The Senate met at 11 a.m., and was called to order by the President pro tempore (Mr. Thurmond).

PRAYER

The Chaplain, Dr. Lloyd John Ogilvie, offered the following prayer:

Almighty God, our Father, we begin this new week with a sense of Your spirit calling us to prayer.

In response, we praise You, not only for all that You give us and do for us but for Who You are. You are our Creator, sustainer, redeemer, strength, and hope. Most of all, we praise You for Your grace—Your unchanging, unqualified, unlimited love. It is given before we deserve it and is never dependent on our earning it.

Your love opens us up to You. It makes us willing to confess anything that stands between us and You and between us and anyone else. Forgive what we have done and what we have left undone. Most of all, forgive our reluctance to love and affirm others. Help us to be to others the love that You have been to us.

We commit our loved ones and friends to Your care. They need Your strength and courage. And we commit ourselves to work today as an expression of our worship of You.

Dear God, bless America. Give us Your vision for the future and a determination to be faithful and obedient to You. Through our Lord and Savior. Amen.

Senate

Monday, February 9, 1998

Recognition of the Majority Leader

The President pro tempore. The able majority leader, Senator Lott, of Mississippi, is recognized.

Mr. Lott. I thank you, Mr. President.

Schedule

Mr. Lott. This morning the Senate will be in a period for the transaction of morning business until 12 noon. At noon, as previously agreed to, the Senate will proceed to executive session to debate for up to 6 hours the nomination of David Satcher to be the Surgeon General and Assistant Secretary of HHS.

As a reminder to all Members, no rollcall votes will occur during today’s session of the Senate. However, the next rollcall vote will occur on invoking cloture on the Satcher nomination Tuesday at 11 a.m. If cloture is invoked on that nomination, then a second vote would occur immediately on the confirmation of the nomination.

In addition, a cloture motion has been filed on Thursday on the motion to proceed to the cloning legislation. Therefore, a cloture vote will occur on Tuesday also. We will announce the exact time after consultation with the minority leader. This cloture motion is on the motion to proceed.

Once again, I would like to note I do think this is an issue on which we should go forward. It is a complicated bill. There are some legitimate concerns that need to be addressed, or discussed at least. When Senators become familiar with the bill that has been crafted by Senator Bill Frist, who certainly knows the subject matter of medical research and science and the cloning issue, and then when they hear from Senator Bond and Senator Gregg and are able to be involved in discussion and debate, I think Senators will feel comfortable with what we are doing here and we should move this cloning legislation forward so that we will not have even the threat of human cloning.

Also this week the Senate may consider the nomination of Margaret Morrow to be a district judge in California and the nomination of Frederica Massiah-Jackson to be a district judge in Pennsylvania. We will continue to work with the administration and our colleagues on both sides of the aisle with regard to a resolution on Iraq.

As a reminder to all Members, the next rollcall vote then will occur at 11 a.m. on Tuesday morning to invoke cloture on the Satcher nomination.

Veto Message on H.R. 2631

Mr. Lott. Mr. President, I ask unanimous consent that the veto message to accompany H.R. 2631, the military construction appropriations bill, be deemed read and, as the Constitution provides, be spread upon the journal; and that the majority leader, after consultation with the minority leader, be authorized to proceed to the reconsideration of the said bill, the objections of the President of the United States to the contrary notwithstanding.

This “bullet” symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.
The PRESIDING OFFICER (Mr. Roberts). Without objection, it is so ordered.

Mr. LOTT. I would indicate that that vote will probably not occur until after the recess coming up at the end of this week.

I yield the floor, Mr. President.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, leadership time is reserved.

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, there will now be a period for the transaction of morning business not to extend beyond the hour of 12 noon, with Senators permitted to speak therein for up to 5 minutes each.

Under the previous order, the Senator from Nebraska, Mr. HAGEL, is recognized to speak for up to 20 minutes.

Mr. HAGEL. I thank the Presiding Officer.

ESTABLISHING A CLEAR OBJECTIVE IN IRAQ

Mr. HAGEL. Mr. President, these are very serious times. The administration and America face a complicated and dangerous dilemma in Iraq. This dilemma must be approached from a framework of both our short-term and long-term foreign policy objectives.

As the administration weighs its short-term options, including the possibility of military action with regard to the situation in Iraq, I believe it is very important that we in the Senate keep a steady focus on the objective before we start playing out these other options.

We all know that any military action must have a clear objective. If our Nation decides to risk the lives of young American men and women, we must do so for a clear purpose, with a clear understanding of the possible intended and unintended consequences and a reasonable assurance of success.

Let us remember that the original objective in the Iraqi puzzle was the full compliance by Saddam Hussein with the 1991 resolutions that ended the Gulf war. Most important is Security Council Resolution 687, adopted on April 3, 1991, which clearly spelled out Iraq’s obligations under the cease-fire agreement that ended the Gulf war. Those obligations have the force of international law and still stand today.

This has been the U.N.’s primary focus and objective. It was Saddam Hussein who created this current situation when he invaded Kuwait in 1990 and the world united against him. This is not the United States and Great Britain against Iraq. This has been the civilized world united against a pariah intent on developing and using weapons of mass destruction.

We have sympathy for the Iraqi people. The U.N., led by the United States, has provided millions of dollars in humanitarian aid for the Iraqi people. But we must remember that Hussein used chemical weapons against his own people and murdered his own people in his clandestine and relentless pursuit of these weapons.

Time after time he has directly challenged the terms of his surrender under the U.N. resolution. What he is now challenging is the integrity and the moral authority of the world community to stand up to him.

The members of the international coalition that condemned his actions in 1991 and fought against him must remember who is the guilty party here; who is the guilty party? The guilty party is Saddam Hussein.

Just as the world stood united in terms of his surrender, it should stand united and resolved in action against his defiance of those terms. If he refuses to comply with U.N. Resolution 687, he will pay a heavy price. And if Saddam Hussein offers his own people as sacrificial lambs, their blood surely will be on his hands.

Mr. President, there is a growing chorus which suggests that perhaps our short-term objective should be more than Saddam Hussein’s full compliance with U.N. Resolution 687, that our immediate short-term objective should be to expel Saddam Hussein from Iraq, to sweep him from the world stage.

This kind of talk is very dangerous and inhibits the administration’s efforts as it seeks to reconstruct the 1991 coalition united against Hussein. Let us not be buffeted by the winds of quick fixes, bombing raids and shortsightedness. Saddam Hussein has cleverly framed this world debate as Iraq against the United States. We must not play into the hands of these simplistic, black-and-white arguments.

We all would like to eliminate the threat he poses to the civilized world and that should be our long-term goal. That should be our long-term goal. But do not let us forget that from objectives come actions, and from actions come consequences. Every objective carries with it a different set of military options and will have very real consequences. Actions always produce consequences and not always the geopolitical consequences we expect. We must guard against the short-term objective turning into a long-term unexpected problem.

After our failure in Desert Storm, I fear that we, as Americans, may have been lulled into a false sense of believing that modern wars can be fought relatively quickly and painlessly, with high-tech weapons and very limited casualties. This is not the case, nor will it ever be the case in warfare.

Those who believe that this greater short-term objective could be accomplished without the use of a massive ground force are underestimating the task.

We need to be aware of the “law of unintended consequences.” There are always uncertainties in war. The consequences of any kind of military undertaking are far-reaching. With the current tensions in this region and the grim prospects for peace in the Middle East, this area of the world could erupt like a tinder box. Military action might be taken against Saddam Hussein, it must be surgical, it must be precise, and it must be focused and, above all, well thought out. Other nations would undoubtedly seek to influence their spheres of influence in the Middle East if our immediate objective was to eliminate Saddam Hussein.

If we were to escalate the level of our short-term objective, would we create consequences just as, if not more, dangerous to our foreign policy objectives in the world than the situation we currently face?

As painfully slow as this process seems to be moving, events can unfold so quickly and uncontrollably. We cannot allow Saddam Hussein to stymie down our efforts to achieve our objectives. We must prepare and permit ourselves to deal with the consequences.

I ask my colleagues in the Senate to keep this in mind when thinking about how to respond to the present situation in Iraq. What chain of events will we unleash with any action we take? Always the question must be asked, what then happens? What happens next? Are we prepared to not only answer this question but deal with the answer? Any short-term actions must fit into a long-term foreign policy objective.

Any short-term action that America takes must fit into a long-term foreign policy objective. What is the administration’s long-term objective in Iraq? And, if we have one? Or are we crafting a long-term policy to justify short-term actions?

In the long term, I believe we need to be more creative in reviewing our options against Saddam Hussein. We may not allow our own rhetoric to get us caught up in the trap of doing something—anything—just because we said we would and the world expects us to. Our options should be based on what’s right, what’s achievable, commensurate with the risk we are willing to take with American lives and what will truly have an impact in resolving the problem. And the problem is Saddam Hussein.

Mr. President, I am a little disturbed about reports over the weekend quoting high-ranking administration officials and congressional leaders saying such things as: We may have to face the reality that we will not get U.N. participation in Iraq; any military action would be to just slow Saddam Hussein down and we would have to keep going back to bomb him again and again every so many months and years; and our allies’ support in Iraq may be tied to our future commitment to NATO.

These are disconcerting remarks. We owe it to our country and the men and
women in uniform who will be called upon to fight a war, that if that decision is made, to do better than just bomb Saddam Hussein. First of all, the military option alone will not work if we truly want a final resolution of this problem. Some form of immediate military action will be required as part of an overall long-term solution but only a part, only a part of a long-term solution.

Former Assistant Secretary of Defense Richard Perle, in a Washington Post op-ed piece yesterday, listed a series of political actions that could be taken along with any military actions in Iraq. I believe Secretary Perle’s analyses and general recommendations should be taken seriously and I ask unanimous consent that his article be printed in the Record following my remarks.

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

Skeptic Mr. HAGEL. I find that I am asking myself the unescapable question—are we preparing to send our young men and women to war because we just all expect that this is the thing to do because it’s something we’ve done before? That is not good enough. There is something very surreal about all the war talk, and war preparation being played out in this matter of fact tone on issues with which every talk show panelist in the world presenting his or her theories and options on war in Iraq—when most all of them have never been to war, prepared for war or understand the first thing about the horrors of war.

Our national defense is the guarantor of our foreign policy. I don’t know if we have a long term policy on Iraq other than maintaining the U.N. sanctions and enforcing the resolutions, but that’s not a foreign policy. If we are to commence to war, it should be a policy to enforce our foreign policy—just going to war alone is not enough. We must have an overall long term policy to enforce. The reason for war must be connected to more than just short-term sanctions enforcement.

It is my opinion that if we exercise any military option it must be accompanied by and attached to creative geopolitical elements of a comprehensive policy toward Iraq—geopolitical elements such as Secretary Perle listed yesterday. In the long run, how do we realistically get rid of Saddam Hussein? That’s the policy question that we should have been focused on over the last seven years. Sending America to war with one ally is no policy. We can do better. We must do better.

Nations lead from their strength of purpose, self-confidence, and character. As President Teddy Roosevelt once said, “The one indispensable, requisite for both individual and national character,” Allies will follow us if they trust our word and our policy. Bullying allies into submission for agreement is not leadership.

With regard to the immediate situation in Iraq we need to remain focused on the original objective—the full compliance by Saddam Hussein with U.N. Resolution 687. We should not act out of frustration or impatience. We have to stay focused on the objective and not get caught up in overstate expectations to the American people or the world.

For the mothers and fathers, sons and daughters, and loved ones of our men and women in uniform, we must proceed with clear, realist, not with emotion, not with revenge.

There are no good options. Saddam Hussein is intent on building the most vile weapons in the history of man, weapons outlawed by nearly all the countries of the world, and is openly defy the will of the global community. He cannot go unchallenged.

Should diplomatic efforts fail, we will be forced to take additional action to force Saddam Hussein to comply with the unanimous mandate of the U.N. Security Council. As long as this action meets a clear immediate objective, and the level of force is commensurate with that objective, the American people will, come together and be united behind the action taken.

In the future, the American people and the Congress must have a more solid basis for our support. We cannot continue to ricochet from crisis to crisis and call that foreign policy. Our nation must develop a long term, coherent policy not only toward Iraq and Saddam Hussein, but toward the entire Middle East. How are we prepared to deal with Iran? How do we plan to help make meaningful and lasting progress in the Middle East peace process? What are our foreign policy objectives with regard to North Korea, China, Bosnia, Europe, Russia, Asia, and other areas of the world? These policies must be clearly stated and clearly understood by the American people and our adversaries.

As I said in the beginning, these are serious times. These are difficult times. There are no easy answers, only tough challenges and tough questions. They require serious solutions to serious questions from serious people.

Mr. HAGEL. I yield the floor.

**Exhibit 1**

February 9, 1998
This Time, Help Iraqis to Get Rid of Saddam’s Regime

(By Richard Perle; The Washington Post)

The immediate provocation is Saddam Hussein’s defiant attachment to weapons of mass destruction and his interference with U.N. inspectors charged with finding and eliminating them. Given the prospect of chemical and biological weapons in his murderous hands, military action is long overdue.

But the more fundamental threat is Saddam Hussein himself. As long as he remains in power, it is impossible to believe that this threat can be contained. That is why even a massive bombing campaign will fail—unless it is part of an overall comprehensive strategy in which the nascent democratic opposition in Iraq—helping the nascent democratic opposition to transform itself into Iraq’s new government.

Skeptics will argue that the Iraqi National Congress is too frail a reed on which to base a strategy for eliminating Saddam. It is in danger of being swallowed by in-fighting, corruption, and笑脸 among retired Iraqi generals, or another round of inconclusive air strikes.

America, alone if necessary, should encourage, recognize, help finance, arm and protect with airpower a provisionally broad representative of all the people in Iraq.

Such a program would not be easy. But it has a better chance and is a worthy contender than yet another failed effort to organize-and-link together anti-Saddam groups among retired Iraqi generals, or another round of inconclusive air strikes.

There is no repeat, no—no—no repeat of even a carefully conceived and well-executed bombing campaign would eliminate the arsenal of chemical and biological weapons (and the capability to make more of them) that Saddam has hidden away.

There is a real danger that an inadequate bombing campaign, especially if it appeared to be quite selective, would be quickly followed by calls from other nations to lift the U.N. sanctions on the grounds that the danger was over. This would be the ultimate example of winning the battle and losing the war.

A serious Western policy toward Iraq would be aimed at the destruction of Saddam’s regime through a combination of military and political measures—both military and political measures every bit as important as the military ones.

Chief among these would be open support for the Iraqi National Congress and other opposition groups in which all elements of Iraqi society are represented.

To be effective, support for the Iraqi opposition should be comprehensive: support given them in the past has been hopelessly inadequate. In fact, help for the Iraqi opposition, administered in an inept, halfhearted and ineffective way by the CIA, has been the political equivalent of the insubstantial, pin-prick air strikes conducted against targets in Iraq in recent years.

A serious political program would entail five elements:

Washington should, first, recognize the democratic opposition as the legitimate, provisional government in Iraq.

Second, Washington should, first, recognize the democratic opposition as the legitimate, provisional government and support its claim to Iraq’s seat at the United Nations.

It should begin to disburse to the provisional government some of the billions of Iraqi assets frozen after the Kuwait invasion.

It should lift the sanctions on the territory (now principally in the north but likely to spread) not under Saddam Hussein’s control. This would catapult these areas into significant economic growth and attract defectors from within Iraq. Much of Iraq’s oil lies in areas that Saddam controls or over which he would quickly lose control if an opposition government were established there.

It should assist the opposition in taking its message to the Iraqi people by making radio and television transmitters available to them.

It must be prepared to give logistical support and military equipment to the opposition and to use airpower to defend it in the event it controlling.

This is what should have been done in August 1996 when Saddam’s troops and secret police moved into northern Iraq and murdered hundreds of supporters of the opposition Iraqi National Congress. Shamefully, America stood by while people it had supported were lined up and summarily executed.

By Richard Perle; The Washington Post
It has earned American support by the sacrifices of its members. And with American backing it has a chance.

It would be neither wise nor necessary to send ground forces into Iraq when patriotic Iraqis are willing to fight to liberate their own country.

I would not want to be in Saddam's tanks in the narrow defiles of northern Iraq, or in parts of the south, when U.S. airpower commands the skies.

This strategy aims at eliciting a full-blown insurgency, taking off from territory Saddam does not control and spreading as his opponents find security and opportunity in joining with others who wish to liberate Iraq.

There can be no guarantee that it will work. But what is guaranteed not to work is a quick-fix air campaign that leaves him in Iraq.

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

Mr. KYL. Mr. President, I ask unanimous consent to speak for 15 minutes in morning business.

THE SPECIAL COUNSEL

Mr. KYL. Mr. President, I think it is time for some of us in the Congress, particularly some of us who have spent a lifetime in the judicial process, to comment upon what has been occurring. Last few days was with respect to the special counsel investigating the matter of the President and various affairs in which the President may or may not have been involved.

This is a most serious matter and I think the time has come for people who believe in the judicial process, who believe in the rule of law, and who believe ultimately in our justice system in this country, to speak out against those who are deliberately attempting to undermine that process. We have some-
Second, [Kenneth Starr says] the timing of your letter—arriving in the midst of what appears to be an orchestrated plan to deflect and distract this investigation—undermines your expression of outrage.

Certainly I think anyone would have to agree with that, given the fact that it is now an acknowledged fact that the administration has been orchestrating a campaign to discredit Ken Starr. I refer you to the New York Times newspaper article, "President's Aides Expand Offensive to Counter Starr. Prosecutors Denounced As Corrupt and Accused of Leading a Witch Hunt." Somebody has to defend this process.

The third thing that Mr. Starr said in his letter in response to Mr. Kendall was:

We are aware that as of several days ago, the President's defense attorneys had most if not all of the material information (whether true or not) set forth in [Friday's] New York Times article.

This had to do with the leaks. In other words, what Judge Starr was saying is that the President's own lawyers had talked to the people who had testified in the grand jury, at least those people who were connected in any way with the administration, and knew what had been said in the grand jury. The implication, of course, is that it is the White House and its lawyers themselves who could be just as likely the leakers as anyone in the special prosecutor's office. When a witness testifies before the grand jury the witness is not constrained as to what he or she can say thereafter. And you have seen some witnesses go in, testify, and they come out and talk to the press about what they said. So these leaks could be coming from all number of people, from the witnesses themselves to the very people in the White House and the White House lawyers' group who are complaining about the leaks today.

In fact, I would suggest it is most unlikely that the source was Judge Starr's office.

He continues:

In my service as independent counsel, particularly with regard to secrecy of the grand jury, I have insisted on a high commitment to professional conduct. I have expressed this commitment to you repeatedly. From the beginning, I made the prohibition of leaks a principal priority of the office. It is a firing offense that leads to criminal prosecution. In the case of each allegation of improper disclosure, we have thoroughly investigated the facts and reminded the staff that this is the case.

Then Mr. Starr makes clear he has no reason to suspect anyone in his office of leaks after those investigations by saying:

I have no factual basis, as you likewise do not have, even to suspect anyone at this juncture who has engaged in extreme discrimination against these men and women and to the legal profession and the public by your unsupported charges.

Mr. President, I agree with Judge Starr that this does a disservice, both to the people who are doing their best to uphold the laws of the United States and to his effort generally to get to the truth here. He is supervised by the Attorney General of the United States, and he is supervised by a three-judge court, the members of which have been appointed by Presidents Johnson, Nixon and Reagan. If there is any wrongdoing, the only way to get to it is stopped at the appropriate people punished in whatever way is appropriate. But instead, the White House has chosen to make this a media campaign rather than to focus on how any leaks might be stopped within the judicial process.

As a matter of fact, we know, because recently Lucianne Goldberg, one of the people who had access to the tapes, disclosed the fact that she herself had leaked a lot of this information. She had the tapes from Linda Tripp, which were given then to the special prosecutor. So it does not follow that simply because leaks occurred that it had to come from the special prosecutor's office. Indeed, she herself said, "I told people about this. It wasn't Kenneth Starr.

So why then do we have this concerted effort on the part of the President's own lawyer to discredit Judge Starr and his investigation? The reason I would suggest is that the Office of the Independent Counsel can do it in order to cast discredit upon its efforts so that if anything ever comes of the independent counsel's investigation and the President actually has evidence of perjury or obstruction of justice, then it will be previously discredited information.

As I said, I think it is time for those of us who have some respect for the judicial process and for this individual himself, Judge Kenneth Starr, to make it clear to the American people that the judicial process must be respected, must be supported and must be upheld if we are to ensure that justice prevails in this country and that it ought not to be an issue to cast discredit upon those responsible for the system of justice in this country

As I said, there is a process available, if you have evidence that someone in the prosecutor's office has engaged in conduct, to take that to the appropriate authorities, make your case and have them act in the appropriate, responsive fashion. It is not at all certain that the administration is attempting to do in this case.

Let me conclude with this point, Mr. President. I think all of us in the Senate are impressed with the awesome responsibility that we have under the Constitution to withhold our own independent judgment because of the fact that at least, theoretically, there is a potential for an impeachment proceeding in any case involving accusations of the type that have been made in this case.

As I said, I have withheld my judgment, because I have no idea whether these things are true or not, and I am not going to indicate whether I think they are true or not. In fact, I am going to wait until, in effect, the information is presented to us, if it ever is. I think that others need to make that same commitment. Let's see how the facts come out there.

The same thing should be done with respect to Judge Starr. When people say he hasn't produced very much, his investigation has run amok, he is leaking, he can't defend himself. We don't know whether any of these things are true, and he is owed the same sense of justice that the President and anyone else accused is owed; namely, the opportunity to present the facts when the process provides that opportunity.

In due time, Judge Starr will be able to present those facts. At that time, we will know precisely what he has. Until then, I think it is incumbent upon all responsible people in this process to treat the system of independent counsel as they would treat any other system involved in law enforcement or the judicial process, with the respect and the dignity that the office carries.

While I appreciate the fact that defense lawyers will at times stoop to any tactic to get their client off, it means the Office of the Presidency in this case for his lawyers to use the same kind of tactics that the lowest kind of defense lawyers would use in defending a party who is probably guilty of a heinous crime when there is no other defense than to attack the victim's credibility or to attack the prosecutor.

It means the Office of the Presidency. It is time for this administration to treat the prosecutor with the same respect that they are demanding to be treated. I think that those of us who believe in our rule of law and in the system of justice in this country need to stand up and speak out and make that point.

Mr. President, I thank you for the opportunity to speak to this matter this afternoon.

The PRESIDING OFFICER. Under the previous order, the Senator from West Virginia is recognized.

Mr. BYRD. I thank the Chair. I may or may not need all of the 20 minutes, Mr. President. I ask unanimous consent that Mr. Gramm of Texas be recognized for not to exceed 10 minutes following my remarks.

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

ISTEA FUNDING

Mr. BYRD. Mr. President, only 45 session days remain through May 1, the deadline date, beyond which every State will be prohibited by law from obligating new Federal highway or transit funds. This past Thursday, we heard the argument that there is no reason for the Senate to rush to pass the highway bill, because it was said, the House does not plan to act on the highway bill until next month or later.
Well, Mr. President, I have served in the Congress now going on 46 years. I was 6 years in the House, and this is my 40th year in the Senate. I have served both as majority leader and minority leader, as well as majority whip and as Democratic conference chair. I respectfully suggest that the Senate must never let itself be governed by the scheduling preferences of the other body, especially on legislation as important and as urgent as is the highway bill.

