.

13 “(c)(1) The father, if married to the mother at the
14 time she receives a partial-birth abortion procedure, and
15 if the mother has not attained the age of 18 years at the
16 time of the abortion, the maternal grandparents of the
17 fetus, may in a civil action obtain appropriate relief, unless
18 the pregnancy resulted from the plaintiff’s criminal con-
19 duct or the plaintiff consented to the abortion.

20 “(2) Such relief shall include—

21 “(A) money damages for all injuries, psycho-
22 logical and physical, occasioned by the violation of
23 this section; and

24 “(B) statutory damages equal to three times
25 the cost of the partial-birth abortion.

1 “(d)(1) A defendant accused of an offense under this
2 section may seek a hearing before the State Medical Board
3 on whether the physician’s conduct was necessary to save
4 the life of the mother whose life was endangered by a
5 physical disorder, physical illness, or physical injury, in-
6 cluding a life-endangering physical condition caused by or
7 arising from the pregnancy itself.

8 “(2) The findings on that issue are admissible on that
9 issue at the trial of the defendant. Upon a motion of the
10 defendant, the court shall delay the beginning of the trial
11 for not more than 30 days to permit such a hearing to
12 take place.

13 “(e) A woman upon whom a partial-birth abortion is
14 performed may not be prosecuted under this section, for
15 a conspiracy to violate this section, or for an offense under
16 section 2, 3, or 4 of this title based on a violation of this
17 section.”.

18 (b) CLERICAL AMENDMENT.—The table of chapters
19 for part I of title 18, United States Code, is amended by
20 inserting after the item relating to chapter 73 the fol-
21 lowing new item:

“74. **Partial-birth abortions** **1531**”.

