

The PRESIDING OFFICER. Without objection, it is so ordered.

WOMEN'S HEALTH PROTECTION ACT

Mr. DURBIN. Madam President, the decision last year by the Supreme Court's conservative majority overruling *Roe v. Wade* and the right to abortion marks the first time in our Nation's history that the Supreme Court has ever repealed a constitutional right.

One of the most striking features of the *Dobbs* decision was the almost complete absence of any serious discussion about the impact the ruling might have on the lives and health of women. In a 79-page ruling, women receive only a few paragraphs. Justice Alito, the author of the majority opinion, defended this disregard for women's lives and health by arguing that it is "hard for anyone—and in particular, for a court—to assess . . . the effect of the abortion right on society and in particular on the lives of women."

Perhaps the Court's conservative majority should have paid closer attention to amicus briefs filed by the American College of Obstetricians and Gynecologists and the American Medical Association, who warned that overruling *Roe* would unleash an immediate healthcare crisis across America. Ten months later, it is clear for anyone to see that the consequences of the *Dobbs* ruling are devastating. Instead of settling old controversies, the *Dobbs* decision has unleashed chaos for women and doctors. We are seeing a torrent of new State laws that aim to reduce abortion access by threatening to punish or criminalize those who provide abortions and, in some cases, those who help someone to obtain an abortion.

Nearly half of all States now impose severe restrictions on abortion—and at least a dozen States have enacted near-total bans. The laws surrounding abortion—and miscarriage management—seem to be changing by the week. A few weeks ago, a Federal judge in Texas issued a ruling that would ban the sale of mifepristone, one of the safest forms of reproductive care, nationwide—even in States where abortion remains legal.

Mifepristone was approved more than 20 years ago by the Food and Drug Administration as safe and effective. It is used in more than half of all abortions in the country. And it is used to help women suffering from a miscarriage. It has a better safety profile than penicillin, Tylenol, or Viagra. Thankfully, the Supreme Court issued a temporary reprieve by staying the decision. So, for the moment, mifepristone remains on the market while the case works its way through the legal system.

But the initial ruling by the Federal judge in Texas marked the first time that a judge has ever overruled the FDA to ban a medication deemed safe and effective by medical and scientific

experts. And it is troubling confirmation that instead of ending the debate on abortion, *Dobbs* was actually the beginning of a different debate: How far will the war on women's healthcare go before we say enough is enough?

The number of horror stories that have emerged over the past year is staggering: stories of rape victims—as young as 10 years old—being denied healthcare because of laws outlawing abortion; an 11-year-old victim of sex trafficking—also denied a medically necessary abortion; stories of women being forced to flee their home States to access basic, reproductive care services; stories of pregnant women suffering miscarriages being turned away by doctors, until their lives are at risk, because healthcare providers are understandably afraid of facing criminal penalties and other serious punishments if their patient is not sick enough to receive abortion care.

Yesterday, the Senate Judiciary Committee, which I chair, held a hearing in which we heard more about the horrific consequences of the *Dobbs* decision on pregnant women and the doctors who care for them. Let me tell you about one of our witnesses. Her name is Amanda Zurawski. She was one of the most profound and heartbreaking witnesses I have heard during my time in Congress.

Amanda lives in Texas, one of the first States in which a near-total ban on abortion took effect after *Dobbs*. Amanda endured 18 months of fertility treatments to get pregnant. When she finally did, she and her husband were over the moon. They named their soon-to-be little girl Willow.

Last August, in the second trimester of her pregnancy, Amanda felt something unusual. She called her doctor, who told her to come in as quickly as possible. After an examination, Amanda and her husband received a heartbreaking diagnosis: Her cervix had dilated prematurely. The loss of her baby was inevitable. Amanda asked what could be done to assure what she called "the respectful passing" of her baby and to protect Amanda from a possibly deadly infection.

To her shock, her doctors told her there was nothing they could do because of Texas's new anti-abortion laws—laws that threaten doctors with fines of up to \$100,000, up to 99 years in prison, and loss of their medical license. Amanda's doctors tried to find another hospital nearby that could possibly help her—but those hospitals all had the same response: Because of Texas's new laws, they couldn't do anything.

Amanda told our committee: "People have asked why we didn't get on a plane or in our car to go to a state where the laws aren't so restrictive. But we live in the middle of Texas, and the nearest 'sanctuary' state is at least an eight-hour drive. Developing sepsis—which can kill quickly—in a car in the middle of the West Texas desert, or 30,000 feet above the ground, is a death

sentence, and it's not a choice we should have had to even consider. So all we could do was wait."