I have served in the other body, and so have several other Senators, including the distinguished Senator, Mr. Pat Roberts, who now presides over the Senate with a degree of efficiency and poise and dignity and skill, so rare as a day in June. But all other Senators know, as I do, that the House of Representatives is a very different place with very different rules.

When the House of Representatives takes up the highway bill, the House Rules Committee will report out a bill that will probably limit the number of amendments that will be allowed to be offered and mandate limitations under which those amendments can be debated. The House can well take up the highway bill on a two-day or two days or three days. But who here thinks that the Senate will be able to take up and pass the highway bill in two or three days?

When the Senate takes up the highway bill, Senators, as always, will have the right under the Senate rules, to offer amendments and to have those amendments debated. It will probably take 2 or 3 weeks for the Senate to pass an ISTEA bill. Given all of the competing and contentious amendments that the Senate will likely debate on ISTEA, we should recognize the fact that it will probably take two or three weeks for the Senate to pass an ISTEA bill. One does not have to look further than the Senate that we do not expect to allow ISTEA and address it early in this session. I respectfully suggest that the Senate will likely debate on ISTEA legislation in two days! The President's budget proposes an absolute freeze on highway spending for the next five years. And we know that we ran for the office, campaigned strongly on a platform of investing in the nation's infrastructure. We don't hear that anymore. The President is proposing a freeze on spending while the balances in the highway trust fund skyrocket. Meanwhile, the 15-year ISTEA highway bill, as reported by the Environment and Public Works Committee, will also allow unspent balances of the highway trust fund to pile up year after year after year, while the Nation's highway systems erode year after year after year. Where else, then, but on a highway authorization bill, can the Senate come forward to make an affirmative statement that the expectations for spending on highways over the next six years will go well beyond the freeze levels proposed by the President?

I recognize that there will be disagreements among Senators as to how increased authorization levels for highways can and should be financed. Senator Gramm, one of the sponsors of my amendment, has stated that he is categorically opposed to moving the caps in order to boost spending for highways. We will have that debate through the regular budget and Appropriations process. Mr. President, one thing I am sure of, if we do not get a 6-year ISTEA bill to the floor, and make a statement by the full Senate that we do not expect to allow the unspent balances of highway trust fund to pile up year after year, as the President proposed and as the Environment and Public Works Committee in its reported bill proposes, highways will be nowhere in the upcoming budget debate. We will be debating direct Federal expenditures for child care and other social welfare programs that are being pushed by the administration, while the needs of our Nation's infrastructure will be left out, just as they were left out of the President's budget.

Well, let me make one thing very clearly. The Byrd-Gramm-Baucus should be called up so that those unspent highway balances, at least to the tune of $31 billion, can be authorized to be spent. We will not spend them in the amendment. We only authorize them to be spent. We will not be debating the budget bill. It is the highway bill I am talking about.

In last week's remarks on the floor about the highway authorization bill that was made to the "Highways First" crowd, Mr. President, I plead guilty as charged. I make no apologies for standing on this floor and saying we have been remiss in our national investment in surface transportation. At a time when the ISTEA authorization has expired, and it did expire on last September 30; at a time when the country is just limping along—limping along—on a stopgap highway authorization bill; at a time when the construction season is looming just—just—a few weeks away; at a time when Governors and mayors and highway departments throughout the country need to know just what Federal resources they can count on for this year's budget as well as the long-term forecast plans; at a time when we should be discussing a long-term, 6-year highway authorization bill just as the commitment was made to the Senate and to the country that we would be discussing a long-term ISTEA bill; yes, I believe that first things should come first and that the 6-year highway bill is the first thing that the Senate should be debating, and last November we were told just that. So, yes, I am one of the "Highways First" crowd. Count me in. Count me in.

When 42,000 people are dying on the highways of this country every year, and when we are told by the U.S. Department of Transportation that 30 percent of those highway deaths are caused by outdated safety features, poor pavement quality, substandard road and bridge designs, and other bad road conditions, yes, I am one of the "Highways First" crowd. Count me in! And we hear much from the administration as to how this Nation should better meet our child care needs, and that is quite appropriate. Therefore, I make no apology for taking the floor to point out how the family lives of millions of Americans would be improved if working parents could spend more time at home with their children rather than sit in ever-worsening traffic jams. We hear so much talk about protecting our children and yet, getting children to school to be educated, and to hospitals and to clinics to receive healthcare can't be done with efficiency without safe, modern highways.
Mr. President, it was President Ronald Reagan, who, in January 1983, said, "Common sense tells us that it will not be sexy, but attending to our nation’s transportation system is a basic, fundamental need. It is job one, the first among equals: A fertile soil, busy workshops, and pavement may not be glitzy and prosperous: A fertile soil, busy workshops, and easy conveyance of men and goods from place to place."

Francis Bacon, who went to the tower because he was found guilty—and he admitted it—of accepting bribes, said, "There be three things that make a nation great and prosperous: A fertile soil, busy workshops, and pavement may not be glitzy and prosperous: A fertile soil, busy workshops, and easy conveyance of men and goods from place to place."

Well, it was said on this floor last week, that a few petals with the money on roads, the Government should be involved in spending money were in the field of national defense and in the field of building infrastructure because people cannot do these things by themselves, it was said. The Government said it had to do its part, it was said last week on the floor of this Senate. Well, the unfortunate fact is that the Government has not done its part. The record is replete with evidence that we have not done as good a job as we should have done in maintaining our highway infrastructure. We are letting our National Highway System fall more and more into disrepair. And, as a result, the cost of bringing our highways up to an adequate and safe condition grows by billions of dollars every year.

Mr. President, it was President Ronald Reagan, who, in January 1983, said, "Common sense tells us that it will cost a lot less to keep the [national highway] system we have in good repair, than to let it disintegrate and have to start over from scratch. Clearly—this is former President Reagan talking: I am quoting him—"Clearly, this program is an investment in tomorrow that we must make today." How true.

Ronald Reagan was right. We must make that investment today. The commitment that the highway bill would be brought up at the beginning of this session should be kept, a 6-year ISTEA bill should be made the pending business of the Senate, and it should be done right today or soon, very soon. The highways are getting worse day by day; the time grows shorter day by day; and I hope that the Governors and mayors and highway departments throughout this country—and I am speaking to you out there—I hope that the Governors and mayors and highway departments throughout this country will join in urging the Senate leadership to keep its commitment, so that we can debate this highway bill—it is number one on the Nation’s business list.

Mr. President, how much time do I have remaining?

The PRESIDING OFFICER. The Senator has approximately 2/5 minutes remaining.

Mr. BYRD. I ask unanimous consent that I may reserve that time. The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. GRAMM addressed the Chair. The PRESIDING OFFICER. The Senator from Texas is recognized.

Mr. GRAMM. Mr. President, I want to thank my colleague from West Virginia. In fact, I want to say to him what a great honor it is for me to work with him on this amendment. He made a very strong case just a moment ago about building highways, but I believe the case is stronger yet because there is one factor that I want to make sure that everybody understands that ought at least in the portion of Senator Byrd’s statement that I heard he did not drive home, in my opinion. And that is, it is not just a debate about highways versus other things; it is a debate about basic honesty in Government because, in my opinion, you see, we collect taxes specifically for the purpose of building roads. We do not collect taxes for the purpose of providing child care. We do not collect taxes specifically earmarked for welfare. We do not collect taxes that are dedicated by their source to the United Nations or to foreign aid. But we do collect taxes that are dedicated to highway construction, at least in terms of what Americans believe the policy of Government is and should be. If you go to the filling station this afternoon, and you pull up in your car or truck and you get out and you are pumping gas, while you are standing there, let me urge people to read what it says on the gasoline pump. Basically, what it says on the gasoline pump is, there is good news and bad news. The bad news is that about a third of the cost of a gallon of gasoline in America today is taxes. The good news is, as it says right on the pump, that the consumer is going to build the very roads that you are going to burn up this gasoline riding around on. So it is a user fee. It is a fee you pay in buying gasoline to build the roads that you are going to use. The only problem with that bad news-good news story is the good news is not true. The good news is not true because the Federal Government, beginning in about 1990, started diverting substantial quantities of funds collected on gasoline taxes to other uses.

What we are saying is that this 4.3-cent tax on gasoline, a total of $51 billion in spending authority, we want it on roads. We do not collect taxes specifically earmarked for welfare. We do not collect taxes that are dedicated by their source to the United Nations or foreign aid. But we do collect taxes that are dedicated to highway construction, at least in terms of what Americans believe the policy of Government is and should be. If you go to the filling station this afternoon, and you pull up in your car or truck and you get out and you are pumping gas, while you are standing there, let me urge people to read what it says on the gasoline pump. Basically, what it says on the gasoline pump is, there is good news and bad news. The bad news is that about a third of the cost of a gallon of gasoline in America today is taxes. The good news is, as it says right on the pump, that the consumer is going to build the very roads that you are going to burn up this gasoline riding around on. So it is a user fee. It is a fee you pay in buying gasoline to build the roads that you are going to use. The only problem with that bad news-good news story is the good news is not true. The good news is not true because the Federal Government, beginning in about 1990, started diverting substantial quantities of funds collected on gasoline taxes to other uses.

Some of it occurred by just letting surpluses in the highway trust fund, which under a unified budget in the total level of spending we could have by running this surplus in the trust fund, that let Government spend that money on thousands of other things. We were successful, as I noted earlier—well, last year; that went into effect on January 1—of being sure that every cent of gasoline taxes, just as the gasoline pump says, goes into the highway trust fund.

Now, under the bill that will be before us when we get an opportunity to consider it, the surplus in the highway trust fund, if my amendment with Senator Byrd was not adopted, would grow from $23.7 billion to $90 billion. In other words, over the 6 years that highway trust fund would be in effect, we would be collecting, in total, looking at all we have already done plus what would occur during that period, $90 billion that we are telling the American people that we spent on highways and in reality would be spent on something else.

Here is what Senator Byrd and I are saying: You have already spent this $23.7 billion, and we are not asking for it back; in fact, we are saying that we are going to let the surplus grow under our amendment from $23.7 billion that should have been spent on roads to $90 billion, and that that money will be available, therefore, for general budget uses.

What we are saying is that this 4.3-cent tax on gasoline, a total of $51 billion in spending authority, we want it on roads. We have liked this— and I am sure some of my colleagues don’t like the analogy, but I think it fits perfectly—I have likened our opposition to cattle rustlers. What they have been doing, as you can see from this chart, they have been rustling our money. They have been taking money that has been collected in taxes on gasoline, put into the highway trust fund to spend on roads, and they have been spending it on other things. In any
BYRD's cattle and my cattle. We call ways, we are going to lose the ability grams, on everything other than high-

$90 billion, and if we don't get to spend we already got the $23.7 billion and we are going to let it build up to $39 bil-

ling, keep the $23.7 billion. In fact, we are saying about is the following: We are say-

striking anybody dead. All we are talk-

tivity that he struck him dead and 

The Lord thought so little of that ac-

the young church, Ananias makes a big 

Bible of Ananias in the book of Acts. In 

of our opponents of the story in the 

might actually go to jail for doing 

on the highway bill. 

Finally, on that issue, the Presi-

ter's bill, like the bill before the Sen-

money that is currently collected.

is not, ``Thank you for not hanging me, 

ber of stealing. You can't steal any cat-

and we say, ``You stole these cattle, 

the sheriff out. We confront the guy, 

and we are letting you keep on stealing 

and we are going to lose the ability to 

spend that money.''

Well, it reminds me of a cattle rus-

ter who has been stealing Senator BYRD's cattle and my cattle. We call the sheriff on. We confront the guy, 

we are going to let these cattle, and you have to limit the num-

You can't steal any cat-

tle out of this pasture." Their response is not, "Thank you for not hanging me, 

thing I have been doing"; their re-

is, "Where are we going to get this 

extra beef?"

That is not our problem. That is 

their problem. They shouldn't have 

been spending this money out of the 

highway trust fund to begin with.

Now, let me turn to several points I 

want to make. First of all, if we don't 

pass this amendment, we are going to 

be locked into this highway bill for the 

next 6 years with mounting infrastruc-

ture needs all over the country and 

with tens of billions of dollars col-

lected in gasoline taxes that will be 

spent on something else.

If the American people had a vote on 

our amendment of whether to require 

that gasoline taxes that are collected for 

the purpose of building roads be spent on roads and only on roads, I can't imagine that many people would 

oppose this provision. But we are only 

going to have the chance in the next 6 

years to do something about it, and 

that is on the highway bill.

Now, those who oppose our amend-

ment, those who want to spend that $90 billion on everything but roads say, "Don't bring up the highway bill now, let us deal with the budget first." Now, they are trying to play on the confu-

sion. Senator BYRD and I have spoken 

many times, and we will speak many 

more times until this is settled and 

until we have prevailed on this issue. 

But they are trying to play on that con-

fusion. They are trying to act as if the 

proposal the President has made about 

expanding child care or the President 

has made about building schools or hir-

ing teachers or any of the literally 

hundreds of programs he has proposed 

to increase spending, $330 billion worth of spending, they act as if somehow 

that is equivalent to what we are talk-

ing about. The President says their two 

percent isn't spending. All they want to 

talk about is the following: We are say-

ning that is equivalent to what we are talking about. The Presi-

dent is talking about increasing the 

total level of spending. We are talking about debating how to spend the 

money that is currently collected.

Well, we have a twofold concern that 

is dedicated to building highways, and all we are saying is this is not a budget issue. This is an issue of honesty in Govern-

ment and highway construction. All we are asking is that the money collected in gasoline taxes be spent on highways. In 

terms of setting spending levels, that is something we ought to do in the budget and decide what the total level of spending next year is going to be. Then any individual Senator—and obvi-

ously the majority—will make a de-

cision as to what they want to do. But this is not a budget issue. This is a highway issue and it has to do with spending money for the purpose that money is collected. So, we don't want this to be commingled with the budget. The two points every Member 

are asking we do here, which is basically a truth-in-Government provision where you collect money on gasoline taxes, 

tell people it is going to highways, but you don't do it. We want to fix that. We are talking about a proposal that is a genuine way to raise the total level of spending in the Federal budget. We don't believe the two should be 

commingled. 

Let me turn very briefly to two other issues that a big deal has been made out of, and all of our colleagues will 

hear about it. I want to be sure people understand it. I want to start with the Appalachian program. That program 

started in 1965. It has been part of the highway bill since then. The President's highway bill, like ours, di-

vides money into two parts, the 90 per-

cent that goes directly to the States, the 10 percent that is spent by the Sec-

retary. Under the President's budget, 1.6 percent of the highway bill is dedi-

cated to the 13 States that make up Appalachia as part of a program that was 

authorized in 1965. 

Now, those who oppose our amend-

ment, say their amendment provides 

that. There is no equivalence. Under the President's budget, 1.6 percent goes to the States; we provide 7.5 percent to 

those 13 States out of the Secretary's 

discretionary funds, what the Presi-

dent provides, 1.6 percent to those 13 States; we provide 1.4 percent to those 13 States.

Finally, on that issue, the Presi-

dent's bill, like the bill before the Sen-

ate, has this strange provision that says that if there is a shortfall of funds in the trust fund and we have 

a shortage of money, that we cut the States first. Senator BYRD and I 

changed that in our amendment. We 
treat the Secretary's funds equivalent 

to the States' funds. So from the point 
of view of this issue, the issue of Appa-
lachia, it is always easy, obviously, in 

these complicated bills to confuse peo-

ple. But the two points every Member 

of the Senate should understand is that 

as a percentage of the highway bill, 

less money is going to the 13 States of 

Appalachia in the program, which 
dates back to 1965, under the Presi-

dent's amendment eliminates a terri-

ble iniquity, which says, if there is a shortfall of funds, what the Secretary has discretion over 

is funded first. We eliminate that. 

A final point, and I will be finished, 

is that one of our critics has said that 

our bill funds interstate corridors of 

international trade and border infra-

structure. This was called for under NAFTA. Interestingly enough, the bill 

that is before the Senate, the highway 

bills—and we wish was before the Senate—provides $750 million to fulfill the 

commitments made in NAFTA only by a sleight-of-hand. It provides no real 

authorization for the money to be used. So they tell you they are provid-

ing $750 million. You can read it right in their bill. But elsewhere they have a provision which renders that nonexist-

ent. We have provided $450 million which is real. So in reality they claim to be providing more than we are, but 

their complaint is we are basically doing it; whereas they were basically misleading people about what 

they were doing. So I want people to under-

stand this issue.

We need to get on with the highway bill. We have work to do. We are run-

ning out of time. The highway bill is 

going to expire. Road construction is 

going to stop all over the country. We 

need to bring this highway bill up and 

do it now so that we can work with 

Governors, our mayors, the people who 

build highways, the people who use 

highways, we need to hear from you in 

this debate because your interests are at 

stake.

Mr. BYRD. Mr. President, I ask unan-

imous consent that my reserved 2 1/2 

minutes be reduced to 30 seconds, and I 

wish the Senator would add to the list of cosponsors. I believe he has two add-

ional Senators on this side.

Mr. GRAMM. We have gotten the 

commitment, I think, in writing from 

Senator THOMAS; that brings us up to 

51. We have one other Member who has 
said verbally they want to cosponsor, 

but I want to wait until we get that in 

writing.

The point in the 30 seconds is that 

this is the first legitimate bipartisan 

effort in this Congress. We have 51 co-

bipartisan leadership to do what the 

President says the President doesn't 

have any influence over.
Mr. MCCAIN. Mr. President, a decision to send our military personnel into combat is the most serious policymakers can make. We do not or should not cavalierly discuss military options without losing sight of the human dimension that people, whether our own uniformed personnel or innocent civilians in the country against which we take action, will die.

We were correct to strike Libya in 1986, although we mourned the loss of lives of innocent people whose sole crime was to live in a dictatorship that provoked us. We were correct to liberate Grenada and Panama, despite the loss of life that accompanied those conflicts. And we were correct to conduct overwhelming airstrikes against Iraq in order to evict it from Kuwait in 1990. Mr. Hussein is impervious to any peaceful effort at resolution of the ongoing conflict. There is every reason to believe that Iraq continues to possess biological and biological weapons and the means to deliver them. There is no indication that it aspire to live in peace with its neighbors; on the contrary, I have no doubt that if the opportunity arose, it would again attempt to retake Kuwait. It certainly aspires to participate in the destruction of Israel.

The time for talk may be over. The chairman of the U.N. Special Commission has thrown up his hands in dismay. The approaching option is the only viable military option is to strike Iraq. The threat posed by Saddam Hussein against Saudi Arabia as well as every other country in the region, however, argues forcefully for the government in Riyadh to be more openly supportive of our measures and to communicate to their people the simple fact that measures against Iraq occur solely because of that country's belligerent and unlawful stance.

The military option, should it be chosen, must be designed to accomplish meaningful military objectives. Restraints on targeting intended to minimize criticism from other nations, whether friends, allies or potential foes, will have the effect of reducing the likelihood that objectives will be accomplished. It is clear that the United States will be widely criticized by some of our allies should in the event of an attack on Iraq. As stated, if little comfort that some of those governments that criticize us publicly applaud us privately, as their populations take their cue from the public posture. Iraq has provided every incentive for us to strike, and we must not squander the opportunity to eliminate its weapons of mass destruction from the region by tailoring military actions to minimize the political outcry that will follow. Leadership and responsibility minimize criticism from other nations, must be designed to accomplish significant targets, will once again prove conclusively effective at defeating such elements in the past, and I am under no
Illusions about the scale of the effort required to get the job done. It is an effort, however, that must be made. Considerable opposition to Saddam and his family exists inside Iraq and, particularly, among exiled dissident groups. The Administration should organize a more concerted effort at unifying these dissident elements and providing the logistical support needed to bring about the collapse of Saddam’s regime.

Financial support toward this end is already at hand in the form of Iraqi assets frozen after its invasion of Kuwait. The current and future Administrations should budget appropriately for the costs of such an operation within the international operations discretionary portion of the federal budget—not out of a defense budget already suffering the effects of seeing resources diverted to various contingency operations.

I do not adopt this stance lightly. On the contrary, I wish there were another way, but I know there is not. I regret very much that American personnel may lose their lives in any military operation we launch against Iraq and I mourn the loss of those innocent Iraqis who want nothing more than to live in peace. But Saddam Hussein has left us no choice.

Mr. President, it is imperative that this body convey to the President the support he needs in this time of domestic political crisis to employ the level of force necessary to bring closure to the situation with Iraq. For that to happen, though, the President and I will ask Congress for its support, not just welcome it if and when it comes. Politics stops at the water’s edge, it is often said in discussions of foreign policy. We are at the water’s edge, and the currents are threatening to sweep away U.S. credibility in the very region where we can least afford for that to happen. Vital U.S. interests are at stake, and it is time to act.

I yield the floor.

AID TO AFRICA

Mr. ASHCROFT. Mr. President, I rise today to acknowledge and honor the achievement of Assist International, World Serv, the Hewlett Packard Foundation, and the Erie Area Chamber of Commerce in delivering medical aid to the people of Ethiopia. This group of organizations has worked to provide medical equipment to Ethiopia that can save hundreds of lives. This generous gift, valued at over one million dollars, will bring hope and health to many in Ethiopia.

These organizations and the concerned Americans associated with them have demonstrated the true spirit of charity. The group cooperatively has donated a state-of-the-art cardiac heart monitoring unit to the Black Lion Hospital—Ethiopia’s leading teaching medical facility. In addition to the cardiac unit, beds, mattresses, and other surgical support equipment will be provided.

World Serv and Assist International have a strong history of providing humanitarian aid to relieve human suffering in needy countries. Assist International donated medical equipment to a site in Mongolia which was then approved by the World Health Organization to perform open heart surgery. The Hewlett Packard Foundation donated the medical equipment in the Black Lion Project in its goal to ease human suffering internationally. Finally, the Chamber of Commerce of Erie, Pennsylvania, has joined together with the other organizations and has raised the funding for transportation, installation, and training costs of this project. Specifically, I commend the Erie Area Chamber of Commerce for this cooperative effort and for holding the third annual “Aid to Africa” banquet to raise funds for humanitarian projects.

The Black Lion project is an example of the compassion and generosity that other countries appreciate and admire in the United States. It gives me great pleasure as the chairman of the Senate Foreign Relations Africa Subcommittee to know that Americans are finding ways within the private sector to aid other countries in Africa. It is my pleasure to ask the members of the Senate to join me in recognizing and honoring the work of the members and staff of Assist International, World Serv, the Hewlett Packard Foundation, and the Erie Area Chamber of Commerce.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

NOMINATION OF DAVID SATCHER, OF TENNESSEE, TO BE AN ASSISTANT SECRETARY OF HEALTH AND HUMAN SERVICES, MEDICAL DIRECTOR OF THE PUBLIC HEALTH SERVICE, AND SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE.

The PRESIDING OFFICER. The clerk will report the business pending before the Senate.

The legislative clerk read the nomination of David Satcher, of Tennessee, to be an Assistant Secretary of Health and Human Services, Medical Director of the Public Health Service, and Surgeon General of the Public Health Service.

The PRESIDING OFFICER. Who yields time?

Mr. ASHCROFT addressed the Chair.

