

Population Awareness Week to the issue of water.

More than 80 nations, 165 organizations, 201 mayors, and 22 Governors have dedicated proclamations of World Population Awareness Week to highlighting the critical issue of water. Illinois Governor Rod Blagojevich has made such a proclamation and I wish to call it to my colleagues' attention. I ask unanimous consent the proclamation be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

Whereas, the world's population of 6.3 billion is projected to rapidly continue to increase to increase to nearly 9 billion before finally slowing down, and

Whereas, the population of the United States currently exceeds 291 million, and it is estimated to increase to nearly 600 million by the year 2100; and

Whereas, the Population Institute, founded in 1969, is an independent, educational non-profit organization, dedicated to achieving a more equitable balance between the world's population, environment and resources; and

Whereas, since 1985, the Population Institute has organized World Population Awareness Week to create public awareness of the startling trends in population growth, the detrimental effects that rapid population growth has on our planet, and the urgent need for action; and

Whereas, the theme of World Population Awareness Week 2003 is "Water: Our Most Precious Resource," and

Whereas, water is fundamental to sustaining life; and

Whereas, 20 percent of the world's population currently faces a water shortage, a figure expected to rise to 30 percent by the year 2025;

Therefore, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim October 20-25, 2003 as WORLD POPULATION AWARENESS WEEK, and urge all citizens to conserve water whenever and whenever they can, and further reflect on ways to ensure adequate safe water supplies for future generations.

Mr. DURBIN. The week will be marked by events taking place at university campuses, community centers and civic institutions throughout the State to teach the residents of Illinois about the effects of a crowded planet.

In many hot spots around the world, there is simply a shortage of water. Some analysts predict that a major war over water is possible sometime in the future. Experts often cite the Middle East as an area where many water disputes could derail peace efforts or lead to another war. But there are critical water disputes the world over, and, as population increases, and potable water becomes yet more scarce, violent disputes over water become increasingly likely.

It is estimated that water shortages plague 20 percent of the world's population in at least 30 countries, and, it is estimated by 2025, as much as 30 percent of the world's population in 50 countries will face water shortages.

Even in places where there is enough water, it often is not clean enough to drink. An estimated 1.2 billion around the world lack an adequate, safe water supply, and 2.3 billion lack adequate

sanitation. It is estimated that as many as 5 to 7 million people die every year from water-related diseases, including 2.2 million children under the age of 5.

Former Senator—and my friend and mentor—Paul Simon, has been a leader in the Senate and beyond in highlighting the need for better, cheaper ways to desalinate salt water. This is an area where improved technology has the potential to benefit millions of people and to help defuse brewing conflicts.

Many nations have begun to depend on desalinated water. For example, a number of Middle Eastern nations have come to depend in part on desalination, and the city of Los Angeles obtains a significant percentage of its water from desalination plants. But the technology is still expensive and out of reach for many nations, States, and municipalities.

But there are many "low tech" approaches that could conserve water in to promote the sustainable use of underground water aquifers, including drip irrigation or other agricultural practices that conserve water, water distribution systems that reduce leakage and evaporation, sewage systems that reduce water use, and many other solutions. Some of these solutions are expensive, but others require more changes in thinking and habits and a commitment of political determination than money.

That is why I want to bring this critical problem to my colleagues attention today. It is not hopeless. Awareness of the issue is the first step to implementing solutions, small and large, to be sure our descendants inherit a peaceful world with an adequate and safe supply of our most basic necessity—water.

#### PHARMACEUTICAL MARKET ACCESS ACT

Mr. JOHNSON. Madam President, while the pharmaceutical industry is the most profitable industry in the world, millions of uninsured and underinsured Americans continue to struggle to afford medicines they need when prices are out of reach.

The facts paint a disturbing picture. According to a 2002 Families USA report, the pharmaceutical industry has been the most profitable industry in the U.S. for the past 10 years, being five-and-one-half times more profitable than the average Fortune 500 companies. A Public Citizen June 2003 report found that in 2002, the top 10 drug companies netted profits of \$36 billion, or more than one-half of all profits for Fortune 500 companies. While drug companies claim that their high prices support research and development one study found that eight major American pharmaceutical companies spent more than twice as much on marketing and administrative costs than on research and development.