After 3 agonizing days, Amanda developed a raging fever and dangerously low blood pressure. Sepsis had set in. Her husband rushed her to the hospital. Several hours later, her daughter arrived, stillborn. Amanda spent the next 3 days in the I.C.U. fighting for her own life. She has spent the last 8 months battling trauma and depression, as well as the medical fallout from her delayed treatment, including complications that may make it difficult to ever have children.

We also heard from an OB/GYN, Dr. Nisha Verma, who has chosen to stay and practice in Georgia despite knowing that, in her words, "Georgia's law threatened to make [her] a criminal for providing life-saving care to [her] patients."

Dr. Verma told our committee: "Imagine looking someone in the eye and saying: 'I have all the skills and the tools to care for you, but our state's politicians have told me I can't.'"

She reminded us that the U.S. already has the highest maternal mortality rate of any wealthy nation. Restrictive abortion laws, she said, are making pregnancy even more dangerous for women. Regrettably, some of our Republican colleagues on the committee tried to make the hearing about what they called late-term abortions and other abortion foes call "partial birth" abortions—both medically inaccurate terms.

They neglected to note that abortions after 21 weeks account for less than 1 percent of abortions in this country, according to the Centers for Disease Control and Prevention. They also failed to acknowledge that in the very rare instances when an abortion happens later in a pregnancy, it is generally because the woman's life is in danger; a fatal fetal anomaly has been discovered, as in Amanda's case; or because a woman wasn't able to get an abortion earlier due to restrictive laws.

For nearly 50 years, abortion opponents said their only goal was to return the right to decide abortion laws to the State. It is now clear that was a Trojan horse. Dismantling *Roe* was the first step. The real goal is to systemically strip away access to abortion nationwide. And that is exactly what they are doing. Last year, dozens of congressional Republicans proposed a bill that would ban abortion nationwide at 15 weeks—even in States that have chosen to protect access to abortion later in pregnancy. And one member of our committee noted yesterday: "We're not going to back off."

In addition, nearly 150 congressional Republicans joined an amicus brief to the Supreme Court in the mifepristone case, arguing for the Court to keep in place the Fifth Circuit's stay that limited mifepristone access nationwide—even in States where abortion remains legal.

Congress needs to stop this chaos and needless, avoidable suffering by passing the Women's Health Protection Act to restore abortion access across the country.

REMEMBERING JOHN D. COONEY, SR.

Mr. DURBIN. Madam President, earlier this year, Chicago—and the entire legal world—lost a giant. John Devitt Cooney, Sr., a titan of trial law, passed away at the age of 68. He was a skilled litigator who used his brilliant legal mind, charm, quick wit, and sense of humor to help everyday “Davids” in the never-ending battle against corporate “Goliaths.” John may have been born for the role.

His father, Robert Cooney, Sr., served in World War II, returned home—GI benefits in hand—and attended Loyola University School of Law in Chicago. When he graduated from law school, Robert worked in the Cook County State's Attorney's Office before setting up a successful personal injury firm. John followed suit.

Born and raised in Oak Park, IL, John graduated from Fenwick High School and went on to attend Georgetown University for his undergraduate studies. During his years at Georgetown, he briefly worked on Capitol Hill. It was the 1970s: an era of disco, tie-dye, and Watergate. While John may not have been all that interested in politics at the time, his experience on Capitol Hill enhanced his interest in the law.

John finished his studies at Georgetown and moved back to Illinois to attend Loyola University School of Law in Chicago. His first job out of law school was as a Cook County Assistant State's Attorney, just like his father, where he worked within the Felony Trial Division. It was a formative experience for John. As a young lawyer, he developed a deep empathy for how wrongful acts hurt victims and their families. It was there where he honed his craft, spending invaluable time in the courtroom, selecting juries, developing trial strategies, and presenting cases to juries.

After 5 years, in 1985, John joined his father, his brother Robert, Jr., and his future partner Kevin Conway, at the Chicago personal injury firm, Cooney & Stenn. John made partner in just five years at the firm that would become Cooney & Conway, one of the leading personal injury and wrongful death firms in the United States. John excelled in cases related to construction accidents and product liability, and he had a strong commitment to helping individuals in asbestos exposure cases.

Some may have only heard of “asbestos” or “mesothelioma” through late-night television commercials or radio ads. If that is the case, they are fortunate. Asbestos is a strong, heat resistant fiber that can be found in many building materials, such as insulation, roofing shingles, and pipe coverings.

Inhaling these fibers can have devastating health consequences. As early as the 1930s, public health professionals were sounding the alarm about the dangers of exposure to asbestos. Yet, for decades, some companies ignored the risks, putting profits above the health and well-being of employees and consumers.