The PRESIDING OFFICER. The Senator from Missouri is recognized.

Mr. ASHCROFT. Mr. President, I yield myself as much time as I may consume.

Mr. President, the nomination of David Satcher for U.S. Surgeon General has been a matter of significant discussion over the last several days. I would like to indicate that I rise to oppose this nomination. There are a number of very important reasons why I believe we should not confirm this nominee.

During the last several days of discussion here on the Senate floor, we have gone through a number of topics, none of which reveals a record that would recommend Dr. Satcher to be the Surgeon General of the United States of America, none of which would lead this individual ought to be America’s family doctor.

We looked at the Third World AIDS studies that have been conducted and that are ongoing under Dr. Satcher’s supervision at the Centers for Disease Control. You will remember that those Third World AIDS studies were the subject of an editorial in the New England Journal of Medicine, which has simply said that those studies are not being ethically conducted, that as a matter of fact, the studies were unethical. In short, the New England Journal of Medicine says that to give people sugar pills, or placebos, when there is a clearly understood effective therapy that is available, pharmaceutically or otherwise, is unethical, and that has been the position of the CDC in this situation. They have simply persisted with the administration of placebos, or sugar pills, for individuals, in spite of the fact that the proven therapy available that should be or could be given to those individuals. It has been clear, even in the words, I believe, of Dr. Satcher himself, that these are studies that could not be conducted in the United States. It is simply that we don’t treat human beings as laboratory subjects—to give them a placebo when there is a known therapy in this country. So the first thing we discussed pretty substantially last week were the Third World AIDS studies. In these studies the activities of the CDC, under Dr. Satcher, had been, conclusively, I think in my judgment, and at least very strongly by the New England Journal of Medicine, as unethical. They were called unethical because, in the face of known therapy, individuals were just given sugar pills, even though we know that an infection or a virus like HIV is often considered a fatal virus.

The second item of concern related to the way in which Dr. Satcher has conducted himself as the head of the CDC has related to domestic newborn AIDS studies. In the eighties, there was a program to test the blood of newborns. It was conducted against the advice of the CDC director, who had determined that the only appropriate test to conduct after identifying marks were taken off the blood samples so that researchers just found out what percentage of the samples were HIV-infected. Researchers kept that for epidemiological reasons or for statistical purposes, in order to find out in a particular community what percentage of the newborns were being born with HIV.

Now, since that study began, and during the pendency of Dr. Satcher’s tenure at Centers for Disease Control, new
therapies have been developed that could maybe make a difference for some of these children. But Dr. Satcher persisted in doing the tests after the markings were taken off the blood samples, so that no one would be able to know exactly what had been done and which didn’t. We just continued to assemble the statistical data in the blind newborn studies.

There are individuals who have raised very serious questions about this. There has been very prominent in the AIDS research community and in the medical community. These individuals say it’s one thing to maintain a statistical basis if there is no known therapy, if there is nothing you can do, but it is another thing after a therapy is found to continue forward in a situation where you don’t take the identifying characteristics for the blood and you just persist and then you don’t notify—so you don’t have any information to give to parents because you have taken off the names and the identifying characteristics away from the blood. That was irresponsible. As you well know, there was quite a controversy in the Congress about that. And that whole program has been shut down.

But my view is that the leading doctor for American families should have a view toward how to help families understand how to improve their health standing. When there is a therapy that becomes available, one should not persist in the maintenance of nameless statistical records and epidemiological data. One should try quickly to get that data to the people so that they can arrest the development of the disease in their children, so they can take remedial steps. And not only did Dr. Satcher preside over a continuity in the program that ignored the potential therapies, but also when the Congress came in to shut down a program designed for statistics which ignored the potential for helping individuals. Dr. Satcher sought to stop the Congress and lobbied the Congress to allow it to continue.

I have discussed these two issues: The HIV studies in Africa and the HIV studies on newborns in the United States with the epidemiological data and statistics about how many in each town were HIV infected.

I think it is important for us to understand how to improve their health standing. The CDC has decided that sig- nificant changes must be made in the way that the Centers for Disease Control is operating. As LARRY CRAIG, the Senator from Idaho, has eloquently argued on this floor, the second amendment to the Constitution—the right to bear arms—is not an epidemic. The second amendment to the Constitution of the United States is not a disease. We really do not intend for the Centers for Disease Control to be involved in some debate about the politically correct response to support or to oppose gun ownership. The Centers for Disease Control should focus its energy and deploy its resources in a way that will help American families have greater health and will help them maintain freedom from disease and the threats that real health problems can bring to them.

Those are an array of issues which I think will be discussed again today, and have been discussed in this debate at some level. But I would like to focus my remarks on one additional matter for the next few minutes in this debate. It is simply this: That a Surgeon General who sanctions partial-birth abortions is unfit to serve the people of the United States or Surgeon General who acquires in partial-birth abortions is unfit to serve as the family doctor for the people of this country.

Dr. Satcher, in a letter of October 28th, 1997, to Senator FRIST, said the following: I have no intention of using the positions of Assistant Secretary for Health and Surgeon General to promote issues related to abortion. I want to use these positions to focus on issues that unite Americans, not divide them.

Satcher goes on in his letter: As a family physician, medical educator, and public health leader, I have devoted my career to mainstream consensus building efforts to improve the health of the American people.

Yet, Dr. Satcher has stated that he supports the President’s position regarding partial-birth abortion. On October 21, 1997, in response to Senator COATS of Indiana, Dr. Satcher stated that he supports the President’s position on partial-birth abortion.

Mr. President, is that a mainstream consensus building position shared by America? Is the position of President Clinton mainstream? Is that position supported by most Americans? Does it build consensus? Thankfully not. This is pretty clear.

A recent CNN-Times poll reveals that fully 7 out of every 4 Americans believe that partial-birth abortion is wrong. Nonetheless, President Clinton, Dr. Satcher, and their allies on Capitol Hill persist. The suggestion that Dr. Satcher is only going to do things that are mainstream to build consensus is immediately belied by his performance on this issue.

Lest there be any confusion, we are talking about an abortion procedure that allows a child to be partially born from a mother’s womb only to have its skull crushed by a doctor who pledged to “do no harm.” Most Americans by now understand the horrors of partial-birth abortion. They understand that this is a late-term abortion. They understand that these abortions are conducted in a way that results in the child being born 80 to 90 percent, and while just a small portion of the child remains in the mother’s body, the child is then killed. This procedure occurs at a time in the pregnancy when the child could survive outside the mother’s womb.

One of the things that really strikes me is that partial-birth abortion is revealed on a continuing basis by science.
to be less and less acceptable in the American culture, because there are so many things known today that weren't known a few years ago. We held hearings in the Senate Judiciary Committee, Constitution Subcommittee on Abortion, and I think that these changes that we have seen in the past few years is that there are many individuals who are subject to partial-birth abortion have an increased sensitivity to pain.

So much of the argument surrounding abortion has alleged that these children can feel no pain, that it is not a person, that this is just a group of cells, and this is not anything to be concerned about. As technology progresses, science reveals that indeed these young, preborn children are very sensitive to pain. I just wanted to point out that in our hearings Dr. Wright made a very compelling presentation about the nature of this pain. The way they found out about pain in preborn infants came via techniques that have been developed for doing surgery on preborn infants. When these surgeries are performed they sometimes measure things like blood pressure and the level of hormones and other substances in the blood. And when a person is undergoing pain, his blood pressure goes up. When a person is undergoing pain, that person's blood composition changes in response to pain.

Medical personnel have noticed, both when they are doing surgeries on preborn infants inside the mother and when they withdraw the child from the mother for later placing it back in the womb to do surgery, that the elevation in the pain levels of these preborn infants is highly substantial, at least as seen in the indicators that are associated with pain. So that the child's blood pressure goes up very substantially and the blood's hormonal content goes up. As a matter of fact, it is not a suggestion that preborn infants feel pain less than full-term infants and newborns. It looks as if prior to being born the sensitivity to pain is higher than it is once one is born. That would make sense because the preborn infant is not accustomed to being knocked around or invaded or cut on or otherwise injured. So the child's sensitivity is very high.

With that in mind, I think this knowledge just dramatizes the whole issue of partial-birth abortion—this issue. And when a late-term child, with drawing that child substantially from the mother, and then destroying that child, which otherwise could survive with the kind of medical help that is frequently attendant to premature birth.

Dr. Satcher says that he has a mainstream approach and that he is going to pursue consensus, but he indicates that he favors these kinds of abortions. I just do not think that is a very unifying approach. I don't think it is the kind of view that is reflected in the mainstream of America. But not only is Dr. Satcher's view outside the mainstream of America, Dr. Satcher's view is contrary to the kind of consensus that has been achieved emphatically that there are no health reasons or health justifications for performing partial-birth abortions. The American Medical Association opposes the procedure. I have to leave it to the AMA, in the face of their opposition to this procedure which Dr. Satcher is willing to embrace, to explain why they would support Dr. Satcher, and I would leave it to them to explain the inconsistency which I believe that particular position reveals.

The group called the Physicians Ad Hoc Coalition for Truth is a nationwide coalition of doctors now numbering over 600 members. This organization represents those who believe that there is no medical need or justification for the partial birth abortion procedure and that it should be banned. So we have a clear indication that not only is partial-birth abortion in the mind of the public improper—three out of four people do not support it—but groups as diverse as the American Medical Association and the Physicians Ad Hoc Coalition for Truth say there is no reason for it and reject it. Of course, as I indicated, testimony from Jean Wright of Emory University about pain in preborn infants provides another basis for the American people to say this isn't the kind of thing we want to support. Dr. Roy C. Stringfellow of Colorado wrote:

President Clinton's medical reasoning for his stance on partial-birth abortion has been clearly shown to be flawed and not in any way in touch with reality.

I am sure Dr. Satcher understands this, and I am sure he is aware of the fact that the AMA as well as many other medical groups and medical experts have recognized President Clinton's flawed reasoning. It concerns me greatly that Dr. Satcher does not have the courage to take an appropriate stance in regard to this issue. If he cannot be trusted to take the side of medical reality versus political expediency in this case, how can we trust him to fulfill the office of Surgeon General?

We haven't had a Surgeon General for 3 years. We did not have a Surgeon General for 3 years because the last Surgeon General was so irresponsible, so outspoken as to literally wage an attack on just the kind of the values of the American people and on the values of the medical community. But I do not think we need a Surgeon General so badly that we will have to embrace a Surgeon General who will be politically instead of medically correct. And I don't think anyone who supports widely-opposed medical issues that are as clear, convincing, and consensus oriented as partial-birth abortion, who will just defer to what political bosses dictate in that respect, should be elevated to such a position of high trust and respect as Surgeon General.

I have just a few exemplary letters that I will be reading. I will be reading by individuals from all across the country, from Massachusetts, Colorado and Montana to Florida and Louisiana. Dr. Helen T. Jackson of Brookline, MA, shares a concern.

As a practicing obstetrician and gynecologist, I hereby state that there is no place in medicine for partial-birth abortion. This is a barbaric procedure which should not be accepted in any civilized society. No Surgeon General should be a rubber stamp for the President's position.

This is not just a question here about partial-birth abortion. This becomes a question. I believe that the President is willing to go against the best of medicine in order to cave in to political demands from the President on an issue so important as the life and death of unborn children by partial-birth abortion. I think we have to ask ourselves, will we get the kind of advice and help from the Surgeon General that we need and want?

Dr. Douglas B. Boyette wrote:

I strongly urge you and your colleagues in the Senate to let the President know that this nation deserves a physician of the highest caliber, not a politician, to serve as Surgeon General of the United States. I think Dr. Lane would reflect the concerns of a lot of people in this country. Sure, we would be glad to respond to someone as our America's family doctor, as our leader in terms of health concerns, but there is nothing more important between the doctor and the patient than the responsibility of trust. You would hate to think you were going to your doctor and, instead of getting good medical advice, were getting political advice. The American people want a doctor to lead us to better health, not to parrot politics. I agree with the letter of Dr. John Lane of Great Falls, MT, when it says, "The Nation deserves a Surgeon General of the highest caliber, not a politician, to serve as the Surgeon General of the United States."

I think it is pretty clear that we owe a duty of responsibility to the American people and this courageous letter delibs us to make sure that we do not confirm someone who is going to advance a political agenda rather than a health agenda.
Too often I think a lot of people realize this. They feel there are going to be political health agendas instead of the real health agendas. People have had reservations about the way the research funds of the United States have been allocated. People have been faced with the question of whether they would compromise the lives of children instead of the resources about what has been done in terms of trying to conquer various diseases. It seems to them that some diseases are more politically popular and get a lot of support and research dollars, and others that a few number of dollars might really save far more lives somewhere else or might be devoted to developing a promising therapy which is on the verge of complete development and discovery. But, instead, politicians take the resources and redirect them toward political objectives or to political constituencies instead of having the resources directed in the areas of real medical assistance.

In a setting like this, we should find out whether an individual is going to be subject to political exigencies or whether the individual is going to take the direction of medicine. I think a real question has been raised here where the reputation of the American Medical Association position on partial-birth abortion, repudiating the advice of the overwhelming number of experts that it is never medically indicated, the proposed Surgeon General of the United States decides to embrace a political position of the President rather than to advocate a medical position for the people. That is troublesome.

Or consider the letter of Peggy B. James, clinical assistant professor at the University of Florida College of Medicine:

As a physician practicing for the past 17 years, and as a mother of three children, one of whom was delivered very early and was very ill but is doing very well now, I am abhorred that Dr. Satcher’s confirmation may take place.

Here you have a clinical assistant professor of a mother, a medical doctor, who has had experience—one of her own three children born very ill and very early, but doing very well now— who understands the tangibility of a child that is not born at full and the tangibility of its survival. She is, frankly, shocked that a person might be endowed with the mantle of respect to lead America in health decisions who favors allowing the destruction of such children rather than trying to protect them. “I am abhorred,” she says, “that [the confirmation] may take place.”

One more letter. Finally, W.A. Krotoski, a retired medical director of the U.S. Public Health Service, living in Louisianna, asserted:

The position of Surgeon General of the United States is too important to place in the hands of people who are willing to deny the medical facts. Should Dr. Satcher be selected, he will have enormous influence over the dedicated group of health care professionals who constitute the U.S. Public Health Service. Please don’t allow this influence to be that of denied integrity regarding human life.

It is not a matter of minor consequence. The opportunity of the Senate in confirmation hearings is a sobering opportunity, and it is not a matter of pleasure to come to the floor to say that we can and ought do better and that there is someone who is a physician above being a politician, someone who will lead us to better health rather than reinforce the politics of an administration. I think that is something we are owed and something for which we ought to aspire.

So I read through these letters from Dr. Stringfellow, Dr. Jackson, Dr. Boyette, Dr. Lane, Dr. James, and Dr. Krotoski. These are letters which speak about the mainstream medical community’s understanding, and they call us to our highest and best. They diagnose something. The best diagnosis is the diagnosis that is in advance; it doesn’t wait until you get the disease. It says, if you persist in a kind of behavior, you will find yourself in a sub-standard position.

This is what we have here. We invite someone to be the health leader for the United States of America whose commitment, when push comes to shove, is to politics over health, or at least who will seek to accommodate the political position of the President on partial-birth abortion, rather than someone who is willing to stand up and say what is true in the hearts and minds of mainstream and what is true in terms of the medical community. I think that kind of diagnosis by these physicians is very helpful. We should heed the warnings of these doctors. In a sense it is a health warning.

Mr. President, what message would we send by embracing a Surgeon General nominee who would support such barbarism? What does it say about who we are? What does it say about the moral condition of our Nation, when the Surgeon General, in the face of the American Medical Association and in the face of expert medical testimony, would seek to put a political position in place, or would reinforce that political position? He may say, well, I am not going to be there to talk aggressively on this issue. I am not going to be there to make a big thing over abortion.

I can assure you that when the debate comes to the floor of the Senate, the Surgeon General’s position will be interesting. I am not sure that there would be an opportunity for a person to be Surgeon General and not lead on an issue this important, whose position would be inconsequential on a position this important, would simply be to deny what the responsibility of the job is. The job is to lead. The job is to lead toward better health. And if a person is willing to put politics above better health in situations like this and say we are not going to emphasize it, I do not believe a person really is saying they understand what the nature of the job is.

There has been and there will be more talk of what Tuesday’s vote signifies. The New York Times suggested that this is a fight about abortion. They put it this way: Conservatives want to block this highly respected nominee because of his mildly stated opposition to partial-birth abortion.

Well, frankly, this is about partial-birth abortion. This is about whether we are going to allow an individual with the title, prestige, impact and influence of the Surgeon General of the United States of America who is willing to support partial-birth abortion against the will of the American people and against the wisdom of America’s medical community.

Now, there are other issues involved here. It is not exclusively about abortion, but it is about abortion. The New York Times is right. It suggests that it is about abortion, and, Mr. President, this is about abortion. It is about partial-birth abortion, a procedure so cruel, a procedure so inhumane, a procedure the barbarism of which is so significant that rational support is hard to generate. I do not believe that reasonable and rational support can be accomplished if this procedure itself defies that kind of support. This nomination is about whether a man who championed this horrific act is fit to serve as the Nation’s family doctor. I am a little bit troubled by the phrase in the New York Times editorial, “mildly stated.” It has been stated on the Senate floor, I believe by the senior Senator from New York, that this procedure is “infanticide.”

I wonder if the New York Times believes that if someone just mildly states their support for infanticide that makes infanticide appropriate? I wonder if we had a mild statement in support of genocide, whether that would make genocide acceptable? You know, mild statements sometimes cover over the most serious of circumstances. I remember a Presidential nominee who resolved that abortion should be safe, rare and legal—a pretty mild statement. But it is the same procedure who has voted for bans on the barbaric procedure known as partial-birth abortion. If my time as Governor and Senator have taught me anything it is this, that government and its officials teach. Teaching that partial-birth abortion is acceptable is wrong.

There is a struggle in the country. There is an idea that our young people do not have the right view of themselves. They do not have the kind of esteem which we would like young people to have. Somehow, our children do not have the kind of self-image, according to a number of individuals, that we would want them to have. Maybe we need to get to the right kind of esteem and self-image in children when we indicate to them that they can be survivable, and they can be substantially born, but it’s still OK and appropriate if someone wants to destroy them at that stage of their existence.

If we want to teach children self-esteem, maybe we should begin to esteem
children a little more ourselves. In the absence of the right value for children to place on their own lives, maybe we should seek to place a greater value on the lives of children ourselves. I think America deserves better than a Surgeon General so desperately needs it. I would sanction and support partial-birth abortion. A man who would sanction and support partial-birth abortion cannot provide the moral leadership that the office of Surgeon General so desperately needs it.

Mr. President, I thank you for this opportunity to open this debate. I believe more than anything else, America needs a Surgeon General who will tell the American people the truth; whose efforts in the Surgeon General's office will not be to protect the political agenda of any individual but will be to help the health agenda of the American people. When we are offered individuals who are willing to go in the face of the American Association of Obstetricians and Gynecologists, the medical community to support partial-birth abortion and support the President rather than the health concerns of the country, I think there are a clear symptom of a problem which we would rather turn a blind eye to. The best way to avoid that problem is to insist on better for the United States of America.

I want to turn our attention to the nomination of Dr. David Satcher.

As I sat here for the last 15 or 20 minutes listening to my colleague, I couldn't help but think how frustrating it must have been, even for Lincoln in the time of the Civil War, basically having the courage to take on the issue of slavery. Ironically, it led to the destruction of one political party. The Republican Party was formed in opposition to slavery. In those days, people refused to stand up on principle and lost a political party. I do not know if there is a lesson to be learned here, but it is certainly one which we ought to give serious consideration.

I know how the Senator feels because for many hours I stood here on the floor, in 1995, and took abuse from the national media, I still do. I have used information from the national media, and many in the media in my own State, for pointing out what this procedure is and how horrible it is and how wrong it is. But I believe now that there are many out there who fight hard to keep us from being told the truth on this issue. I want to get into that in a little more detail later, about just exactly what happened. But let me say on behalf of many, thank you for your leadership and stepping into the breach.

As you know, there are many people who did not want us to make an issue of this; who wanted this nomination to slip by quietly so people wouldn't be embarrassed by having to vote on the Satcher nomination. But let me point out that the Surgeon General is America's family doctor. That is what he or she is supposed to be. When you go to see your family doctor you look for competence. You might even want to take a look on the wall to see what his qualifications are, see where he studied. You certainly want to look for expertise. You want to look for somebody who works hard, who does a good job.

You also want someone with moral authority. I know Dr. Satcher has a very distinguished record. But I ask whether or not, on an issue as important as this, a more aggressive is sufficient. Is it sufficient to say that you are not going to make an issue of partial-birth abortion if you are the Surgeon General, to say that you are not going to crusade for it, that you are just going to be passively for it? That is not good enough. That is not good enough.

You want somebody who is grounded in common sense, who knows and understands the difference between right and wrong. That is why I am here today. This bill has been brought through the process two or three times, through the House, the Senate, up to the President's desk and vetoed. We are talking about saving lives, not taking lives. We are talking about taking lives here. Make no mistake about it.

I was in a debate with a colleague on the floor of the Senate a few years ago, in which this particular Senator said he had studied this issue very carefully and he realized that, until the third month, the fetus wasn't a person. I asked him if he could tell me what it was, then, for the first 3 months? There can be an answer? For the first 3 months? We all know what it is. It's a life. It is a young child. And of course, in the context of partial-birth abortion, we are not talking about the first three months. What we are talking about in partial-birth abortion, as Senator MOYNIHAN has said on the floor of this Senate, is infanticide of a later-term baby. It is executing a little child. That is what it is.

We are hearing today that families of America should not care whether their family doctor—the doctor for America—knows the difference between right and wrong, that we should not care whether our family doctor believes that killing a little child as he sits in your uterus is wrong or right. You should not care about that. It does not matter, as long as he believes in the President, as long as he supports the President and doesn't say anything about it. It will all be right.

Would we have ended slavery if we had taken that approach? Would we have ended generations and generations of racial prejudice and discrimination? We still have not ended these, where we have made the inroads of racial prejudice and discrimination? We still have not ended these, but would we have made the inroads that we have made? I don't think so. I don't believe it and I don't believe that deep down in their souls the American people believe it either.

That is why I am here today.

I am not here today to cast any aspersions or make any commentary on Dr. Satcher's general character. He has had a very distinguished career. But he is wrong. He is wrong on this issue. And as long as I have a vote I intend to exercise that vote against this nomination. I don't think it is going to be a vote that we are going to win—and that is unfortunate.

Now I should probably know better than to expect this President to pick someone for Surgeon General who is not going to use his office to fight against partial-birth abortion. This President is for abortion. He is for partial-birth abortion. He has vetoed the legislation we sent him two or three times now. We do not have quite the number of votes to override him. We are only 3 short, though.

When you hear people tell you that votes don't matter, or your vote doesn't matter, or one vote doesn't matter—I would ask you to reflect for a moment on this. How many times have we been brought through the process two or three times, through the House, through the Senate, up to the President's desk and vetoed. We are but
three votes away from stopping the execution of little children as they come from the womb. That is what we are talking about. That is what partial-birth abortion is. Three votes if three people in the U.S. Senate changed their mind we could change that.