And while powerful drug manufacturers continue to bring in high profits,

American consumers continue to pay the highest prices in the world—three to ten times more than other developed countries pay. South Dakotans cross the border every day to go to Canada in the hopes of purchasing lower-priced drugs that will prevent them from having to make the tough decision of choosing between buying groceries or life-saving medications.

And the recent actions of many of our State leaders indicate that Americans are fed up with paying by far the highest dollar prices in the world for prescription drugs that often times their tax dollars helped to develop. State governments have resorted to taking matters into their own hands: Maine now allows the State to negotiate fairer drug prices for all residents using the buying power of its Medicaid program, several States including Illinois, Iowa and Minnesota are exploring the possibility of importing prescription drugs from Canada for State employees, and Minnesota's Attorney General filed a lawsuit against GlaxoSmithKline alleging that the pharmaceutical company is violating antitrust laws by "spearheading an industry-wide conspiracy" to prevent U.S. residents from reimporting U.S.-made prescription drugs at a lower cost from Canada.

The American people are fed up. They are demanding that Congress end the "sweetheart deal" that gives the powerful pharmaceutical industry a captive market. A recent poll taken by the Washington Post and ABC News found that two-thirds of Americans support the legal importation of FDA approved prescription drugs and I have joined several of my colleagues to introduce the Pharmaceutical Market Access Act which will do just that. I thank Senators DORGAN, STABENOW, DAYTON, PRYOR, LEVIN, FEINGOLD, SNOWE, JEFFORDS, and MCCAIN for staying committed and working with me on this very important issue.

This bill, which is the companion to House reimportation bill H.R. 2427 that passed with broad bipartisan support, will finally provide American consumers with immediate access to FDA-approved medicines in Canada, as well as other industrialized nations. It contains strong safety protections that will ensure that the U.S. drug supply remains safe. Innovative techniques such as counterfeit-resistant packaging and drug wholesaler pharmaceutical shipment testing will ensure this safety.

American consumers are already importing \$500 million to \$1 billion in prescription medicines from Canada and elsewhere. This is on top of the already \$13 billion U.S. made prescription drugs already being reimported by pharmaceutical manufacturers under the authority found in the Prescription Drug Marketing Act of 1988. The Congressional Budget Office has estimated that the reimportation provisions found in this bill could provide approximately \$40 billion over 10 years in savings to

consumers. We need to bring these savings to the American people and finally eliminate the price disparity experienced in this country by passing a strong drug reimportation law and ensuring that it is actually implemented. Please support this important legislation.

Mrs. CLINTON. Madam President, I rise to express my strong opposition to S. 3.

This Senate is poised to criminalize a medical decision made between a woman and her physician. Despite claims to the contrary, the legislation before us today will ban many abortions routinely conducted in the second trimester because the simple truth is that "partial-birth abortion" is a political term, not a medical one.

The conference report returned to us by the conferees is different from the legislation passed by the Senate back in March in one critical way—it is stripped of Senator HARKIN's amendment affirming the law of the land—Roe v. Wade. This resolution made it clear that the policy of the Senate is for abortion to be legal, safe, and rare. And the conferees stripped out this language, making it clear that their true intent is to make abortion obsolete, regardless of the effects on women.

I remain perplexed—as I was in March—that this has risen to the top of our priority list. Back in March, we were about to send our troops to battle in Iraq, we were losing hundreds of thousands of jobs a month and long-term unemployment was climbing to the highest level in decades.

Well, the more things change the more they stay the same. Long-term unemployment is now at the highest level in 20 years. The number of Americans falling into poverty has increased for 2 straight years after a decade of decline. Six hundred thousand more people are unemployed than they were in March, and we have lost more than 200 U.S. soldiers since the war began.

Yet, we have found time to ban what should be a private medical decision between a woman and her doctor.

We also have to complete the most basic work of Congress—to pass the year's spending bills. At this point, we have considered Defense, Labor, HHS, Energy, Homeland Security and the Legislative Branch. But we still have left to consider Agriculture, Commerce-Justice-State, the District of Columbia, Foreign Operations, Transportation, and VA-HUD. We should bring these bills to the floor, debate them, modify them with amendments and then send them to conference. As we get closer and closer to our target adjournment date, I have to wonder why on earth we are not going full speed ahead to bring these bills to the floor?