Between 1940 and 1979, nearly 30 million workers were exposed to asbestos, and around one-third of those workers were veterans. To this day, exposure to asbestos is the only known cause of mesothelioma, an aggressive and incurable form of cancer in which a tumor develops in the protective lining of lungs, and slowly compresses until the victim suffocates. It can take years to discover mesothelioma, and by the time it is discovered, the victim often only has several months to live.

John and his team at Cooney & Conway focused on holding the companies that put profits over people accountable and doing right by victims and their families. And they were successful, obtaining more than \$20 billion for victims and their families, including a \$200 million asbestos exposure settlement that was the largest personal injury settlement in the history of Illinois. While compensation does little to ease the pain or the loss of a loved one to this devastating disease, John's efforts protected victims' rights to justice and gave them a voice against powerful corporations.

John's legacy goes well beyond the courtroom. In 2014, John became president of the Illinois Trial Lawyers Association, an organization of more than 2,000 members that has served the interests of plaintiffs' attorneys and consumers since 1952. He also was the founding chairman of the mass torts litigation committee for the American Bar Association, and he served as an elected governor of the American Association for Justice, the leading voice for trial lawyers at the national level.

John and his firm also gave back. Cooney & Conway provided more than \$1 million to support the work of Dr. Hedy Lee Kindler, one of the Nation's leading mesothelioma researchers at the University of Chicago Medicine Comprehensive Cancer Center, a leading mesothelioma research and treatment center. John also served on the boards of the University of Chicago Medical Center and Lurie Children's Hospital.

Holding large manufacturers and the wealthiest corporations accountable was not just a professional endeavor. For John, it was personal. Everyday folks—pipefitters, laborers, construction workers, members of “The Greatest Generation”—those are the people for whom John gladly went to bat. He knew these were people whose only error was venturing into a hazardous workplace, putting in a hard day's work, and daring to breathe, to try to make a good life for themselves and their families.

Earlier this year, Loretta and I gathered with John's family and friends at

Old St. Pat's Church in Chicago, to say farewell to John and celebrate the light that he brought into this world. John's many friends filled every pew.

Loretta and I extend our sincerest condolences to Barbara, his loving wife of 35 years; his daughter Elizabeth (Matt); his sons Devitt (Bess); and Bobby (Hutton); his brother Robert, Jr., (Loretta); his entire family; and his many friends and colleagues. John's legacy and contributions to the law, to Chicago, and to our Nation will not be forgotten.

ARMS SALES NOTIFICATION

Mr. MENENDEZ. Madam President, section 36(b) of the Arms Export Control Act requires that Congress receive prior notification of certain proposed arms sales as defined by that statute. Upon such notification, the Congress has 30 calendar days during which the sale may be reviewed. The provision stipulates that, in the Senate, the notification of proposed sales shall be sent to the chairman of the Senate Foreign Relations Committee.

In keeping with the committee's intention to see that relevant information is available to the full Senate, I ask unanimous consent to have printed in the RECORD the notifications which have been received. If the cover letter references a classified annex, then such annex is available to all Senators in the office of the Foreign Relations Committee, room SD-423.

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

DEFENSE SECURITY
COOPERATION AGENCY,
Washington, DC.

Hon. ROBERT MENENDEZ,
Chairman, Committee on Foreign Relations,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: Pursuant to the reporting requirements of Section 36(b)(1) of the Arms Export Control Act, as amended, we are forwarding herewith Transmittal No. 23-32, concerning the Navy's proposed Letter(s) of Offer and Acceptance to the Government of Norway for defense articles and services estimated to cost \$1 billion. We will issue a news release to notify the public of this proposed sale upon delivery of this letter to your office.

Sincerely,

MIKE MILLER,
(for James A. Hursch, Director).

Enclosures.

TRANSMITTAL NO. 23-32

Notice of Proposed Issuance of Letter of Offer Pursuant to Section 36(b)(1) of the Arms Export Control Act, as amended

(i) Prospective Purchaser: Government of Norway.

(ii) Total Estimated Value:
Major Defense Equipment* \$550 billion.
Other \$450 billion.
Total \$1,000 billion.

(iii) Description and Quantity or Quantities of Articles or Services under Consideration for Purchase:

Major Defense Equipment (MDE):
Six (6) MH-60R Multi-Mission Helicopters.
Fifteen (15) T-700-GE-401C Engines (12 installed, 3 spares).

Nine (9) Link 16 Multifunctional Information Distribution Systems Joint Tactical