If we had a family doctor who would be willing to use the bully pulpit to talk about this issue, we might be able to influence those three votes. You never know. But we are not going to influence Surgeon General who says, ‘‘It’s OK. It is all right. There is nothing wrong with it.’’ And that is why we are here. I am going to oppose this nomination, along with Senator Aspinwall and others, because it is morally wrong to kill little children as they exit their mothers’ wombs.

I would say, deep down in your heart—no matter where you are, who you are, how you feel about abortion in general—you probably agree with me. You can get into all these other debates about who is responsible, who has the right to do this, who has the right to choose and all that. But deep down in your heart, you probably think this is right? Do you think it is right that the Surgeon General, the family doctor of America, won’t speak out against it? Do you think it is right that the President of the United States refuses to appoint someone who will speak out against it? Do you think the President is right?

Maybe some of these folks ought to witness some partial-birth abortions, like nurse Brenda Pratt Shafer did. Until shortly before I came to the floor in 1995 and discussed this issue, I didn’t know what partial-birth abortion was. One of the people I discussed it with was nurse Brenda Pratt Shafer who considered herself ‘‘pro-choice’’ until she accepted a temporary assignment at a clinic where partial-birth abortions are performed.

Of course, we’ve heard all kinds of things from the other side of this debate. They said we only do a few of them a year, maybe a few dozen. They said it is only done in the case of extreme deformities. I said it wasn’t so and I was attacked on the floor of the Senate and attacked in the press. I still am being attacked in the press.

Come to find out, it is several thousand a year. The news came from prominent people in the abortion industry, a few people like Ron Fitzsimmons, the head of the National Coalition of Abortion Providers who came out and told the truth. He said, ‘‘I lied through my teeth.’’ Now we know, and in spite of the fact that we know, we still are faced with a nominee for Surgeon General who won’t oppose this brutal procedure.

With all the problems we face in America, our greatest problem is not these terrible things, what is wrong with our country when we can’t get enough people in the Senate to override the President’s veto of a bill to stop the killing of children, as their bodies are literally in the hands of the abortionist? What is wrong with this country? What are we coming to?

We shouldn’t even have to be on the floor of the U.S. Senate talking about this. We shouldn’t have to be here. The Constitution says we are not abiding by the Constitution.

When I introduced the partial-birth abortion ban in the Senate in June of 1995—we prevailed with 54 votes ultimately. I believe that is correct, 54 votes. The way we started off with maybe 40, but then I began to describe the procedure, and I remember Senators coming down here saying how horrible it was that in front of the American people I would talk about this. Well, why not? Why shouldn’t we talk about it?

Do you know what a partial-birth abortion is? Let me tell you what it is. We are talking about a child anywhere from the fifth month to the ninth month.

In the first step, guided by ultrasound, the abortionist grabs the baby’s leg with the forceps. This is the first step.

The baby’s leg, in the second step, is pulled out. Then in the third step, the abortionist, by taking hold of that little child’s feet, pulls the child entirely through the birth canal with the exception of the head, restraining it from being completely born.

The abortionist then uses scissors which he puts into the baby’s skull. He then opens the scissors to enlarge the hole, and, the final step, the scissors are removed and a suction catheter is inserted. The child’s brains are sucked out, causing the skull to collapse, and the dead baby is then removed.

That is what partial-birth abortion is. Let’s understand what it is. That is a process that our Nation’s family doctor will not oppose, that our President, the President of the United States will not oppose.

There are two very famous ships in American history. One of them was the Titanic that sailed from Great Britain in the early 1900s. The other was the Mayflower that sailed in the 1600s from England.

On the Mayflower, there was a group of people who knew where they were going and who knew what they wanted to do when they got there. They had a turbulent voyage. People died during the voyage. They hit storms. It was a long, long ride, but they got there. They landed on the beaches and began to found a nation. They knew what they wanted to do, and they did it.

The Titanic sailed from England three centuries later. They were happily and merrily enjoying themselves, drinking and dining. But the crew failed to navigate the obstacles and the Titanic hit an iceberg and sank. Figuratively speaking, the Roman Emotion hit an iceberg and sank into history.

I say to you today, with the greatest respect for the differences of opinion on this issue, that there are huge moral icebergs out there facing the U.S.S. America today, the ship of state. There are a lot of them. Abortion is one of them, and partial-birth abortion itself is a big one. If we can’t speak up for the babies who are innocent victims of an abortionist’s scissors, then we are going to run smack into that iceberg and we are going to sink.

Sometimes, when we take the Senate floor to speak, we want to be sure our words are important. Sometimes they are not important at all; sometimes they are very important. But at some point, you have to look back and you have to say to yourself, ‘‘Did I sit and not do what was right or say what was right?’’ or ‘‘Did I speak up for what I believed in?’’

I don’t want to serve in the U.S. Senate if I can’t do that. I am perfectly happy to say to my contemporaries in the media, I could care less what they say or how often they say it. It is irrelevant. History will be my judge, and history will be the judge of this debate. History will be the judge of the debate of conscience, and history will be on the side of those who stood up for life. I am convinced of that. I know that. So I don’t worry about it.

I used to get upset, but today I am very calm about it. Inside I am not calm, because it is a sad, sad commentary on America. That iceberg looms out there, and it is big. With three more votes in the U.S. Senate, we could meld that iceberg and take it out of the way of the American ship of state.

We could get those three votes if we had a Surgeon General and a President who had the courage to hold a two-minute press conference and say, ‘‘This is wrong, this is wrong. You know, I’ve thought about this. I’m for abortion but this is infanticide’’ We could succeed if the President came to the same conclusion that Senator Pat Roberts did and said, ‘‘That is my position. I am going to stop it. You send me that bill again and I won’t veto it. And I’ll send you a Surgeon General who will speak out against this and let’s try to stop this brutal procedure that takes innocent life in such a brutal way.’’

I can’t get a hard-and-fast number for how many partial-birth abortions are performed. Nobody will really talk about it but it is estimated to be several thousand a year. You have to ask yourself, what are all these thousand human beings would have done with their lives. Just as we must ask the same question about each of the more than one million human beings destroyed by abortion every year in this country. We will never know. Is there a President of the United States in that group? Is there a doctor who will find a cure for cancer or a preacher who will save some souls? We will never know. The other day I had a conversation, but for three votes, stands by and lets it happen, to several thousand of these children even as they leave the birth canal.
And this Senate tomorrow will vote to make Surgeon General a man who wouldn't speak out against it. When this debate began in 1995, some worked hard to hide the truth. But Ron Fitzsimmons had the courage to speak out. And I, for one, applaud the President and the Senate and everyone behind the scenes who worked hard to hide the truth. But the web of lies spun by those determined to defend the indefensible has finally unraveled, and the American people now know the truth.

And how do our two great political parties face up to this truth? In one political party, there is not even an issue. That party doesn't make any comment on life. Abortion is fine in that political party. In my political party, we take a position in favor of life. And this is the part that sends me in orbit—we say “pro-life but don't talk about it. It offends too many people. I just say, ‘I’m pro-life, what’s your next question? Is there a question on Iraq or maybe a question on education? Could we talk about something else?”

I have been hearing it for 13 years in politics. All the consultants say, “Don’t talk about abortion.” Well, I did in my last election. They tried to pay the price for it. I barely won, but I won, and you know what: If I had lost, I would have lost because I believed in something, and I would have gone on with my life. I often wonder what would Lincoln have said about this, or what would Jefferson have said? It is really sad; it is really sad.

In 1995, the abortion industry said that all of these procedures are performed in situations where the mother’s health is imperiled. But then the American Medical Association endorsed a ban on partial-birth abortions. And both Houses of Congress passed such a ban. And now only Bill Clinton and his veto pen prevent us from stopping this procedure.

So as we consider Dr. Satcher’s fitness to fill an office that provides a bully pulpit on matters of health, I believe that it is appropriate to inquire about his views on the subject. This has to be before we put him on the floor, but let me repeat it. Here is what Dr. Satcher said about partial-birth abortion:

I support the President’s position. The President opposes late-term abortions except where necessary to protect the life and health of the mother.

The partial-birth abortion ban bills passed by Congress protect the life of the mother. But the President’s insistence on a “health” exception is really a demand for a stage so broad that my court will interpret it to mean partial-birth abortion-on-demand. For that reason, we must ask: Does politics or science guide Dr. Satcher’s abortion views? The Physicians’ Ad Hoc Coalition for Truth, a nationwide coalition of hundreds of doctors formed to refute misinformation about partial-birth abortion, has asked why Dr. Satcher is so far out of the mainstream on partial-birth abortion. Physicians’ Ad Hoc Coalition for Truth—citing the opinions of doctors holding a variety of views on the broader issue of abortion, including the American Medical Association—have concluded there is no medical reason for using this barbaric procedure. Surgeon General. They express concern that Dr. Satcher “may be relying on politics rather than medicine in reaching his conclusions about abortion.”

The “life-and-health” position is a political position. Worse, is politics that will cost the lives of innocent unborn children. It is amazing really to look at the intensity of the attacks on those of us who stand up here and speak out on this issue. They are venomous, they are vicious, but it’s worth it.

Someday I will look back. If any of my grandchildren ask me where I was when this issue was being debated, I can tell them in good conscience where I was. It is my privilege to stand in the Senate floor defending unborn children in the context of this nomination. I am proud to be here. I wish I did not have to be here because we should not have to stand here on the floor of the Senate because it is a right that these children have under the Constitution, one outrageous Supreme Court decision notwithstanding.

Mr. President, I will oppose President Clinton’s choice of Dr. Satcher for the position of Surgeon General. I will make that vote proudly. It is the least we can do when, as a result of the President’s position—the position upheld by the nominee under consideration today—thousands of innocent lives will be brutally extinguished.

Mr. President, I yield the floor. The PRESIDING OFFICER. Who yields time?

Mr. KENNEDY addressed the Chair. The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I understand that we are under a time control. Am I correct?

The PRESIDING OFFICER. The Senator is correct.

Mr. KENNEDY. Mr. President, I yield myself such time as I might use on behalf of those who are supporting Dr. Satcher.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I first of all, again, want to commend the Senate leadership for moving to consideration of the nomination of Dr. Satcher. It is long past time for the Senate to vote on his nomination to be Surgeon General. It is long past time for the country to have a Surgeon General and an Assistant Secretary for Health. And it is important that we make a judgment, which we will do tomorrow. I believe there will be strong bipartisan support, as there should be, for this really extraordinary, outstanding nominee.

I listened with interest and read a good part of the debate. Mr. President, the discussion thus far is a very brief sketch of Dr. Satcher’s extraordinary achievements. He rose from poverty, obtained his doctorate and medical degree. He has been published in many of the scientific publications. He has been recognized with honorary degrees and various awards over the course of his lifetime.

He has been endorsed by an overwhelming number of groups and organizations. When you look through the list, virtually every medical association—the American Medical Association, the Academy of Pediatrics, the Public Health Physicians—and the list goes on and on; virtually all of the nursing associations; the hospitals; the principal pharmaceutical companies; the major academic centers; the Association of American Medical Colleges; virtually all the children’s groups, such as the Children’s Defense Fund, the March of Dimes; Health FUnds; all of the disability groups, the March of Dimes, National Multiple Sclerosis—again the list goes on—women’s groups, such as the Women’s Legal Defense Fund, the Breast Cancer Coalition, the National Black Women’s Health Project, the National Asian Women’s Health Organization; virtually all the senior groups, the National Council of Senior Citizens; and very strong support from the various religious groups; virtually all of the civic rights groups, law enforcement societies, the other groups; family, violence prevention, and a number of extraordinary individuals.

I do not agree with all of these organizations on all of their various matters. Some of the breadth of the support that we have here, uniformity, the men and women who have judged him on the basis of his professional life and also about his commitment and caring, it is virtually uniform. And these are extraordinary individuals. And women, the organizations, who over a lifetime have been associated with this really extraordinary individual.

It is interesting. Are all these groups and individuals that support Dr. Satcher out of step with those that have spelled out their reservations about him? I daresay, this is about as mainstream a group of organizations as we would find in our country. Basically, this is a group of organizations that understand the extraordinary life and achievements and accomplishments of a very, very exceptional individual.

And Mr. President, Dr. Satcher’s life story is the story of America at its best. He eminently deserves the Senate’s overwhelming support and confirmation.
Dr. Satcher learned his work ethic early. As a young boy in rural Alabama, he often rose before dawn to work on his family's farm before heading off to his segregated school. In addition to helping on the farm, he worked after school and on weekends in the foundry where his father worked for some 55 years.

His extraordinary ability was evident early. He did so well in high school that he sometimes substituted for the school's chemistry teacher and other teachers were ill.

Dr. Satcher rose above the poverty and racism of his youth to become a national public health leader. His early commitment to his family, his education, and his community reflect the best American values. Today, he is a respected family doctor. He is a respected researcher and educator and public health leader. He is a role model for everyone, especially those from disadvantaged backgrounds.

Before going on to be the director of the Centers for Disease Control and Prevention, Dr. Satcher was President of Meharry Medical College in Nashville, the nation's largest private historically black institution for educating physicians, other health care professionals, and medical researchers.

This is a nominee whose whole life has been committed to making health better for fellow citizens, as an educator, practicing physician, and as a teacher. How fortunate we are to have this nominee.

Earlier in his career, before he served as president of Meharry, he served as professor and chairman of the Department of Community Medicine and Family Practice at Morehouse School of Medicine in Atlanta. He served on the faculty of UCLA School of Medicine and the King/Drew Medical Center in Los Angeles, one of the top medical teaching schools in the country.

For Satcher's dedication to the Centers for Disease Control and Prevention in Atlanta, the Federal agency responsible for protecting the nation's health and preventing disease, injury, and premature death, Dr. Satcher has many accomplishments as director of the CDC. In 1992, under his leadership, CDC developed and implemented the extraordinarily successful childhood immunization initiative. Before the initiative that was developed, more than 1 in 4 US children were ill and developed a potentially dangerous disease. Today, 78 percent are immunized. Twenty years ago, the Centers for Disease Control and Prevention introduced the initiative that has helped prevent 700,000 cases of tetanus, diphtheria, and other diseases in this country each year.

Since Dr. Satcher has been in office, the Centers for Disease Control and Prevention have raised awareness about and untied the keys to reducing and preventing the spread of HIV/AIDS.

Today, the public is constantly bombarded with reports about new diseases from other parts of the world—from the Ebola virus to dengue fever to Hong Kong flu to mad cow disease. Yet there is no Surgeon General in office to educate the public about these threats and to dispel the widespread concern and fear about them. The public also continues to be confused about rapid changes in the health care system, especially on accessibility, quality and cost and managed care. We need a Surgeon General who can address these challenges.

For more than three decades, the Surgeon General has been effective in educating the public about the dangers of smoking. Now we know there are those that don't like that message and take it out on the messenger, and we understand that.

As a member of the Senate Labor Committee, Dr. Satcher said with typical eloquence that he would like to "take the best science in the world and place it firmly within the grasp of all Americans." That challenge is a big part of the job of the Surgeon General—to translate scientific research into plain talk that the public can use to improve their health.

Dr. Satcher's nomination has received broad bipartisan support and is endorsed by a large numbers of organizations, including medical societies and all of the various groups I mentioned earlier. Clearly, he has the credentials, the commitment and integrity to serve brilliantly as Surgeon General and as the Assistant Secretary for Health.

Mr. President, some of the critics have raised questions about some of the particular issues, and I will respond to some of those. Some critics of Dr. Satcher have argued that he and CDC want to fund needle exchange programs that will increase the use of illegal drugs in the name of AIDS prevention. It is preposterous to suggest that Dr. Satcher would do anything to advocate the use of illegal drugs. Use of illegal drugs is wrong and is a major public health problem and a major law enforcement problem. The needle exchange is a strategy for preventing the spread of infectious diseases by providing clean needles in exchange for old ones. One to two million Americans inject illegal drugs. Sharing of needles is a leading cause of AIDS transmission. Approximately a third of all AIDS cases are linked to drug use. For women, 66 percent of all AIDS cases are caused by drug use or sex with partners who inject drugs. More than half of the children with AIDS contracted the disease from mothers who are drug users or their sexual partners.

A report to Congress from Secretary Shalala in February of 1997 concluded that needle exchange can be an effective part of a strategy to prevent HIV and other blood-borne diseases. The GAO, National Academy of Science, National Commission on AIDS, and the Congressional Office of Technology Assessment have all concluded that needle exchange is an effective strategy. Despite the scientific and public support for such programs, a congressional ban on Federal funding of the program is in effect unless the Secretary of HHS determines that certain conditions are met. These include a finding that the program is effective in reducing AIDS transmission, and it has not encouraged illegal drug use.

Dr. Satcher is an eminent scientist. He has recommended to Congress we allow scientific studies to answer the key questions in regard to this issue. Dr. Satcher supports Federal funding for research and evaluation of State and local needle exchange programs to assess the effect. That is the extent of his position, to find out what the best in terms of science is going to provide. Whether it does make a difference. That sounds to me to be a very reasonable and responsible position to have.
President Bush established the National Center for Injury Prevention and Control, which is a federal program that has won the admiration of health departments across the United States. The center is supported by the President's Health and Human Services Department and is responsible for the collection and analysis of data regarding a wide range of injuries that result from accidents or violence. The center's work is critical in helping to identify trends and patterns in injury incidence, which can then be used to develop effective prevention strategies.

One of the most important areas of research conducted by the National Center for Injury Prevention and Control is the study of firearm injuries. These injuries are particularly tragic because they are often preventable. The center has conducted studies on firearm injuries in various populations, including children and adolescents. The results of these studies have been used to develop evidence-based prevention strategies, such as the implementation of gun safety education programs in schools.

Another area of research that the National Center for Injury Prevention and Control is involved with is the study of injuries that occur in the workplace. The center has conducted research on the incidence and severity of workplace injuries, as well as the effectiveness of workplace safety programs. The results of these studies have been used to develop guidelines for employers to follow in order to reduce the risk of workplace injuries.

The National Center for Injury Prevention and Control has also been involved in the study of injuries that occur in transportation. This includes injuries that result from automobile accidents, motorcycle accidents, and pedestrian accidents. The center has conducted research on the incidence and severity of these injuries, as well as the effectiveness of transportation safety programs. The results of these studies have been used to develop guidelines for transportation agencies to follow in order to reduce the risk of transportation injuries.

In summary, the National Center for Injury Prevention and Control is a critical component of the federal government's effort to reduce the incidence of injuries in the United States. The center's work is supported by the President's Health and Human Services Department and is aimed at preventing injuries through the development and dissemination of evidence-based prevention strategies. Financial support for this federal program is included in the annual appropriations for the Department of Health and Human Services.
discovery of the AZT regimen, which cut by two-thirds the incidence of HIV virus cases that otherwise would occur, changes the dynamics.

That brought the issue to the attention of the Congress, and the Congress forced the studies on the part of Dr. Satcher. He lobbied against ceasing the studies even in light of that.

I thank the Senator.

Mr. KENNEDY. Well, I certainly agree with the Senator that at the time when you have this kind of progress made for alternative remedies, there has to be full notification. The point that I also mention is that Dr. Satcher halted the studies.

Mr. ASHCROFT. If the Senator will yield, are you aware of the fact that after the new therapy was available and the Senate and the House began to debate this issue, even in the face of the new therapy and in the face of the informed consent laws, Dr. Satcher came to the Congress to lobby Members of the Congress against stopping the studies?

Mr. KENNEDY. I am familiar that he came with others on that. I think it is an open question whether he was lobbying for the continuation or not.

Mr. President, this survey went on, as I mentioned, in 45 States. It began at a time when little was known about the impact of HIV on women and their children. They were carried out by using blood samples left over from other procedures, which otherwise would have been discarded. The samples could not be identified as coming from specific individuals because the identifying information had been removed to protect confidentiality.

At the time, because AIDS was so poorly understood, CDC decided to survey newborns as a group to learn more about the level of AIDS in particular communities at the time. Science offered no treatment for the newborns. The goal was to obtain information as quickly as possible about the prevalence of HIV in the populations so that the resources could be targeted quickly and effectively. The survey adhered to the ethical principles, was approved by the Office of Protection From Research and Risk at NIH, the Institute of Medicine. The Academy of Sciences also agreed with using this well-established approach. No infants known to be HIV positive were sent home without parental notification. The information in the surveys was used by communities for educational, preventive, and treatment.

In 1995, the survey ended when a combination of treatment options for infants with HIV and better ways to monitor HIV trends in women of child-bearing age became available in September of 1997. Dr. Satcher recommended that the study be formally terminated, and HHS agreed.

Some in the scientific community have questioned the surveys. Dr. Satcher and the Center for Disease Control’s opposition to the opposition of Dr. Arthur Ammann, the Professor of Pediatrics of the University of California Medical Center in San Francisco. These clinical trials are support for their opposition. They ignore the fact that Dr. Ammann has endorsed Dr. Satcher.

I ask unanimous consent that a letter to Senator LOTT from Dr. Ammann be printed in the RECORD.

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


Hon. TRENT LOTT, Majority Leader, U.S. Senate, The Capitol, Washington, DC.

DEAR SENATOR LOTT: It is my understanding that the Arizona HIV seroprevalence study once conducted by the Centers for Disease Control and Prevention (CDC) are being used as an argument against the confirmation of Dr. David Satcher. This hearing is taking my position totally out of context and is not an argument I would support.

I believe that the study was initiated long before Dr. Satcher’s arrival at the CDC. When I initially raised my objections to the study, I felt that Dr. Satcher and Dr. Phillip Lee (then assistant secretary for health) gave me a fair and fair hearing, and I was very satisfied with the meeting we had. I know David Satcher, and I believe he has the interests of all people, including children with HIV near to his heart. I support his nomination fully, and I would urge that you and your colleagues vote to confirm him.

Sincerely,

ARTHUR AMMANN, M.D., Adjunct Professor.

Mr. KENNEDY. Dr. Wolfe raised some questions about ethical issues about the studies in Africa, and then expressed concerns using his kind of statements and representations and saying, isn’t this horrible, shouldn’t we oppose it? And Dr. Wolfe is supporting Dr. Satcher. Then we have these studies and hear Dr. Ammann, quoted here about how Dr. Ammann himself was very much involved in interacting with Dr. Satcher. He indicated his full and complete support for the nominee despite his concerns about these surveys. He stated, “I support this nominee.”

We have heard it said considerable times over the past few days that these issues were never raised in the Committee hearings. Dr. Satcher has the credentials, integrity, and commitment to be Surgeon General and Assistant Secretary for Health, and he really is outstanding.

I mentioned the other day, Mr. President, we have the extraordinary letter of support from Dr. Sullivan, who was the Secretary of HEW, a Republican under the previous administration, who is familiar with these various kinds of issues that are being raised and considered here on the floor of the Senate. He goes into analyzing just about all of them. I urge my colleagues who are having any questions about it, take, and I will include it in the RECORD.

I ask unanimous consent that Dr. Sullivan’s letter be printed in the RECORD.

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

MOREHOUSE SCHOOL OF MEDICINE, Atlanta, GA, October 29, 1997.

Hon. TRENT LOTT U.S. Senate, Russell Senate Office Building, Washington, DC.

DEAR TRENT: I enthusiastically support the nomination of David Satcher, M.D., for the positions of Surgeon General and Assistant Secretary for Health of the Department of Health and Human Services.