We also have a Medicare prescription drug bill pending in conference. This is an issue that all of us hear about every time we go home. It is one of the most important issues to the American public—and has been so for years.

With so much uncertainty here at home, the Republican leadership has made the choice to debate how best to criminalize a medical procedure for women.

I have to ask myself: Why was this moment chosen for this debate? Why aren't we debating the steps we could take to help the 8.4 million Americans who are out of work? Why aren't we debating how we can balance our Federal budget and begin to diminish these overwhelming deficits and this increasing debt load we will leave on the backs of our children? Why are we not debating the necessity of our paying our bills? Why are we not debating how to provide an affordable, meaningful prescription drug benefit for elder Americans? Why aren't we debating how to help the 34 million Americans living in poverty?

As I travel around, talking with people in my State, that is what they talk to me about: What about this war, Senator CLINTON? What about homeland security? Are we as safe as we need to be here at home? Senator, what can we do about the jobs that are disappearing in the stagnant economy? How on Earth can we deal with this overwhelming budget deficit? What about not funding No Child Left Behind and the burdens that are begin put on public education as a result? When are we going to get around to a prescription drug benefit for our seniors who are suffering and having to face these large bills? What are we doing to protect our environment? We are, after all, stewards of our natural environment for future generations.

Those are the questions I am being asked. Not the ones posed by this legislation before us today.

But nevertheless we are considering this bill and little doubt that it will be approved. So, let us be very clear on what it is we are about to pass. The way this bill is written, the choice of language eliminates the distinction of trimesters. The vagueness makes this bill applicable to many other procedures in addition to the ones explicitly named. This bill is extreme, deceptive, and unconstitutional.

As my colleague from Pennsylvania stated back in March: This is the beginning of the end. And that is absolutely what he means. If this bill passes, it is the beginning of the end of Roe v. Wade. It is the beginning of the end of the right of women in this country to make the most personal and intimate decisions that any of us would ever be called upon to make.

Why did we ever have to do Roe v. Wade to begin with? Some States like mine, let abortion, as long as it was done safely and legally, occur under certain circumstances before Roe. Why did we have to have a Supreme Court decision? We have to have it because in many parts of the country these kinds of decisions were not permitted to be made by individual women.

Look at the progress we have made. The U.S. abortion rate is now at the

lowest level it has been since 1974. When I was First Lady, I helped to launch the National Campaign to Prevent Teen Pregnancy. We increased education and public awareness. And since 1991, teen pregnancy has also declined. We learned that prevention and education, teaching people to make good decisions, really did work. But that is not what we are talking about here. We are talking about those few rare cases.

We are talking about those few rare cases when a doctor had to look across a desk at a woman and say, "I hate to tell you this, but the baby you wanted, the baby you care so much about, that you are carrying, has a terrible abnormality."

I have to ask myself, why do we, as government officials, expect we can make these decisions? We know that people of means will always be able to get any health care procedure they deem necessary. That is the way it was before Roe v. Wade. That is the way it will be after this passes the Senate.

We are facing a moment of historic importance, but not about what we should be debating at this time in our history. I only wish this legislation were not before us. But now that it is, we have to educate the American public.

I will end by referring again to the young woman, Mrs. Eisen, who was in my office back in March. She is about 25 years younger than I am. She said: I had no idea that the decision I made with my husband and my doctor to deal with this genetic abnormality was something I could have never had under the laws of where I lived before. And that if this passes, it will become illegal in the future.

I said: Well, you didn't have to think about that. That was something that, thankfully, we took off the national agenda. But there are those who, from very deeply held beliefs, which I respect, would wish to substitute the Government's decision for what should be a difficult, painful, intimate, personal decision.

This bill is not only ill-advised, it is also unconstitutional. I understand what the other side wants to do. They are hoping to get somebody new on the Supreme Court and to turn the clock back completely, to overrule Roe v. Wade.

Is this bill really about what the sponsors say, or is it, as they candidly admit, the beginning of the end—to go back in this country to back-alley abortions, to women dying from botched, illegal procedures? I think you can draw your own conclusions.

It is up to the American public to determine whether they want medical decisions being criminalized by this Senate.

---

#### ADDITIONAL STATEMENTS

---

##### TRIBUTE TO JIM REITER

● Mr. COLEMAN. Mr. President, I was back home in St. Paul a couple weeks