In light of the recent debate about issues regarding his nomination, I wish to communicate with you my experience with, and opinion of, David Satcher. I have known David for over twenty-five years, and I can state unequivocally that he is a physician and an analyst of integrity, conviction, and commitment. As Surgeon General and Assistant Secretary for Health, I know that David has no intention of using these positions to promote interest in any political agenda. He has worked throughout his career to focus on health issues that unite Americans—not divide them.

I first met David Satcher in the early 1970’s when he served as the Director of the King-Drew Sickle Cell Center in Los Angeles, California and I was the Director of the Boston University Sickle Cell Center. I also had the opportunity to work with David during my first tenure as President and Dean of the Morehouse School of Medicine in the late 1970’s, before I served as Secretary of the Department of Health and Human Services, from March 1989 to January 1993. While at Morehouse School of Medicine, David worked on my faculty as the Chairman of Community Medicine and Family Practice. He brought a wealth of experience in patient care, health policy, education and research to this critical post.

Dr. Satcher has devoted his entire career to streamlining efforts to improve the health of the American people. He has a long history of promoting messages of abstinence and responsible behavior to our youth. As a general physician, manager, and public health leader, David is a man of tremendous commitment and dedication to the health of our citizens.

I strongly support Dr. David Satcher. I am hopeful that the Senate will act swiftly to confirm him as Surgeon General and Assistant Secretary for Health.

Sincerely,

LOUIS W. SULLIVAN, M.D., President.

Mr. KENNEDY. Dr. Sullivan goes through the studies and regimens and deals with those in a very responsible way. I should say we could criticize it in an unbiased way. He has been the head of the whole department, HHS, under a Republican administration. He has known this man for a lifetime, and he has heard all of the charges we have heard last week. He discussed them and provided a strong defense for Dr. Satcher. It is a very, very powerful letter. I won’t take the time of the Senate now to go through the letter. It is a
very important letter, which I hope our colleagues will consider.

Now, Mr. President, there are other issues. I would like to briefly address the AZT trials. Some of our colleagues have questioned Dr. Satcher’s support for them. We disagree that we should view the foreign countries as part of the international public health effort to stop the epidemic of mother-to-infant transmission of the AIDS virus.

Every year, more than 1,000 babies in developing countries are born infected with HIV. Clinical trials in the United States in 1994 showed that it is possible to reduce mother-to-infant transmission of HIV by administering AZT during pregnancy, labor, and delivery. It was obvious, however, that such treatment would not be feasible in developing countries. It is too expensive and requires ongoing therapy, including intravenous administration of AZT, which is not possible in remote areas. It also prohibits breastfeeding, which the various populations that were the most at risk were following. Thus, the standard treatment in the United States termed the “076 Regimen,” was not a feasible option for the developing countries.

Dr. Satcher could have washed his hands of the whole matter, but he didn’t. He felt he could help. A group of international experts convened by the World Health Organization in June 1994 recommended research to develop a simpler, less costly treatment. Responding to the urgent need, the Centers for Disease Control and Prevention, the National Institutes of Health, the World Health Organization, and other international experts worked closely with scientists from developing countries to find treatment that is feasible for use in these countries and that can reduce the devastating toll of HIV on their children.

In cooperation with experts and leaders from countries where the studies were to be conducted and with careful input from ethical committees, it was recommended that a placebo-controlled trials offer the best option for a rapid and scientifically valid assessment of alternative treatments to prevent mother-to-infant transmission of HIV.

The decision to go forward with the trials was carefully made by the countries themselves and by the international medical research community. They did so because it was the only approach that could be expected to produce sufficiently clear responses in a reasonable time period to the questions that had to be answered about safety and effectiveness of an alternative treatment in the developing world.

The point is made that they might have followed a different experimental design or a different regimen and could have gotten the outcomes, perhaps not quite as accurate, but fairly accurate, but it would have taken a good deal longer to receive the outcomes if they had not used a placebo.

Dr. Satcher has acted entirely ethically and responsibly on this issue. The World Health Organization and the developing countries had urgently requested help from CDC and NIH in designing and conducting these trials.

Before patients were enrolled in the clinical trials, they were specifically informed of their AIDS status. They were specifically counseled about the risks and benefits of participation, including the fact that they might be in a study group that received a placebo instead of an experimental AZT analog. It is an enormously important responsibility, that full information is available and that those who are participating in these various regimens have a full understanding of the risks. There is no indication that they did not. The best we have heard from those opposed to Dr. Satcher is anecdotal kinds of information. But we never heard that prior to the time that we had this opposition on the floor of the Senate to his nomination.

As a practical matter, the only AZT treatment available to any women in these developing countries is the treatment provided to participants in the study. Ethnic committees in both the United States and developing countries conducted continuous, rigorous ethical reviews of the trials. The committees are made up of medical scientists, ethicists, social scientists, members of the clergy, and people with HIV. The role of these committees guaranteed that the trials conformed to strict ethical guidelines for biomedical research, including the Declaration of Helsinki and the International Ethical Guidelines for Biomedical Research involving human subjects.

Even those within the scientific community who have raised the concerns about these trials, such as Dr. Sidney Wolfe, director of Public Citizen’s Health Research Group, have expressed support for Dr. Satcher’s nomination. Dr. Wolfe has said that he thinks Dr. Satcher will make an excellent Surgeon General.

Dr. George Annas and Dr. Michael Grodin of Boston University’s School of Public Health have stated, “While it is true that we have expressed concern regarding the U.S.-sponsored trials in Africa, it is also true we strongly support Dr. Satcher’s nomination as Surgeon General.

These judgments that are made on these ethical issues are complex, and it is very difficult to get virtual uniformity on some of them, particularly when they are at the cutting edge of various kinds of research. We understand that is part of the debate on these issues. But to those who have expressed a differing opinion regarding the various studies, even though every effort was made to go through the various regimens to make sure they adhere to ethical standards, I believe, having gone through this in great detail myself, that it certainly meets all of those standards—but the ones that have expressed some reservation by and large are enthusiastic about Dr. Satcher. It isn’t that they reached a different conclusion with regard to this but they also respected the process Dr. Satcher followed.

Again, this was not an issue during the confirmation hearing and not that it should be restricted from talking about it. But it is something that we welcome the opportunity to try to respond to.

Some colleagues have also questioned Dr. Satcher’s views with regard to abortion. Again, this was an issue during Dr. Satcher’s confirmation hearing. But some senators appear eager to use the controversial and unconstitutional Partial Birth Abortion Ban Act to attack his credibility.

Dr. Satcher believes—as do most Americans—that abortions should be safe, legal and free. His position reflects the 25 years of American medical experience and is entirely consistent with Supreme Court decisions.

In fact, Dr. Satcher supports a ban on most late-term abortions. He believes that “if there are risks for severe health consequences for the mother, then the decision to have an abortion should not be made by the government, but by the woman in conjunction with her family and physician. Dr. Satcher’s position on this issue is shared by the American College of Obstetricians and Gynecologists, the American Medical Women’s Association, the American Nurses Association, and the American Public Health Association.

Some of our Republican colleagues have raised this issue in an attempt to defeat a supremely qualified nominee. They point out that Dr. Satcher’s position on this issue is at odds with the American Medical Association on this issue is at odds with the American Medical Association—what but our Republican colleagues don’t point out is that the AMA has unequivocally endorsed Dr. Satcher’s nomination.

There being no objection, the material was ordered to be printed in the Record there being no objection, the material was ordered to be printed in the Record

The Hon. Edward M. Kennedy, U.S. Senate, Washington, D.C.

Dear Senator Kennedy: The American Medical Association (AMA) enthusiastically supports your nomination of David Satcher, M.D., for the position of Surgeon General and Assistant Secretary for Health of the U.S. Public Health Service. As Surgeon General and Assistant Secretary for Health, Dr. Satcher will serve as a national advocate for public health and a trusted advisor to you and Secretary Shalala on critical health policy issues.

Dr. Satcher has the expertise and talent to do an excellent job in this dual position. He will bring to the office a wealth of experience in both the private and public sector. Dr. Satcher’s distinguished career has been broad in scope and deep in experience, including work in patient care, health care policy and education and research. He is a physician, manager and outstanding public health leader.
Under Dr. Satcher's leadership at the Centers for Disease Control and Prevention (CDC), childhood immunization rates have increased dramatically from 55 percent in 1965 to 76 percent in 1997. Dr. Satcher also spearheaded CDC's efforts to significantly improve the nation's ability to detect and respond to emerging infectious diseases and foodborne illnesses. Through his tenure at CDC, Dr. Satcher has emphasized the importance of prevention. Under his direction, CDC released the first Surgeon General's Report on Activity and Health. Dr. Satcher appreciates the importance of effectively communicating to the public on health-related issues.

Through our efforts with Dr. Satcher over the years, the AMA has learned first hand that he is a man of tremendous integrity and commitment to public health. We are proud to highlight that in 1996 the AMA awarded Dr. Satcher our most prestigious honor, the Nathan B. Davis Award for his outstanding service to advance public health.

The AMA strongly supports Dr. Satcher and we are hopeful that the members of the Labor and Human Resources Committee and the full Senate will act swiftly to confirm Dr. Satcher as Assistant General and Assistant Secretary for Health.

Sincerely,

P. J. John Seward, M.D., Executive Vice President

Mr. KENNEDY. Mr. President, in addition, Dr. Satcher emphatically stated on October 28, 1997, in a letter to Senator Frist, chairman of the Subcommittee on Public Health and Safety, "As a matter of conscience, Mr. President, I cannot support a nominee for the position of Surgeon General—in essence, America's chief doctor—who is a defender of this procedure." As our distinguished colleague, Dr. Satcher as Surgeon General and Assistant Secretary for Health and Surgeon General to promote issues related to abortion."

I ask unanimous consent that this letter from Dr. Satcher to Senator Frist may be printed in the Record.

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


The Hon. William H. Frist, Chairman, Subcommittee on Public Health and Safety, Committee on Labor and Human Resources, U.S. Senate, Washington, DC.

DEAR SENATOR FRIST: I appreciate the support you gave me at the Committee hearing on my nomination to be Assistant Secretary for Health and Surgeon General for the purposes of the bill, and I urge you to use your bully pulpit in 1966 to promote the surgeon general's role in public health and behavior in this country.

Mr. President, the nomination of Dr. David Satcher poses a difficult problem for those of us who oppose the procedure known as partial-birth abortion. The vast majority of Americans agree that it is a barbaric process and procedure. As our distinguished colleague, the senior Senator from New York, has pointed out, it is disturbingly close to infanticide.

As a matter of conscience, Mr. President, I cannot support a nominee for the position of Surgeon General—in essence, America's chief doctor—who is a defender of this procedure.

That, Mr. President, is why I will vote no on this nomination. While I suppose it would be unrealistic for any of us to hope this administration would put this issue aside and support Dr. Satcher's nomination.

I thank my colleague from Massachusetts.

Although cigarette smoking continues to be a major problem in this country today, I don't think there is anyone who doubts that the Surgeon General using his bully pulpit in 1966 had a profound impact on public opinion and behavior in this country.

Mr. President, if the nominee is successful, I wish him well in the difficult challenges that cry out for a strong voice—for a physician who will use the bully pulpit of the office to promote partial-birth abortion.

He has been very clear about that. We need a Surgeon General. There may well be important challenges out there that we don't know about. Who knows what public health threats might emerge in the next 6 months, or 12 months, or 2 years?

Mr. President, we need somebody on the job. That is why, while I cannot support this nominee, I cannot in good conscience vote to delay the filling of this position.

Consequently, I will vote in favor of cloture on this nomination. But it's time to move forward with this matter, it is time to have a vote on this nominee.

If Dr. Satcher is then in fact confirmed, we should extend all possible cooperation to him, as he undertakes what is a very important task for the American people. As our distinguished colleague, Mr. Senator Frist says, Dr. Satcher is, and I quote, "an accomplished researcher with a long and truly distinguished record in promoting public health" and "will reclaim the integrity historically associated with the position of Surgeon General.

Mr. President, if the nominee is successful, I wish him well in the difficult and very important task of facing him and facing the country.

Mr. President, I yield the floor.

The PRESIDING OFFICER. Who yields time?

Mr. KENNEDY. Mr. President, I yield to the Senator from Georgia.

The PRESIDING OFFICER. The Senator from Georgia is recognized.

Mr. CLELAND. I thank the President and I thank the Senator from Massachusetts for yielding to me time to speak.

Mr. President, I am here today to convey my enthusiastic support for the nomination of Dr. David Satcher for the positions of U.S. Surgeon General and Assistant Secretary of Health.

The job of Surgeon General is to serve as a defender of public health and
I believe that Dr. David Satcher’s strong background in public health matters, his dedication and unques­tionable commitment to the practice of medicine, and his strong and sens­ible opinions on health issues make him the ideal choice for this position.

Dr. Satcher’s background reflects a strong emphasis on preventive medi­cine and an intense care for our na­tion’s most vulnerable populations. His expertise covers a wide range of medical fields, and I believe Dr. Satcher will certainly be a strong voice for public health and medical education.

For the past four years, Dr. Satcher has directed the world renowned Centers for Disease Control and Preven­tion, an agency located in my home state of Georgia, which has 11 major brAches and is staffed by dedicated professionals. While at the CDC Dr. Satcher has championed stepped-up immunization drives, spearheading initiatives that have increased childhood immuniza­tion rates from 55% in 1992 to 78% in 1996. Simultaneously, he has overseen the fight against vaccine-preventable disease to the lowest rates in U.S. history. In addition, Dr. Satcher has boosted programs to screen for cancer, upgraded the na­tion’s capability to respond to emerg­ing infectious diseases and laid the groundwork for a new Early Warning System to detect and prevent food­borne illnesses.

Throughout his career Dr. Satcher has worked in patient care, health care policy development and planning, edu­cation, research, health professions education, and family medicine. He is a physician, scholar and a public health leader of national stature and has received broad support from the medical community. In 1996, Dr. Satcher was elected to the Institute of Medicine of the National Academy of Sciences in recognition of his leadership skills. In 1996, he received the prestigious Dr. Nathaniel C. Winder Award from the American Medical Association for outstanding service to advance the public health. Dr. Satcher has also received the American College of Physicians’ James D. Bruce Memorial Award for distinguished contributions in prevent­ive medicine, the New York Academy of Medicine’s John Stearns Award for Lifetime Achievement in Medicine, and the National Conference of Christians and Jews’ Human Relations Award. Thesis are awards given to Dr. Satcher’s colleagues, experts in the fields of medicine and health, who have decided among themselves to praise Dr. Satcher and acknowledge his outstanding­ service and significant contribu­tions to the health field.

As Americans we look toward the Supreme Court justices as a strong na­tion­al voice for the cause of justice. We look toward our priests, rabbis and ministers for spiritual guidance. The people of this great nation deserve a strong and respected voice on the issue of health, an issue that affects every single American without exception.
Mr. ASHCROFT. Reserving the right to object, the proponents have been on the floor for quite some time. Does the Senator know how much time will be consumed for the two?

Mr. KENNEDY. I think the Senator from South Dakota indicated 6 or 7 minutes; 5 minutes?

Mr. ASHCROFT. No objection.

The PRESIDING OFFICER. Without objection, the Senator from Utah is recognized for 1 hour. Senator Hatch, are you ready to yield?

Mr. HATCH. Mr. President, as I said, I have listened with care to the arguments made today in opposition to the nomination of Dr. David Satcher for the position of Surgeon General of the United States. I have heard arguments and Assistant Secretary for Health, and I feel compelled to rise again in support of this nominee.

Let me make perfectly clear that I do not agree with all of the positions, indeed with many of the positions, of the Administration he will represent.

But, on balance, my overriding consideration, after having spoken extensively with Dr. Satcher, is my conviction that he has exemplary qualifications and experiences that will enable him to hold this important office with great distinction.

I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Mr. President, I have listened with great care to the arguments that have been made today and the Senate's teenagers by materially reducing the incidence of smoking in the next generation of smokers.

The debate over this nomination has focused on important issues of public policy such as partial birth abortion and the appropriate role of the United States Congress’s role in clinical trials in the Third World.

These are indeed serious issues worthy of delay by this chamber. It is important for this body to know what the Surgeon General thinks about key issues pertaining to the health of the American public and the health of our international neighbors.

This year Congress has the opportunity to pass historic public health legislation that can protect our nation’s teenagers by materially reducing the next generation of smokers.

If we accomplish this, I think we should be proud. For decades, 30,000 young people begin to smoke and ultimately 1,000 will die early from smoking related diseases—a portion of this success must be attributed to the involvement past Surgeons Generals.

In 1964, it was Surgeon General Luther Terry who first reported to Americans that smoking is a major cause of disease. Frankly, it was this Surgeon’s General report that did as much as anything that set the course that places us on the verge of this historic legislation.

Since 1964, all succeeding Surgeons General have played an active role in warning the public of the risks of tobacco use.

In the 1980s, it was Surgeon General C. Everett Koop who did so much to put this issue back on the front burner of public opinion.

I don’t think that there is any question about the fact that one of the most important legacies of the Office of Surgeon General over the last 35 years is the great contribution that our Surgeons General have made in significantly cutting down the number of Americans who use tobacco products to about 25 percent of the population.

But 25 percent is still too high because it results in an estimated 400,000 premature deaths annually and runs up billions in extra health care costs.

In my view, we must have a Surgeon General who is able to communicate effectively with the American people about public health questions.

On the Today Show last Friday morning, former Surgeon General Koop—a strong supporter of Dr. Satcher—pointed out that in the years since the Office of Surgeon General has been vacant, certain types of youth tobacco use have gone up about 4 percent.

It just seems to me that it is critical at this time to have in office a Surgeon General who can lead the Government’s anti-tobacco campaign.

From his past efforts in this battle against smoking while at CDC—and from my personal conversations with him—I am convinced that Dr. David Satcher can be a major public figure in the country’s battle against tobacco use.

No one is saying that a policy of prohibition for tobacco would be workable. This makes it all the more important that public opinion leaders, like the Surgeon General, be able to communicate the risks of tobacco use in a fashion that convinces the public about the benefits of stopping to use these deadly products.

Dr. Satcher can play the role of public spokesman in an effective fashion because, when the American people get to know him, he will have earned their respect and will listen to his advice of matters of public health.

While tobacco alone is critically important, there are many other public health issues that cry out for the national focus and leadership that a strong Surgeon General can provide.

In many respects, we are at a critical juncture in the battle against HIV transmission and other sexually transmitted diseases. Fortunately, the latest triple combination therapies have shown—at least in the short run—great promise in combating the progression of the AIDS virus.

But, unfortunately, this may lead some people to conclude falsely that HIV has been cured or is at least not dangerous, or not very dangerous. This may lead some young people to engage in new patterns of drug abuse behaviors that not only are morally troublesome, but can be potentially lethal.
In this regard, there are some recent indications that certain types of sexually transmitted disease are once again on the rise.

We need a strong Surgeon General to help teach our citizens, and particularly our young citizens, that abstinence from promiscuous sexual behavior and illicit drugs is good for your health. I am pleased that Dr. Satcher has a strong track record in getting this message out—and as long time health educator he knows how to get this message out in a way that young people will listen to. And given his long record of involvement as a health leader with special ties to those in the minority community—from his work at Morehouse College and Meharry Medical School and the King-Drew Medical Center—Dr. Satcher promises to be able to use his leadership position as Surgeon General to direct greater attention on health problems that disproportionately affect minority communities.

I have no doubt in my mind that Dr. Satcher will be able to serve effectively as Surgeon General for all the people in this country.

Unlike his leadership at CDC, the agency put greater emphasis on prevention. I think that there is much truth in the old adage, “An ounce of prevention is worth a pound of cure.” Frankly, as a conservative, I think Government should leave the punishment and the pounds of cures, having completely lost sight of the benefits of a little old-fashioned, non-governmental ounce of prevention.

In the past I have been involved in a number of confirmations of Surgeons General. During the Bush Administration, I enthusiastically supported the nomination and confirmation of Surgeon General Antonia Novello.

Dr. Novello came from a research background at the National Institute of Child Health and Development and did a very good job for this country. Dr. Novello spent much of her efforts on pediatrics problems such as pediatric AIDS programs.

Before that, I was involved in the then very controversial nomination of Dr. C. Everett Koop by President Reagan.

At the time of his nomination, many had concerns that Dr. Koop, a pediatric surgeon by training who held strong pro-life views on abortion, would turn the Surgeon General’s role into a polarizing position because of the politics of abortion.

Dr. Koop and I went to his opponents and explained that the great challenge and responsibility of the Surgeon General’s office is not to stress issues that divide Americans but to act to unite the public by educating our citizens about the medical and scientific facts of health issues. I might mention that was a big battle. It took 8 months to get Dr. Koop approved because of pro-choice Senators. But, finally, he was approved and those Senators became some of his strongest supporters through the years.

I agree with Dr. Koop’s oft-repeated statement that the job title is Surgeon General of the Public Health Service, not chaplain of the Public Health Service.

I think that history will judge that I was correct in my assessment that Dr. Koop was the right man for the job. I know that many who voted against him now agree that Dr. Koop was an outstanding Surgeon General.

It is somewhat ironic that one of the issues raised in the Koop confirmation has also been raised in the Satcher confirmation.

That matter is abortion, in particular the nominee’s view of partial birth abortion.

Let me be abundantly clear: I am firmly and resolutely opposed to partial birth abortion. I disagree with the views of both the President and Dr. Satcher on this issue. I think that they are in the minority on this issue.

Nevertheless, I don’t think that Dr. Satcher’s views on this issue should disqualify him for this position, so long as he does not make it a matter of public policy and does not advocate for it. And he has indicated to me that he will not advocate for it, that he will not bring abortion into the debate if he is confirmed as Surgeon General.

While others who have held this post have endeavored to use it as a bully pulpit for a controversial social policy agenda, I am assured by Dr. Satcher that he fully understands the extreme sensitivity of these issues, particularly abortion. In my discussions with him, he has assured me that he will not use the Surgeon General’s Office as a pro-abortion platform, and I believe him. And, with that assurance, I am willing to support him here today.

As Dr. Satcher has written to the Congress:

Let me state unequivocally that I have no intention of using the positions of Assistant Secretary for Health and Surgeon General to promote issues related to abortion. I share no one’s political agenda and I want to use the power of these positions to focus on issues that unite Americans—not divide them.

If I am confirmed by the Senate, I will promote a message of abstinence and responsibility to our youth, which I believe can help to reduce the number of abortions in our country.

Let me tell you, I can’t tell you how much that means to me, that we have a Democrat-appointed Surgeon General who is willing to preach abstinence throughout this country to our youth. And to preach—I should say teach, would be a better word—good health practices.

I have to say some of our Republican Surgeons General haven’t done this as well as I think Dr. Satcher will be inclined to do it. So that is one reason alone to vote for Dr. Satcher. And it is about time.

It seems to me that Dr. Satcher and Dr. Koop, while having almost completely opposing views on abortion, share the view that the Surgeon General’s post is not the place to press the public debate on this contentious issue.

Given his public assurances—which have been buttressed by my private conversations with the nominee—I am satisfied that Dr. Satcher can effectively help set the public health agenda of this country and can do it in a way that perhaps no other person at this time can. I think it is time to get this position filled and I think he will do a great job in it, and I intend to see that he does.

I also recognize that a lot of this debate has focused on the question of certain AZT trials co-sponsored by CDC and NIH in Thailand and the Ivory Coast.

I think that this debate has been healthy and has been helpful in facilitating a better understanding of the proper role of United States public health agencies in conducting research in the Third World.

First off, let me just make the point that I believe that any comparisons with the infamous Tuskegee experiments is way wide of the mark. Those natural history studies held no promise of treatment and, in fact, after a treatment was found, this treatment was denied to the participants of the study.

Unlike Tuskegee, these AZT trials have a strong informed consent component.

These trials were undertaken in close cooperation with the World Health Organization and the national and local public health officials of the country where the trials took place. As a proponent of the successful FPA export bill in 1995, the Hatch-Gregg amendment, I believe that it is imperative in forming public health policy that the United States must recognize and respect the differences in health and wealth characteristics of our foreign neighbors.

What is the standard of care in the United States may simply not be appropriate, proper, or possible in another country.

In fact, as former Secretary of Health and Human Services, Dr. Louis Sullivan has written to me to rebut criticisms raised against Dr. Satcher, Dr. Sullivan pointed out with respect to these AZT trials:

The point of the matter is that the cost of the drugs involved is beyond the resources of developing nations. In Malawi, for example, the regimen for one woman and her child is more than 600 times the annual per capita allocation for health care.

I ask unanimous consent this letter be printed in the RECORD.

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

MOREHOUSE SCHOOL OF MEDICINE
February 6, 1998.

HON. ORRIN HATCH, U.S. Senator, U.S. Senate, Washington, DC.

DEAR SENATOR HATCH: I understand that questions have been raised about the ethics and leadership of Dr. Satcher because of his support of AZT trials to reduce perinatal HIV transmission in developing countries.

   Sincerely,

   Horace R. Denton, President
Questions have also been raised about his role in the HIV-blinded Surveys of Childbearing Women which started in 1988 and was suspended in 1999. As a biomedical scientist, formed the Department of Health and Human Services (DHHS) under President Bush, and one who has known and worked with Dr. Satcher for twenty-five years, I will forcefully take exception to this assessment of the studies and especially of Dr. Satcher. I share the view of the World Health Organization (WHO), UNAIDS, the National Institute of Health (NIH) and the Centers for Disease Control and Prevention (CDC) that these studies were ethical, appropriate and critical during the early phase of the AIDS epidemic. More importantly, I agree with those who, while questioning the AZT trials in Africa, strongly attest to the ethics and leadership of Dr. Satcher and strongly support his nomination for Surgeon General.

Mr. Hatch. Let me be clear: This economic circumstance is a sad fact of life in many developing nations but it is a fact of life nevertheless.

A key question is how best to bring new treatments and new hope to these underprivileged peoples around the world.

As Dr. Sullivan goes on to explain what happened in the construction of these trials you can see that the U.S. standard of care—the so-called long course treatment regimen could not serve as the proper baseline.

Given the general recognition that this therapy could not be widely carried out in developing nations, the WHO in 1994 convened top scientists and health professionals from around the world to explore a shorter, less costly, and less complicated drug regimen that could be used in developing countries. The meeting concluded that the best way to determine efficacy and safety would be to conduct research studies that compared a shorter drug regimen with a placebo— that is, no medicine at all.

Let me just go on to tell you what Dr. Sullivan—the Bush Administration’s HHS Secretary who is currently President of the Morehouse School of Medicine—thinks about the comparison of this study to the Tuskegee study:

As one who feels strongly about what happened in Tuskegee, let me say that it is utterly inappropriate to compare these trials with Tuskegee where established treatment was withheld so that the course of the disease could be observed while these men died. The AZT trials being carried out in developing countries are for the purpose of developing treatment that is appropriate, effective and safe to prevent the spread of HIV from mother to child. Unlike Tuskegee, these programs have a very strong informed consent component.

Likewise, I do not believe that criticism of the blinded-surveys of childbearing women is appropriate and critical during the early phase of the AIDS epidemic when we knew so little of the nature of the problem and virtually no treatment was available. There was no available blood from which all identifying information had been removed, to measure the extent of the HIV problem in various communities and groups. The information was invaluable to state and local communities in planning education and screening programs. Using these surveys we were able to document that the percentage of women infected with HIV grew from 7% in 1985, to almost 20% in 1995. At no time was any baby, known to be positive for HIV, sent home without the parents being informed.

Again, I acknowledge the right to criticize Dr. Satcher, the nominee for Surgeon General. His long and distinguished career speaks for itself relative to his commitment to ethical behavior, service to the disadvantaged, to excellence in health care and research and to human dignity.

Should you wish, I would be happy to review any of the areas where there is any remaining confusion or questions.

With best wishes and regards, I am

Sincerely,

Louis W. Sullivan, M.D.,
President.

Let me just conclude that I respect the views of those who have raised issues about this nominee. I certainly recognize their right to raise these issues, but when I weigh all the evidence, I come to the conclusion that Dr. Satcher’s nomination should be strongly supported.

Frankly, I find his life inspiring. He comes from humble roots. He is an American success story. He is a good man. And I judge that he will be a fair man. I am confident that if we confirm him, David Satcher will do his best to advance and protect the health of the American public.

I do not agree with all his views but I do believe that this good American merits our votes.

Let me mention a few of Dr. Satcher’s accomplishments both before and during his tenure at CDC:

Dr. Satcher has led an international effort to reduce transmission of HIV from mother to child; he has worked to close the health gap between the ‘haves’ and the ‘have-nots.’ He was the Chair of the Community and Family Medicine at Morehouse College. He served as the President of Meharry Medical College which has as a primary mission caring for the underserved.

In fact, Dr. Satcher has led an innovative public/private effort to consolidate the Meharry teaching hospital with the county facility in order to reduce cost and improve care;

During his tenure at CDC, the childhood immunization rate has risen from 55 percent to 78 percent. Over 90 percent of children are now immunized against measles, mumps, rubella, tetanus, pertussis and hemophilus. With particular respect to measles, between 1989 and 1991, over 27,000 kids suffered each year. In 1996 there were less than 500 cases, and last year there were no deaths.

In years prior to approval of a vaccine for hemophilus B influenza, about 1,000 children died a year. Dr. Satcher has worked to promote use of this new vaccine, and last year, only nine families suffered a death;

During Dr. Satcher’s tenure, the number of states with breast cancer screening programs has risen from 18 to 55.

Another accomplishment of Dr. Satcher’s is Food Net, a new surveillance system which detects foodborne illnesses. It worked in 1996 when there was a salmonella outbreak from apple juice and again with the tainted raspberries from Guatemala.

Dr. Satcher has developed and nurtured a program to provide public health information on the leading
problem of lagging childhood immunization rates, increasing the number of kids immunized by nearly 25 percent. Rates increased from 55 percent in 1992 to 78 percent in 1996. This is an exceptional accomplishment.

Under Dr. Satcher's leadership, we reduced by one-fourth the number of kids infected with tuberculosis, which is a primary preventable diseases, some of them permanently disabling, or even fatal. Dr. Satcher also spearheaded a highly successful program to provide breast and cervical cancer screening to young women in America. State participation in the CDC breast and cervical cancer screening program increased from 18 to 50 percent.

He helped launch an early warning system to detect and prevent foodborne illnesses, such as L. coli. This system was instrumental in tracking and containing salmonella, E. coli and cyclospora, in imported raspberries, outbreaks.

Dr. Satcher has wide-ranging support. He is clearly of the political, of the medical, and of the political agenda that divides America. A man who, at this time, could do this better than anyone else I know. That is why I support his nomination. I hope that our colleagues will also support him in my vote tomorrow. I yield the floor.

Mr. JOHNSON addressed the Chair. The PRESIDING OFFICER (Ms. Collins). The Senator from South Dakota is recognized.

Mr. JOHNSON. Madam President, I rise to fully join in the strong bipartisan support for the nomination of Dr. David Satcher, as expressed on the Senate floor today, for the dual position of U.S. Surgeon General and Assistant Secretary of Health.

This Nation is fortunate that a man of Dr. Satcher's dedication, vision and deep commitment to public service has agreed, in fact, to take on this critically important position. I might add, that has been unfilled—unfilled—since 1994. It is time to fill this critical position. We have gone more than 3 years without a Surgeon General to push Americans toward better health and healthier lifestyles.

Dr. Satcher has served the American people as a family practice physician, as an educator and as an established leader in the public health arena. During his tenure as the Director of the Centers for Disease Control, Dr. Satcher worked to strengthen the critical prevention link in our Nation's public health structure. He tackled the problem of lagging childhood immunization rates, increasing the number of kids immunized by nearly 25 percent. Rates increased from 55 percent in 1992 to 78 percent in 1996. This is an exceptional accomplishment.

Under Dr. Satcher's leadership, we reduced by one-fourth the number of kids infected with tuberculosis, which is a primary preventable diseases, some of them permanently disabling, or even fatal. Dr. Satcher also spearheaded a highly successful program to provide breast and cervical cancer screening to young women in America. State participation in the CDC breast and cervical cancer screening program increased from 18 to 50 percent.

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Dr. Satcher has wide-ranging support. He is clearly of the political, of the medical, and of the political agenda that divides America. A man who, at this time, could do this better than anyone else I know. That is why I support his nomination. I hope that our colleagues will also support him in my vote tomorrow. I yield the floor.

Mr. ASHCROFT addressed the Chair. The PRESIDING OFFICER. The Senator from Missouri is recognized.

Mr. ASHCROFT. Madam President, I yield myself as much time as I may consume in my opposition to this nomination.

The PRESIDING OFFICER. The Senator from Missouri is recognized.
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be tolerated, many groups have increasingly called for a “harm reduction” policy. Harm reduction advocates policies to literally reduce the harm of injecting illegal drugs. These policies include providing clean needles to drug addicts and for some—legalization of drugs.

This was the case with the former Surgeon General of the United States, Joycelyn Elders, who actually said that we ought to just legalize drugs, we should make them available on a broad basis so that people could have easy access to them. I think that is the wrong approach. I think accommodating drug users, I think providing a greater accessibility to drugs, providing safe accessibility to drugs sends all the wrong messages.

The “harm reduction” school of thought is the idea that if we provide individuals with either free drugs or clean needles, so that there will be less risk involved in using drugs, that we will have done the right thing.

The Harm Reduction Coalition’s Home Page provides that HRC “supports individuals and communities in creating strategies and obtaining resources to encourage safer drug use. . . . Rather than perpetuating the ‘all or nothing’ approach to drug intervention, harm reduction—and here is the key phrase—‘accepts drug use as a way of life.’

Once you come to the conclusion that you want to accept for this country drug use as a way of life, you really have embraced something that is—very troublesome as far as I am concerned. I think America wants to reject drug use as a way of life. We do not want to accommodate ourselves with the concept of more and more young people and more and more citizens of our culture who are involved in drug use. I think that we really want to do is say we want fewer people to be involved. We think that as a way of life it is something we want to reject rather than embrace.

I see that my colleague from the State of New Mexico is here and has come to the floor. And I intend to speak for quite some time on this issue. I would be happy to ask for unanimous consent that he be able to make some remarks, and then that the Record would reflect that his remarks would be somewhere outside the confines of mine. I think he would probably prefer that.

Mr. DOMENICI. Madam President, if we could have unanimous consent that I could deliver my remarks at 4:30, in which event the Senator would be finished. It is 3:20.

Mr. ASHCROFT. Yes. I would be finished by 4:30.

Madam President, I ask unanimous consent that the Senator from New Mexico be allowed to speak at 4:30, and that so many words be accepted, and I understand he is supporting the nomination—that his time be taken from the time on the supporting side for the nomination.

Mr. DOMENICI addressed the Chair.
We're going to make it less risky for you. We're going to make it cleaner for you. We're going to make it more convenient for you. So any time you need a needle, we can give you one. You won't have to find one or you won't have to pay and get one some other way illegally. We'll just make it available to you. That way, you won't ever have to quit taking drugs."

In 1988, Congress began banning the use of Federal funds for needle exchange programs. Last year, in 1997, Congress included language in the Labor, Health and Human Services Appropriations bill that would allow the ban to be lifted if the Secretary of Health and Human Services determines that needle exchange programs reduce HIV among intravenous drug users and does not encourage drug use. Well, I think it would be a very difficult finding to be able to make.

Since it is the function of the Surgeon General to advise the Secretary of HHS on such policies, Dr. Satcher's position on the needle exchange program is crucial in the debate. Here you have it: The law now says that we will not spend tax dollars in this respect unless the Secretary of Health determines that needle exchange programs reduce HIV among intravenous drug users and does not encourage drug use. So all he would have to do is say, well, I kind of think they probably will reduce—or accept a study that might say that they do, or accept a study that says they don't encourage drug use. And having done that, he is in the position to have the law of the United States go from not supporting needle exchange to supporting needle exchange programs.

Dr. Satcher's needle exchange position has been very difficult to determine. It has been difficult to determine in substantial measure because they have not been forthcoming. There has been a set of responses made by the Centers for Disease Control which are incomplete. And the more complete they are, the more troublesome they become.

A 1992 study conducted by the University of California moved the harm reduction debate into the mainstream of public debate. Also, this is the most often cited study showing that needle exchange programs reduce HIV in intravenous drug users.

In 1993, CDC was asked to "review" the CDC's own reports and give its "opinions and recommendations for Federal action in response to needle exchange programs." In the review, the CDC embraced the study findings that needle exchange programs reduce HIV infection among IV drug users and show no evidence of encouraging drug use.

The CDC, led by Dr. Satcher, made its recommendations not only on Federal action but also made recommendations on policy changes to State and local governments.

The ban on Federal funding of needle exchange programs should be removed to allow States and communities the option of including needle exchange programs in comprehensive programs that share Federal funding.

In the review, the CDC found the recommendation that State and local governments repeal their drug paraphernalia laws as they "apply to syringes," to be "reasonable and appropriate." So here you have the Centers for Disease Control, under the leadership of Dr. Satcher, saying that we ought to urge States to repeal their drug paraphernalia laws concerning syringes because it is a reasonable and appropriate recommendation. He is sending word up the chain to the Secretary of Health and Human Services that that is what ought to be done.

He is also saying the ban on Federal funding of needle exchange programs should be lifted to allow States and communities the option of including needle exchange programs in comprehensive programs.

The review also found the California study recommendation that "substantial Federal funds should be committed both to providing needle exchange services and to expanding research into these programs." And they found that recommendations was reasonable and appropriate."

So here is what you have. You have the CDC recognizing and evaluating the California study. And then you have the CDC under Dr. Satcher's direction and leadership, that the recommendations are both reasonable and appropriate.

And what are those recommendations? They are to spend substantial Federal funds to provide needle exchange services and to expanding research into such needle exchange programs, and they are to recommend that state and local governments repeal their drug paraphernalia laws as they relate to syringes. And any way that the ban on Federal funding of needle exchange programs should be lifted.

Here you have a real conflict. You have the people of the United States against, providing needles for drug addicts. You have Dr. Satcher running the CDC, evaluating studies and saying that it is reasonable and appropriate to start spending Federal tax dollars. Then he concludes, based on the studies, that there is no increase in HIV transmission programs use as a result of needle exchange programs.

Now, I have to say that this so-called review by CDC has been very controversial. In fact, it was made public only during the past 2 years after a needle exchange advocacy group obtained and disseminated a copy. Prior to that time CDC even denied Freedom of Information Act requests to obtain copies of the review.

Here is what you have. You have the CDC on record saying that needle exchange programs under the direction of Dr. Satcher. You have a refusal of the agency to provide copies of their review of the report. I can understand Dr. Satcher's trying to distance himself from this review. When I asked for a copy of the CDC's review of this report, it was not forthcoming. And when it was forthcoming, it came to me with a critical piece of the operation missing. What was missing was the letter of the CDC— the letter of the CDC—which was the letter of Dr. Satcher—the cover letter—where he is "pleased to submit the attached review."

Now, I have some real reservations about the fact that the CDC would send out the review without having the letter of endorsement on the review that is signed on behalf of David Satcher.

Here is my opinion, for us to make good judgments about individuals who are before the Senate, we have to expect agencies to comply completely with our requests. To provide documents that we ask be provided—selectively— in ways which favor the nominations of a nominee, and to withhold items which might not be as favorable to the nominee and to provide items that might be more favorable to the nominee reflects poorly on the impartiality of the agency. It could reflect on the integrity of the nominee if the nominee himself or herself is in control of the agency. It might be possible to argue that, well, maybe the cover letter does not really apply to the recommendations and maybe the signature on the cover letter, which purports to be a signature for Dr. Satcher, is not one that ought to be considered, but I hope that agency—providing information to the Senate would allow the Senate to make judgments like that.

The Centers for Disease Control has withheld relevant and material information I believe in an effort to mislead this body on Dr. Satcher's position on Federal funding for needle exchange programs.

A statement was made on the Senate floor that suggested I was trying to mislead my colleagues that Dr. Satcher supports needle exchange programs. A Senator stated that "Dr. Satcher has never advocated taxpayer funded needle exchange programs for drug abusers. Dr. Satcher has recommended to Congress that we allow scientific studies to answer the key questions involved with this issue." Dr. Satcher believes we should never do anything to advocate the use of illegal drugs; the intravenous use of illegal drugs is wrong. He has said that he opposes the use of any illegal drugs."

The key point here is after I indicated Dr. Satcher had promoted and
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they sent us documentation that said they had ever funded a conference that the conference actually went through. They then asked that they wanted to support Dr. Satcher’s representatives to Senators and to the members of the committee of the Senate that he does not support needle exchange programs. So we will look at the record. First, he submitted the review I just mentioned—tied to the Federal ban. Under Dr. Satcher’s leadership the CDC has cosponsored conferences designed to advance the needle exchange agenda.

I have mentioned the cover letter that I was sent by the Department of Health and Human Services Legislative Affairs Office, but now I quote:

The CDC does not provide funds to support needle exchange programs, nor has the CDC directly funded any educational needle exchange conference. Although the CDC has, of course, participated in several conferences and other activities designed to reduce the spread of HIV/AIDS, the CDC did not fund such conferences. The CDC has participated in several conferences and other activities designed to reduce the spread of HIV/AIDS but said categorically there were no CDC funded conferences in this respect.

When my office requested information from the CDC on the “number of needle exchange programs, education or research conferences sponsored with Centers for Disease Control funds,” I was told that the CDC did not fund such conferences. The cover letter, transmitted with part of the information that we had requested, stated that the “CDC has participated in several conferences and other activities designed to reduce the spread of HIV/AIDS” but said categorically there were no CDC funded conferences in this respect.

Understanding again the lawyer speak, the CDC only funds conferences “designed to reduce the spread of HIV/AIDS,” therefore, we had to ask for information on all conferences funded by the CDC that were designed to reduce the spread of HIV/AIDS. We asked for this information 5 days ago and still have not received it.

Even though the CDC stated that it did not fund such conferences. Even though, we have a great deal of information, including conference brochures, indicating that the CDC does fund such conferences. They found one “Award of Notice” relevant to my request, it was a needle exchange conference that was designed to reduce the spread of HIV/AIDS. A coincidence that they did not provide us with notice of the clean-needle programs. We were able to include a panel, featuring a nationally known expert, to present the opposing view.

I quote from a letter from the Illinois Drug Education Alliance—"Getting the Point" Conference which was addressed to Dr. Satcher.

Dear Director Satcher. As President of the Illinois Drug Education Alliance, I take strong exception to how the Centers for Disease Control and Prevention are promoting clean needle programs in the State of Illinois. My understanding is that no Federal monies be spent on clean needle programs, so I do not understand how the CDC can justify promoting clean needle programs.

In Chicago, on June 30, 1997, the Chicago Department of Public Health and Centers for Disease Control and Prevention cosponsored a conference “Getting The Point” on clean needle programs. I was one of three IDEA (Illinois Drug Education Alliance) board Members who attended the conference, and I can personally testify that it was totally weighted toward clean needle programs. There were no (in italics “N-O”) speakers presenting the opposite view.

Judy Kreamer, the President of the Illinois Drug Education Alliance, persists to write:

We were further alarmed to learn that the CDC is providing technical assistance and financial support for another conference “HIV Prevention Among Injection Drug Users.”

The Illinois Drug Education Alliance also presents a clearly biased perspective. After a number of telephone calls and cooperation of IDPH, we were able to include a panel, featuring a nationally known expert, to present the opposing view.

Critical point. The kind of representations made by Dr. Satcher to Members of the Senate have been that he opposes Federal funding for clean needle programs.

That was made so convincingly to a number of Members of this body that when I rose to say early in the debate that he advocated clean-needle programs or needle exchange programs, there were those who rose to vociferously contradict it and assure us that that was not the case. I think this evidence speaks for itself.

One, he has endorsed a report saying it’s reasonable and appropriate to have substantial Federal funding for clean needle programs. The Illinois Drug Education Alliance has endorsed a report saying it’s reasonable and appropriate to urge that the State laws be changed so that drug paraphernalia laws provide an exception for needles and syringes. Secondly, there is clear evidence, when all the evidence is in—or at least when enough evidence is finally provided—that not only did the Department fail to provide us with notice of the clean-needle programs, there was a selective provision of materials requested by the Senate, and that is very, very distressing. The reasoning for not providing the letter was that it was just a transmittal letter, although they did send us, of
course, a substantial amount of information. I would like to submit the conference agenda and letter for the RECORD.

I ask unanimous consent that it be printed in the RECORD.

There being no objection, the materials are ordered to be printed in the RECORD, as follows:

**SELECTED READINGS REGARDING HIV/AIDS AND ACCESS TO STERILE SYRINGES AND NEEDLES**

**DISCLAIMER**
(The following printed materials are provided as background for the “Getting the Point” conference. Inclusion here does not represent endorsement by the conference sponsors for any views expressed in the materials. Refer to CDPH notes throughout. In all cases, readers are urged to review original copies of the full documents and supporting materials.)

**GETTING THE POINT**
(A Conference about Clean Needle Programs)

**BACKGROUND**
HIV/AIDS, hepatitis and other blood-borne illnesses are often spread through contaminated equipment used by injection drug users (IDU). As one effort to address the problem, Illinois legislators are debating measures to legalize possession of hypodermic syringes and needles and allow their limited sale without prescription at pharmacies. Such measures are intended for people who cannot or choose not to get treatment for their substance abuse.

**OBJECTIVES**
Our conference is intended to educate and encourage discussion regarding clean needle programs. Participants will learn about: (1) epidemiology and demographics of HIV/AIDS related to needle exchange and harm-reduction for IDU; (2) related state law and local legislation; (3) related legal/legislative issues; and (4) community response.

Information and feedback from the conference will assist the Chicago Department of Public Health in formulating policies regarding the role of clean needle programs as part of a comprehensive system of prevention, education, and care for injection drug users and their sex partners.

**ADDRESS**
Jonathan Mann, M.D., M.P.H. The plenary keynote will be delivered by Dr. Jonathan Mann, founding director of the World Health Organization’s Global Program on AIDS and Chair of the U.S. President’s Commission on Global Health. At the Harvard School of Public Health, Dr. Mann is Director of the International the Francois-Xavier Bagnoud Center for Health and Human Rights. Additionally, he is Professor of Epidemiology and International Health, and Director of the International AIDS Center of the Harvard AIDS Institute. Dr. Mann will discuss public health lessons and challenges related to the HIV/AIDS epidemic and clean needle programs.

**SPECIAL PRESENTATION**
Connecticut Representative William Dyson, D-New Haven, reports on the results of clean needle legislation in his state.

**WORKSHOPS**
All three workshops will be held twice (11:00 AM and 1:30 PM). Each features a panel of authorities and opportunity for audience participation. Indicate your preference on the attached form.

**Workshop A: Needle Programs. Place: Video Theater. Questions: What impact do needle exchange programs have on the effectiveness of needle exchange programs? Does access to clean needles reduce disease? Will easier access increase the use of drugs and encourage IDU?)

Moderators: Supriya Madhavan, Epidemiologist, CDPH. Speakers include: Steve Jones, CDC; Andrea Barthwell, Encounter Medical group, Chicago; Beth Weinstein, Connecticut Dept. of Public Health.

**Workshop B: Community Response. Place: Main Auditorium: How strong is the public sentiment for and against clean needle programs? What are opinions of affected neighborhood groups, churches and community leaders? Moderator: Theodora Binion-Taylor, CDPH. Speakers include: Sandra Crouse Quinn, University of North Carolina, Chapel Hill; Johnny Colon, VIDA SIDA; Sidney Thomas, Woodlawn Adult Health Clinic.

**Workshop C: Legislative Issues. Place: Multipurpose Room B: How are legislators handling proposals to legalize possession of hypodermic syringes and needles? How would such proposals impact law enforcement, pharmacies, and other interested parties? Moderator: Fikrite Wagaw, Epidemiologist, CDPH. Speakers include: William Dyson, Connecticut State Representative; Sara Bachner, CDPH.

**AGENDA**
8:30-8:55 Welcome and Overview:
Robert Rybicki, M.A., Assistant Commissioner, CDPH Division of HIV/AIDS Public Policy and Programs.
Steve Whitman, Ph.D., Director of Epidemiology, Chicago Department of Public Health.
9:00-9:30 Keynote Address:
9:30-9:50 Legislative Issues:
State Representative William Dyson, Connecticut General Assembly.
9:50-10:00 Treatment Dilemmas:
Andrea Barthwell, M.S.W., Woodlawn Adult Health Clinic.
10:00-10:30 Community Perspectives:
Sydney Thomas, M.S.W., Woodlawn Adult Health Clinic.
10:30-10:45 Questions and Answers:
10:45-11:00 Break
11:00-12:00 Concurrent Workshops A, B, C
12:30-2:00 Wintergarden Lunch
1:30-3:00 Concurrent Workshops A, B, C (Repeated)
3:00-3:20 Break
3:20-4:30 Closing Plenary
Workshop Summations: Complexities for Law Enforcement: Views From the Chicago Police Department, Commander Dave Boggs
Perspectives of Public Health: Sheila Lyne, R.S.M., Commissioner, Chicago Department of Public Health.
4:30 Adjournment
Mr. ASHCROFT. Madam President, the CDC also cosponsored with the Atlanta Harm Reduction Coalition, which is one of the groups who believe that reducing the harm of IV drug use through needle exchanges is an appropriate way for us to begin to accept drug use as a fact of life and a way of life in the United States. I ask unanimous consent that the agenda of the Atlanta Harm Reduction Coalition Conference, cosponsored by the CDC, also be printed in the RECORD.

There being no objection, the materials are ordered to be printed in the RECORD, as follows:

**HARM REDUCTION**
Harm reduction is a model and a set of strategies, based in the public health ideology, that encourage users and service providers to reduce the harm caused by licit and illicit substance use. In allowing users access to the tools needed to become healthier, we recognize the competency of their efforts to protect themselves, their loves ones and their communities.

The Atlanta Harm Reduction Working Group Conference is a two-day meeting dedication to advance harm reduction in the Southeastern United States. Although this area of the country is a focal point for several prominent schools of public health and government control agencies, most local policies do not use public health or harm reduction when dealing with substance users.

This conference is designed for health care workers, social service providers, outreach workers, drug treatment workers, educators, lawyers, law enforcement officials, researchers and academics for education on harm reduction policies. The specific objectives include presenting practical strategies for incorporating harm reduction into existing services and programs; providing local and national examples of successful harm reduction strategies; and developing networks of people who are or will be working in the field of harm reduction.

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Abeni Bloodworth, Summerhill Oneto-One.
Gwen Alford, MPH, Acupuncturist.
Rita Anne Rolls Room-Bh Floor
1:30-3:30 p.m.—Where Do We Go From Here? Community Organizing and Grass-Roots Policy Change:
Sara Kenner, Harm Reduction Coalition; Joyce Perkins, Nashville Needle Exchange Program.
Dave Purchase, North American Syringe Exchange Network.
Cathalene Teahan, Georgia AIDS Coalition.
Sterling White, Starr Team.
3:45-5:30 p.m.—Southeast Harm Reduction Coalition Meeting.

Please Attend the Fund-raising Events for the Atlanta Harm Reduction Coalition Friday Evening: Whole World Theater Beneﬁt, Saturday Evening: Red Light Café Beneﬁt.

CONFERENCE SPONSORS

U.S. Centers for Disease Control and Prevention; Atlanta Harm Reduction Coalition; Harm Reduction Coalition (HRC); The Drug Policy Foundation; The Lindesmith Center; Dogwood Center; Common Sense for Drug Policy; The Criminal justice Policy Foundation; Summerhill One-to-One; Emory Harm Reduction Working Group; Sisterlove; Nyarko & Associates; Emory University Center for Health, Culture and Society; Georgia AIDS Coalition; Georgia Men’s Health Education Network; North American Syringe Exchange Network; Southeast AIDS Training and Education Center; Rollsion School of Public Health of Emory University.

February 9, 1998

Rollins School of Public Health-Working Groups

2:00-3:45 p.m.—Drug Treatment, Twelve-Step, and Harm Reduction: How They Best Relate:
Imagining Woods, Training Specialist, Progressive Solutions.
Nana Nyarko, Nyarko & Associates.
Bruce Stephenson, NDR1.
George Kenney, AIDS Action Committee.

2:00-3:45 p.m.—Harm Reduction in the Black Community: Key Challenges and Effective Techniques:
Michaél Fiske, MPH, Atlanta Harm Reduction Coalition.
Ricky Bluthenthal, Harm Reduction Coalition.

Ben Selasi, MPH, MSW, GA Men’s Health Education Network.
Dazon Dixon, Executive Director, Sisterlove.
Cheeryl Simmons, SISTERS.
2:00-3:45 p.m.—Harm Reduction and the Criminal Justice System:
Erick Sterling, JD, Criminal Justice Policy Foundation.
Nicholas Pastore, Chief of Police, New Haven, CT.

Sterling White, Starr Team.
Cheryl Epps, Dir. of Government Affairs, The Drug Policy Foundation.
Nancy Lord, MD, Attorney at Law.

2:00-3:45 p.m.—Needle Exchange, a Harm Reduction Intervention: Savings Lives One at a Time:
David Purchase, North American Syringe Exchange Network.
Ariane Kraus, Atlanta Harm Reduction Coalition.
Mark Kinsal, Bridgeport, CT, Department of Health.

on Paul Hammond, Harm Reduction Coalition.

2:00-3:45 p.m.—Reaching Youth:
Whitney Taylor, The Drug Policy Foundation.
Heather Edney, Santa Cruz Needle Exchange.
Rosa Colon, Lower East Side Harm Reduction Center.

CONGRESSIONAL RECORD — SENATE

S495
Our community has worked hard to battle the drug problem that plagues our neighborhood at many levels. But the needle exchange program gives dealers and users one more weapon in their arsenal. In addition to local dealers, we also have users from outside our community now find reasons to frequent our neighborhood.

Drug addiction is not a victimless crime. Not only is the addict killed in the process, the addict preys on those around him. Prostitution, burglary, and, now violence are an increasing problem in our community. So while the needle exchange people try to help addicts, they do so at the expense of our neighborhood.

You wonder about taxpayers who establish neighborhoods, who own homes, pay their taxes, what they think of a Government that provides needles so that addicts will come to their neighborhoods and they help addicts at the expense of the neighborhood.

The needle exchange people, who do not live in our community, have been allowed to operate openly for more than two years here, while the police and neighbors looked the other way. We have seen no noticeable changes of a positive nature. The drug problem only gets worse.

Sadly, AIDS is a fact of drug addiction. But the truth is, nothing but recovery and abstinence can truly save the addict. Most addicts have contracted AIDS, but from a host of other tragic consequences directly related to a life of addiction.

This citizen from Pittsburgh, PA, I think tells us something about needle exchange programs.

Here is a letter from the editor of the New York Times:

Ever since the Lower East Side Harm Reduction Center—

Remember the harm reduction group, the kind of group that sponsors these kinds of programs that have been subsidized by American tax dollars through the CDC.

Ever since the Lower East Side Harm Reduction Center, a needle exchange program, began operating in a storefront in a residential parking lot near City Hall, pork barrel politics have put addicts in the spotlight. The city has witnessed drug abuse not seen since the 1980’s. Needle exchange is a link in a chain of stop shopping. Here, users can receive your Government-sponsored clean needles (there is no limit to the number), rod and steal to get money for drugs (or sell your clean needles), buy cocaine in store fronts, or heroin on any corner, then leave behind a pool of blood, dirty syringes, glistening bags, alcohol swabs, and bottle caps—the debris of a degraded individual. The needle exchange program has legitimized drug use on the lower east side.

“The needle exchange program has legitimized drug use.” That is the key. That is the problem. We don’t want to make drug use legitimize.

And by a tacit approval has invited a population of predators into our community. Statistics tell us, if the addicts can’t get the needle, the needle they have been given. The only criteria for measuring the success of the program.

One of the inevitable consequences of needle exchange programs is that the police look the other way. I mean, after all, if we are going to give them the needle with which they are to use the illegal drug, you are not really in the position to go and ask them to stop using the illegal drug.

So we compromise the integrity of the law enforcement community. We make them duplicitous individuals who say one thing but have to do another. We make the police house as a safe zone, and that divides, and that divides, and that divides.

From South Tucson, the Arizona Daily News:

When the unmarked police car pulled behind the Wagon Wheel Bar yesterday afternoon, a mound back that was leaning on the back wall with both hands on one ankle. “She is shooting,” said Gerald Brewer, South Tucson Police Chief. Brewer was chezing down a line of intravenous drug users when he happened upon the woman who stood and walked over to the South 6th Avenue when the police car stopped and Brewer yelled, as he stepped from the car and walked after the woman. But she didn’t stop, even as Brewer pulled a gun from his ankle holster and shouted at her several more times. She disappeared around the corner of the bar and Brewer didn’t follow. She had shot the dope up and already she was rubbing her ankles. So there is no substance on her. “She has discarded the syringe,” Brewer said, explaining why he didn’t chase her. After turning a trick, prostitutes go to drug houses near South 6th Avenue. Then they fire up in a vacant lot, or an alley, before heading back to 6th Avenue to repeat the cycle.

The point here that is being made is since it is no longer illegal, since the government gave you the needle, once the drug is injected into you, and you are no longer carrying the substance—least outside your body and in your bloodstream—you are no longer subject to the risk of getting demoralizing the police, and you end up making it impossible for individuals to enforce the law.

This article is from the Vancouver Sun about Glasgow, Scotland which is called “The drug injecting capital of the world.” That is a title we don’t want to wrest from their control. They have a massive needle exchange program there that makes it possible for individuals to be drug injectors very conveniently, theoretically, safely.

The article from the Vancouver Sun says:

Michelle is 20. She is soaked through, wearing all the clothes she owns. A thin, pretty, guarded girl in a sodden, flimsy top and tight trousers. She has been on drugs for 5 years, and sleeps in an abandoned warehouse with her boyfriend, Michael, 26. Both have spent the equivalent of $800 Canadian on two days of heroin. Michelle isn’t sure if she has 17 or 25 convictions for shoplifting. She is a 36-year old woman from the Buffalo who lives in heroin shooting galleries, and being placed in foster care, she sent them away years ago to live with a sister in North Carolina. But she can’t stop thinking of them. She has attached to her blouse a section of an old rosary that belonged to her father’s grandmother in a piece of jewelry she found, a gold heart surrounded by the words “Perfect Mom.” “I pray a lot despite the life I lead,” she said. “I know it sounds perfected. It doesn’t. I think that maybe there is a chance I can have my children back.”

The Buffalo News talked about the two sites which together have distributed 713,000 hypodermics in less than 4 years. They have about 600,000 needles, not in the exchange program necessarily, many of which would have littled the city neighborhoods in the exchange program. Needle exchange programs are not always as effective as their advocates suggest to the public.

Connecticut has six needle exchange programs, and repealed its syringe prescription law in 1992 to 1995. The Office of the National Drug Control Policy, led by America’s Drug Czar, General Barry McCaffrey, strongly opposes the needle exchange program.

On August 20, the Office of National Drug Control Policy issued a statement: “Federal treatment funds should not be diverted to short-term harm reduction efforts like needle exchange programs.”

We are told by those who keep statistics on drugs that more teenagers are being driven to the use of heroin, cocaine, and marijuana through advertising that appeals to young adults tried heroin for the first time in 1996 than ever before. Imagine what would be the case if it had the endorsement of the Federal Government.

Speaking in front of a Harvard research conference, General McCaffrey called spending money on the needle exchange program a “copout.” He said, “The problem isn’t dirty needles. It is the injection of illegal drugs.”

His statement, I believe, is the policy that is appropriate.

Here is a story from the Buffalo News, August 24, 1997 “Accepting Defeat.”

The needle exchange is one of the few places where addicts aren’t treated like losers, although that is how many view themselves. “There is no more shame in me,” said a 36-year old woman from the Buffalo who has been on drugs for 35 years. The woman, who asked not to be identified, has lived in heroin shooting galleries, and worked as a prostitute to support her drug addiction. She wears her terrible life on a racked, puffy face. To prevent three of her children from being placed in foster care, she sent them away years ago to live with a sister in North Carolina. But she can’t stop thinking of them. She has attached to her blouse a section of an old rosary that belonged to her father’s grandmother. In the piece of jewelry she found, a gold heart surrounded by the words “Perfect Mom.” “I pray a lot despite the life I lead,” she said. “I know it sounds perfected. It doesn’t. I think that maybe there is a chance I can have my children back.”
1992. It has intravenous drug use related AIDS at 61 percent. This is almost double the national average.

New York has 10 needle exchange programs, but has intravenous drug use related AIDS at 49 percent. It is also a lot higher than the national average of 33 percent.

Italy and Spain have a 70 percent HIV rate among IV drug users, and have never had a restriction on the sale of needles. So they are freely available there.

Dr. Satcher thinks from looking at the data, that there is no conclusive evidence that making needles available and providing them freely reduces the HIV infection rate. Embracing the harm reduction—defeasist—philosophy to any degree will lead to further tolerance of drug addiction.

The so-called “syringe experiment” I think we have all heard about. First, they started a needle exchange program. Then they opened the needle park so that they could give addicts a place to shoot up. Obviously, it is a park in which they just allow drug use.

Then, in order to cut down on crime, they began giving 1,000 addicts doses of heroin. And that will increase to 5,000 this year. This is the only drug effort, a growing momentum, to legalize all drugs.

It is a question of whether or not we as a culture want to say that we accept drug use as a way of life, or whether we want to say we want to correct this problem in America.

I believe that we ought to stay with Dr. Satcher's position. If the problem is not dirty needles. "The problem is heroin addiction. The focus should be on bringing help to this suffering population—not to give them more effective means to continue their addiction. One doesn't want to facilitate this dreadful scourge on mankind."

How does this relate to the nomination of Dr. David Satcher? Unfortunately, it is pretty cut and dried. Dr. Satcher has been less than candid with the U.S. Senate, and has been less than candid with Members of this Senate in providing his record on the needle exchange programs. The Centers for Disease Control, under his direction and authority, selectively has provided to the Senate materials which would indicate that he does not have a program supporting needle exchange when a more thorough review of the Record indicates that he has personally endorsed programs that would promote needle exchange opportunities.

It is troublesome to me why this nominee would provide information on a selective basis.

It is, second, troublesome to me that he would support a clean needles program.

And, third, I would say that the single most important thing that must exist between the Nation and its family doctors is America of trust. I believe that the elements of that required trust are lacking in the way that the CDC has provided information, and its selective provision of information and its withholding of information is that important.

The needle exchange program is just one of the reasons that I believe this nomination should not go forward. The needle exchange program flies in the face of other American people whom I believe really endorse General Barry McCaffrey—understanding that the addiction is the problem, and for us to support that addiction with a clean needle program would make no sense.

For these and the reasons relating to the AIDS studies, for the reasons related to the deployment of the resources of the Centers for Disease Control to limit the availability of listening to people to their second amendment rights, I believe we should reject this candidate.

I was, I think, safely in the population of the Senate believing that there were no problems with an individual whose record is so replete with qualification and qualification at one time. It is true that Dr. Satcher is a remarkable person, and he has done great things. The conflict of values the Senators failed to mention that the Denver Broncos had won the Super Bowl for the first time under Dr. Satcher’s direction of the CDC. But that is about the only good thing that hasn’t flowed. But the truth of the matter is that there are other important considerations.

David Keene came to my office late last year and began to alert me to the issue which we have been carefully monitoring at this candidacy, and to see the critical points of attention between the values of America and the willingness of this candidate to support things like the needle exchange, and to support things like, research on other containments that could not be done here to support concepts like partial-birth abortion. While all of these things are related to science and can be undertaken by individuals of great intellect and may only be undertaken by individuals of great intellect and training, they are at odds with the values of America. There should be an understanding that Americans do not want to sponsor the criminal activity of intravenous drug use, that Americans do not want to treat people on the other side of the world as medical experiment subjects instead of as human beings. They don't want to give them sugar pills if giving sugar pills would be illegal in the United States. They can't have it both ways that we have been ethical by saying that we got the consent of all the people involved in the medical studies when those consents were not only seriously challenged—but had to be strengthened—on the advice of ethicists because the consents were not appropriately obtained.

This conflict of values is at the heart of this nomination. I believe the conflict is so substantial that it would be well served to ask the President to send us an individual whose commitment to the public health reflected the values of the American people.

I take this opportunity to thank Mr. Keene who came to see me and who brought to my attention the need for this particular kind of investigation, which I believe demonstrates that this nomination should not be confirmed by the Senate.

Mr. KENNEDY. Madam President, the Senator from Missouri asserted that the CDC funded an Illinois needle exchange conference “Getting the Point.” The H.H.S. informs us that the CDC did not cosponsor the conference.

The Center’s for Disease Control do not fund “needle exchange conferences.” CDC does make a number of small grants to local organizations to support HIV/AIDS prevention conferences, and awarded approximately $600,000 to 65 projects last year. The conferences can include such topics as community planning; HIV testing; counseling; referral and partnership notification; health education and risk reduction; public information programs; and training and insur-
of an intra-departmental transmittal memo when it supplied Senator ASHCROFT with information concerning CDC's staff review of a University of California Needle Exchange study. The truth is that Senator ASHCROFT received everything he requested from HHS less than 24 hours after his request was first sent to HHS by Majority Leader LOTT's staff. Senator ASHCROFT's request included "The RECORD, as follows: was ordered to be printed in the full text of the transmittal letter be CDC on November 15, 1993. And as Dr. completed before Dr. Satcher joined CDC of California needle exchange study was a scientific evaluation prepared by CDC on needle exchange staff review and indicates that it was reviewed for scientific comment by staff of other HHS health agencies.

If anything, the memo indicates how little Dr. Satcher and other top HHS public health officials were involved in the CDC staff review of the needle exchange study. In the memo, Dr. Satcher states that "Directors of these [public health] agencies have not been asked for final concurrence on the review." It is also important to remember that the CDC review of the University of California needle exchange study was a scientific evaluation prepared by CDC career staff. Most of the work was completed before Dr. Satcher joined CDC on November 15, 1993. And as Dr. Satcher's cover note indicates, it was not intended to represent the views of the leaders of the HHS public health agencies.

I ask unanimous consent that the full text of the transmittal letter be printed in the RECORD. There being no objection, the letter was ordered to be printed in the RECORD, as follows:


Rio de Janeiro Boufard
Subject: Review of University of California Report on Needle Exchange and Recommendations on Needle Exchange

On October 15 you requested that the Centers for Disease Control and Prevention (CDC) review the University of California research report on needle exchange and provide opinions and recommendations for Federal action in response to needle exchange.

The UC report and recommendations were reviewed by CDC staff. CDC also requested and received comments on the UC report and recommendations for needle exchange from the National Institutes of Health, the Substance Abuse Mental Health Services Administration, and the Food and Drug Administration. The comments attached to the review were provided by the Principal AIDS Coordinators of the four agencies. Directors of these agencies have not been asked for final concurrence on the review.

I am pleased to submit the attached review (Tab A).

Attachment

Tab A—Review of University of California Report on Needle Exchange and Recommendations on Needle Exchange

Tab B—NIDA/NIH Comments on the University of California Report on Needle Exchange and Recommendations on Needle Exchange

Mr. KENNEDY. The subject of that transmittal was a University of California needle exchange study, commissioned in 1992 by the Bush Administration. The goal was to provide a scientific evaluation of local needle exchange programs.

Senator ASHCROFT has requested and received a review of the University of California study prepared by CDC scientific staff. The CDC review was conducted by career CDC scientists and the bulk of the review was done before Dr. Satcher joined CDC.

The CDC staff analysis was not intended to reflect scientific consensus within the Department of Health and Human Services. It must include, but not be restricted to, the National Institutes of Health, the Substance Abuse and Mental Health Services Administration, the Health Resources and Services Administration and the Food and Drug Administration.

While scientific review of needle exchange issues continues, HHS has not yet concluded that the conditions set forth by Congress on federal funding of needle exchange programs have been met.

Dr. Satcher has never advocated taxpayer funded needle exchange programs for drug abusers. He also believes strongly that we should never do anything to advocate the use of illegal drugs. The intravenous use of illegal drugs is wrong. It is a major public health problem as well as a law enforcement concern.

Dr. Satcher does believe that to realize our goals of effective HIV prevention, it is vital that we identify and evaluate sound public health strategies to address the epidemic of HIV and substance abuse.

Dr. Satcher, like Secretary Shalala, has recommended to Congress that we allow scientific studies to answer the key questions involved with this issue.

Dr. Satcher supports the Administration's position as summarized in Secretary Shalala's February 1997 report to Congress that concluded that needle exchange programs "can be an effective component of a comprehensive strategy to prevent HIV and other blood borne infectious diseases in communities that choose to include them.

But, the Department has not yet concluded that the conditions set forth by Congress on federal funding of needle exchange programs have been met. Specifically, it has not yet been concluded that needle exchange programs do not encourage drug use, one of the key standards set by Congress. The Department continues to look at the science on this issue.

The federal government continues to fund the research and evaluation of state and locally funded needle exchange programs in order to increase scientific knowledge concerning their impact, if any, on drug use. But at present, this is, and should be, a local decision. Under current law and policy, local communities remain free to use non-federal funds to support such programs if they choose.

Madam President, earlier today, the Senator from Missouri and I had a colloquy about surveys of child-bearing women for HIV.

The surveys began in 1988 and the State of Missouri requested to participate in them from the beginning, including while Senator ASHCROFT was Governor, the director of the division of administration signed on behalf of Missouri.

I ask unanimous consent that two applications on behalf of the State of Missouri be printed in the RECORD at this point.

There being no objection, the applications were ordered to be printed in the RECORD, as follows:

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application
2. Date Submitted: 9/3/91.
3. Date Received by State: [X] Non-Construction
4. Date Received by Federal Agency: Federal identifier: U52/C87U0241-02.
5. Applicant Information:
   - Legal Name: Missouri Department of Health
   - Address (give city, county, state, and zip code): 7300 E. Elm, P.O. Box 570, Jefferson City, MO 65102
   - Organizational Unit: Bureau of AIDS Prevention

7. Type of Applicant: (enter appropriate letter in box) [A]
   - A State
   - B County
   - C Municipal
   - D Township
   - E Interstate
   - F Intermunicipal
   - G Special District
   - H Independent School Dist.
   - I State Controlled Institution of Higher Learning
   - J Private University
   - K Indian Tribe
   - L Individual
   - M Profit Organization
   - N Other (Specify)
8. Type of Application: [X] Continuation
9. Revision

February 9, 1998
So I was delighted to learn that one of his top priorities would be to put the health of our children and our grandchildren in the national spotlight. All of these matters fall directly within the job description of a U.S. Surgeon General.

I might say, it seems to me what we are concerned with, Madam President, is not just extending the life expectancy of Americans. It is beyond that. We want to have Americans in good health. As I mentioned in their elderly years, and throughout all their lives. In other words, it’s what they call the quality of their lives that we are concerned with. It is not just living longer, it’s that they be healthy and be able to construct a healthy life and a happy one, where they feel good about themselves.

In the period we have gone without a Surgeon General, we have been confronted with a host of tough public health issues. I believe the need for a Surgeon General has never been greater. We have these problems in my home State of a very substantial percentage, something like 27 percent, of our seniors in high school smoke. This is on the increase, not just in my State but throughout the nation. We have seen widespread substance abuse, and continued struggle with AIDS, and a startling rate of obesity amongst our youngsters. They just don’t get out there and exercise.

As we consider the potential consequences of human cloning research, I for one would benefit from the perspective that a Surgeon General would bring to this issue. Several of my colleagues have expressed misgivings about this nomination. Some have raised concerns about Dr. Satcher’s views on late-term abortions. Others have questioned his role in a series of AZT trials that have been conducted in Africa.

I just heard the distinguished Senator from Missouri talk about concerns about the free needle exchange, or needle exchange program. As Senator Jeffords, the chairman of the Labor Committee, and Senator Frist, the chairman of the Public Health and Safety Subcommittee, stated during the debate on the nomination last week, these are not new charges. I am not familiar with the needle exchange that was just being discussed here before, but as I understand it, the AZT trials and the late-term abortion matters were thoroughly discussed in the committee and subcommittee. Each of these issues was raised by the committee during Dr. Satcher’s confirmation and it is my understanding he responded satisfactorily to the committee. They reported out the nomination.

Indeed, his answers on those and other matters have been available for all Senators and the American people to view.

So I want to say I am pleased that we have the nomination for a new Surgeon General before us. I applaud the majority leader for recognizing the importance of this post and moving the Senate forward on this matter.

So I urge my colleagues to join me in voting for cloture and in favor of Dr. Satcher’s nomination.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll. The legislative clerk proceeded to call the roll.

Mr. DOMENICI. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. DOMENICI. Madam President, I am slightly late but it is fair to assume that I have 15 minutes.

The PRESIDING OFFICER. Under the previous order, the Senator is recognized for 15 minutes.

Mr. DOMENICI. If Senator Bingaman arrives I will yield time to him. If he does not, I will speak on my own for the 15 minutes.

The PRESIDING OFFICER. The Senator is recognized.

Mr. DOMENICI. Madam President, I rise today to support Dr. David Satcher to be the Surgeon General of the United States and Assistant Secretary for Health at the Department of Health and Human Services. Let me first say I base this on many things, but I would like to tell the Senate right up front that we owe a debt of gratitude to a man who is a United States Senator, Dr. Bill Frist from the State of Tennessee.

While I am not saying that he knows everything about medicine, he knows a lot more than I do. We have talked at length about this nominee and he not only knows him, but he knows of him in ways that I probably would not discern from just reading the same things that my friend Senator Frist has read.

Because he reads into some of these past performances and past professorships, and the things that Dr. Satcher has done—he reads much more into them than I can because he knows what they are all about.

Suffice it to say that no Senator should rely on another Senator as the only source of why he votes one way or another, but I would like to say right up front that I started with at least a presumption on my part that I would find out a little more and read what I could on my own in addition to receiving some of the information.

On my own, beyond that, I have looked at his career and, frankly, I think the President has picked a very, very distinguished American doctor. He has been a rather reputable scholar, a rather renowned teacher, and obviously a very good physician. In addition to that, he has obviously done considerable research and already in his career has been the head of one of America’s premier institutions that pertain to preventive medicine and well-being, the Centers for Disease Control and Prevention.

I have recently been fortunate, in turning the channels as I do with the flipper on cable TV, to see a rather exciting report on how great the Centers for Disease Control are. And then I have been reading about some new breakthroughs they are constantly making, and some of the work they do, to catch viruses and learn about them before they strike. I think it is a pretty good qualification to say that this nominee headed that organization during a period of time that it gained in renown and prestige, and clearly I think that is another significant plus for this nominee.

From my own standpoint, some may know that I, over the last few years, have added a significant concern regarding a certain illness to the arena that I worry about. That has to do with diabetes, in this case because in my home State the Navajo Indian people and a couple of other tribes of Indian people are suffering from diabetes at rates and ratios well beyond any other group of American citizens; not just a little bit more, but way, way more to the point of being significantly in trouble. And I actually believe that if we don’t do something about the problem, there are a couple of great groups of Indian people that may not be around in 50 to 100 years. That worries me very much.

I am very grateful that this good doctor and others helped work on the diabetes issue with Secretary Shalala and others, and our good friend Newt Gingrich from the House, and in the last reconciliation bill, the Balanced Budget Act, we put in $150 million over the next 5 years for enhanced research in diabetes in America and, believe it or not, we put in $30 million, $30 million a year, for special attention to this disease among the Indian people.

I happened to talk to Dr. Satcher at length about that. While I assume most doctors can talk about diabetes in a very understandable way, steeped in facts, there is no question that he knew precisely what we were talking about. For that I give him another accolade.

So, I intend, when it is right, to vote in favor of this nominee.

Madam President, I ask unanimous consent I be permitted to speak on a subject that is not on the floor of the Senate.

The PRESIDING OFFICER. Without objection.

Mr. DOMENICI. I believe I have some time left. How much time do I have left?

The PRESIDING OFFICER. The Senator has 12 minutes remaining and may proceed.

Onate Cuarto Centenario—S. Res. 148

Mr. DOMENICI. Madam President, in November of last year, Senator Bingaman and I introduced a resolution regarding the 400th anniversary commemoration of the permanent Spanish settlement in New Mexico.

I ask unanimous consent that the Senator from Mississippi (Mr. Lott);
the Senator from South Dakota (Mr. Daschle); the Senator from Georgia (Mr. Coverdell); the Senator from Nebraska (Mr. Hagel); the Senator from Texas (Mrs. Hutchison); the Senator from Alaska (Mr. Murkowski); the Senator from Montana (Mr. Jeffords); the Senator from New Hampshire (Mr. Smith); the Senator from Utah (Mr. Bennett); the Senator from Maine (Ms. Collins); the Senator from Oklahoma (Mr. Nickles); the Senator from Montana (Mr. Lister); the Senator from Kansas (Mr. Roberts); the Senator from Idaho (Mr. Craig); the Senator from Arkansas (Mr. Hutchinson); the Senator from New York (Mr. D’Amato); the Senator from Washington (Mr. Gordon); the Senator from Utah (Mr. Hatch); the Senator from Mississippi (Mr. Cochran); the Senator from Colorado (Mr. Allard); the Senator from Missouri (Mr. Bond); the Senator from Ohio (Mr. DeWine); the Senator from Indiana (Mr. Lilly); the Senator from Oklahoma (Mr. Inhofe); the Senator from Michigan (Mr. Abraham); the Senator from New Hampshire (Mr. Gregg); the Senator from Tennessee (Mr. Frist); the Senator from Alabama (Mr. Sessions); the Senator from Hawaii (Mr. Inouye); the Senator from California (Mrs. Boxer); the Senator from New York (Mr. Moynihan); the Senator from Illinois (Mrs. Moisley-Braun); the Senator from Massachusetts (Mr. Kerry); the Senator from Wisconsin (Mr. Kohl); the Senator from West Virginia (Mr. Rockefeller); the Senator from Arkansas (Mr. Bumpers); the Senator from Maryland (Ms. Mikulski); the Senator from Florida (Mr. Graham); the Senator from Nebraska (Mr. Kerrey); the Senator from Connecticut (Mr. Lieberman); the Senator from South Carolina (Mr. Thurmond); the Senator from Virginia (Mr. Robb); the Senator from Nevada (Mr. Bryan); the Senator from Nevada (Mr. Reid); the Senator from Louisiana (Ms. Landrieu); the Senator from Washington (Mr. Wyden); the Senator from Missouri (Mr. Ashcroft); the Senator from New Jersey (Mr. Lautenberg); the Senator from Vermont (Mr. Jef fords); the Senator from New Jersey (Mr. Torricelli); the Senator from Alaska (Mr. Boren); be added as cosponsors to S. Res. 148, designating 1998 as the ‘Onate Cuartocentenario’, the 400th anniversary commemoration of the first permanent Spanish settlement in New Mexico.

THOMAS. DOMENICI explained this 83 wagon and 7,000 animals forming a 4-mile long caravan, the archbishop was heard to say, “The first traffic jam in northern New Mexico.” I don’t know if it was that simple. There probably were no intersecting roads then.

When they arrived at San Juan Pueblo on July 11, 1598, they established the first Spanish capital in the New World. They built the San Gabriel chapel and convento. Today, a beautiful replica of the San Gabriel chapel stands in the Espanola Plaza.

It is well known that the Spanish people founded the oldest cities in America. First, St. Augustine, Florida was founded in 1565, followed by Santa Fe, New Mexico, the second oldest city in what is now the United States. In 1610, Santa Fe was named the capital of New Mexico making it the oldest capital city in America today.

Before Santa Fe became the capital of the New Mexico territory, the San Gabrielsection served as the first Spanish Capital of New Mexico, beginning in 1598. Santa Fe is at San Juan Pueblo where the Rio Chama meets the Rio Grande. Its Indian name was Yunque Oweechee. The designation and renaming of this site by its first Governor, Don Juan de Oñate, as San Gabriel del Yunque Oweechee marks the first permanent Spanish settlement in the west.

1998 marks the 400th Anniversary of the founding of San Gabriel del Yunque Oweechee in the Espanola Valley of present-day New Mexico.

This resolution highlights the importance of the Spanish explorations in America and pays tribute to the growing population of Hispanics who are anticipated to be twenty percent of our national population by the year 2030, a projected population of 60 million Hispanics. Two-thirds of the 26 million Hispanics in America—who make up eleven percent of our population today—are of Mexican origin, and 70 percent of Hispanics live in 4 states: California, Texas, New York, and Florida.

New Mexico has the highest percentage of Hispanics at 39 percent or about 660,000 residents out of a total 1995 state population of 1.7 million. Albuquerque, New Mexico, will be the site of a new Hispanic Cultural Center to celebrate and preserve Hispanic culture including literature, performing arts, visual arts, music, culinary arts, and language arts.

New Mexico will be the center of many exciting events throughout the year to commemorate this important historic milestone. New Mexicans are looking forward to fiestas, balls, parades, and other stimulating events to mark this historic occasion.

The Archbishop of Santa Fe will be one of them. On July 11, he will hold an encyclical at Santo Domingo Pueblo to mark the meeting of the missionaries with the Pueblo Peoples.
The City of Española will have a fiesta in July to commemorate the actual arrival of the Spanish into the area. Santa Fe, Las Vegas, Taos, Socorro, Aztec, Albuquerque, and other New Mexico towns and cities will be holding special events as festivities, historic reenactments, a State Fair Pageant, a historic Spanish costume ball, and parades. Seminars and lectures will abound.

State Fair pageant plans include a reenactment of De Vargas’ reentry into New Mexico, a review of the Pueblo Revolt and its ramifications, life under the American flag during the middle to late 1800’s, and a patriotic tribute to all Hispanics who have fought for the United States. This reentry spectacular will be performed twice before large New Mexico State Fair audiences. It will also be televised.

This resolution also asks the President to issue a proclamation declaring 1998 is a year to commemorate the arrival of Hispanics and celebrate their growth in importance in our nation’s culture and economy.

This Senate resolution calls upon the people of the United States to support, promote, and participate in the many Olate Cuatrocentenario activities being planned to commemorate the historic event of the first Spanish settlement in the Southwest Region of the United States.

Mr President, I ask my colleagues to support Senate Resolution 148, designating 1998 as the “Olata Cuatrocentenario” to commemorate the 400-year anniversary of the first Spanish settlement in New Mexico.

Mr. BINGAMAN. Madam President, I rise to speak about Senate Resolution 148, designating 1998 as the “Olata Cuatro-centenario,” the anniversary commemorating the first Spanish settlement in New Mexico. First, I thank my colleague from New Mexico, Senator DOMENICI with whom I have the great pleasure of marking this anniversary, and I thank my Senate colleagues for their support in sponsoring this resolution. The bi-partisan support for this resolution I believe is indicative of the broad understanding and appreciation for the cultural contributions that Hispanics have made in our American society.

This resolution commemorates one of the most meaningful and significant dates of both New Mexico and American history. July 1, 1998 stands out in history because it was on that day almost 400 years ago that the Declaration of Independence was signed in Philadelphia, that a small group of Spanish pioneers ventured north from Mexico, up the Rio Grande Valley and settled in what is now Northern Central New Mexico. The settlers, led by Don Juan de Onate, established a small mission at the confluence of the Rio Chama and the Rio Grande and next to an Indian Pueblo the inhabitants called “Ohke.” The Spanish settlers named their mission San Gabriel de los Espanoles.

From San Gabriel, Spanish families moved outward and, in 1610 established the mission of “La Villa Real de Santa Fe,” now well-known as “Santa Fe.” Other settlements were soon established throughout the Rio Grande Valley, Arizona, California, Colorado, and Texas following the long-established settlements in Florida.

As much as this resolution commemorates the early Spanish settlements on this continent, it is meant to do much more. This resolution celebrates the Hispanic people themselves and the many contributions they have made to the land this country was made to test and this country over the last 400 years.

Indeed, many Hispanics have earned a place in American history. During the American Revolution, Bernardo de Galvez, a Spanish aristocrat and governor of the Spanish province of Louisiana, was instrumental in helping defeat the British navy and army near the Gulf of Mexico.

During the Civil War, David Glasgow Farragut, also of Spanish descent, commanded a Union naval expedition against the city of New Orleans. Because of his leadership at the battle for Fort Jackson, President Lincoln promoted Farragut to Rear Admiral.

Hispanics made significant contributions also in the area of Science. Luis Alvarez, for example, won the Nobel Prize for Physics. Alvarez taught at University of California-Berkeley and was later instrumental in the development of radar at the Massachusetts Institute of Technology. In 1944, he went to work on the development of the atomic bomb in Los Alamos, New Mexico.

Of course, I cannot speak of distinguished Hispanics without speaking of New Mexico’s own Dennis Chavez, whom many of my Senate colleagues no doubt remember well. Dennis Chavez was one of eight children and through hard work and determination became one of New Mexico’s distinguished Congressmen in 1934. Not long after that, he became United States Senator, and while in the Senate worked tirelessly for fair employment and civil rights legislation.

Madam President, I easily can point to all aspects of our American society, from literature to sports, and identify many Hispanic individuals who have made significant contributions. It is a tremendous history—indeed, more than 400 years of history. Through this resolution, I wish to help New Mexico’s own Dennis Chavez of New Mexico, with whom many of my Senate colleagues from the Clinton administration and their colleagues.

Once upon a time, the fate of families leaving welfare might have been an afterthought. The system was set up so that clients who fell on hard times after leaving public assistance could simply re-apply. Cash assistance to families, known as AFDC, was an “entitlement”—if you fell below certain poverty thresholds, you were entitled to benefits.

But since Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, known as welfare reform, that self-regulating feature has vanished. States can kick families off assistance for many reasons, failing to follow federal administrative rules, or simply exhausting their benefits “clock,” a time limit as short as 18 months in some states.

The federal law requires states to submit lots of data on the number of clients who receive benefits and who find jobs, but it is almost silent on the issue of family well-being after clients leave welfare. As federal bureaucrats draft new reporting requirements, there’s a danger that Washington and the governors will define “success” as merely cutting caseloads.

Sessoms and her colleagues have a more robust definition. They’d like to know if clients are earning enough money to rise out of poverty, and if they’re finding good care, whether their children are seeing a doctor and attending school, whether marriages are
holding together or breaking apart. Minneso\’s Department of Human Services has decided to track many of these questions for its own clients. But the nation needs compar\’s to do that. New \’s House committee that has the right incentives and so Washington can compare results of the 50 state welfare experiments.

This is ambitious, even intrusive, list of questions. But then, these were the very questions that prompted welfare reform in the first place. Remembered that Congress didn\’t tackle welfare reform because caseloads were rising—they were already falling by 1996. It wasn\’t because as- sistants and the tourist industry of Appalachia, which last showed a movie, \"Silver Bullet,\" in 1985.

Few residents, the booming national economy is having very little effect on Owsley County all say their efforts are spoken in hopelessness or school.

But as the system is changing, that could have a devastating effect on Owsley County without more jobs.

Pam Barrett, 32, a divorced mother of a 17-year-old daughter and two sons, 11 and 10, is trying to feel the pull of her own mother, who died 38 years ago, as a credit union that offers low-interest loans and a generous matched-savings program.

The state welfare agency has set up a pilot program for recipients that teaches \"job readiness skills,\" including how to write a resume and how to fill out a job application. The first initiative pits the action team and Government agencies against an intrac\-table pessimism built on decades of depressed conditions that are visible every-where. Residents call Ho Chi Minh City for its third world atmosphere or coal. Children walk around with dirty clothes, bare feet. Many people lack telephones and cars. But the houses look like shanties, heated with wood or coal. Children walk around with dirty bare feet. Many people lack telephones and cars.

In many respects, this little corner of Appa-\lachia is not large, with many wide winds\ing gravel roads. But many of the houses look like shanties, heated with wood or coal. Children walk around with dirty bare feet. Many people lack telephones and cars.

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Yet every initiative pits the action team and Government agencies against an intrac\-table pessimism built on decades of depressed conditions that are visible every-where. Residents call Ho Chi Minh City for its third world atmosphere or coal. Children walk around with dirty clothes, bare feet. Many people lack telephones and cars.

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As elsewhere in Appalachia, the feelings of hopelessness prevail despite energetic efforts by Government and private groups like the Mountain Association for Community Economic Development, a 21-year-old organization in Berea that helps community groups in 49 counties across the state.

In Owsley County, which last showed a movie, \"Silver Bullet,\" in 1985.

\"She has the chance I\’ve had to have three young\'uns,\" Ms. Barrett said. \"I quit school in the eighth grade to get married. I was 15. I was 21. I\’ve regretted it ever since. And young\'uns having babies is going on right today. But I tell you what, you learn from your mistakes.\" Farmers like the Hoffmans, who rely on tobacco as their leading cash crop, are endur-\ng another anxiety, waiting to see how the litigation between state statistics, 14.3 percent of Owsley residents receive welfare benefits, 20 percent receive benefits through the Federal assistance program for disabled people.

\"The overriding theory of the program works according to a rule that is deeply set within people who live in poverty,\" said the program administrator, J. Jennifer Hart. \"They don\’t think they have a future. If they do conceive, they delay in-\stant gratification. But they have no reason to do anything. They can\’t think about how they are going to feed the chil-\dren who are already born.\" Even many of the 70 seniors at Owsley County High School this year sense the in-\evitability of spending the rest of their lives in poverty, unchanged from the last generations\’ situations.

\"It\’s a way of life. Once you\’re in that cycle you think you can\’t break out of it. I don\’t know why people do it, but once they become a prisoner of it. It took us three generations to get into this mess, and it\’s going to take us three generations to get out of it.\"

Members of the team say many parents urge their children to try to go to special education classes at school as a way to prove that they are eligible for disability benefits. 

\"That shows how creative people are when there are no jobs,\" said J. earne Gage, the di-\rector of the sustainable communities initia-
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What kind of jobs do these mothers now have? Do they pay a living wage? Where are the children? Is it decent child care? And the interesting thing is that hardly anywhere in the country do we have data. I can’t get answers to those questions.

So the amendment that I am going to have on the floor of the Senate soon will essentially call on States to provide to Health and Human Services data, let’s say, every 6 months as to how many families are actually reaching economic self-sufficiency.

I am not trying to bias the conclusion one way or the other, but since, depending on the State 3 years from now or 2 years from now or a year and a half from now or 4 years from now, there is a drop-dead date certain where all these children—women and children—will be removed from any assistance, we ought to know what is happening. That is all. I am saying to colleagues, let’s have the data, let’s make sure we know what is happening with those families. That will be an amendment I will bring to the floor soon.

The second amendment I want to mention today is, I think, very much within the same context and, I think, very related. In the West, as I travel, I cannot believe how many women who are in a community college, who are on the path to economic self-sufficiency in school, are now being told that they have to go to work. It may be a $5.50-an-hour job, but they are essentially told they can no longer be in school.

Madam President, I would argue that this is very shortsighted. This is very shortsighted. As a matter of fact, if these women can complete their 2 years in the community college or even get a 4-year degree, they and their families will be much better off.

So the second amendment I am going to offer will essentially call for a study. Around the country, let’s let these welfare mothers pursue and complete their education. They and their families will be much better off. I hope that the community colleges and the universities will speak up for these families, because they know what is happening. This is, I think, a profound mistake.

SIERRA BLANCA

Mr. WELLSTONE. Madam President, I want to move on and talk about a related topic, in fact, very related, and this is a discussion that is urgent and long overdue. It has to do with the bill, S. 270, that would result in the dumping of low-level radioactive waste in a small poor, majority Latino community in rural west Texas. I want to stop that from happening, not only in Sierra Blanca, but in poor minority communities all over this country.

The reason to get this conversation going, which is not a conversation about environmental justice, is to make sure that the story of Sierra Blanca gets told, and it is an incredible story.

Last week, several of the people who have been telling that story for several years were here in Washington. Father Ralph Solis, who is the parish priest for Sierra Blanca, led a delegation of Texans who told us of the anger and the anguish of the people of Sierra Blanca. It is not just the people of Sierra Blanca who are organizing. Citizens from all over Texas, from cities and towns through which radioactive waste will be passing on its way to Sierra Blanca, are organizing. Those voices need to be heard.

The newspaper columnist Molly Ivins has written that, “This is community action and local organizing at its very best.” I couldn’t agree more.

Let me tell you something about Sierra Blanca. It is a small town in one of the poorest areas of Texas. The average income of the people who live there is less than $8,000 a year, and 39 percent of them live below the poverty line. Over 66 percent of the residents are Mexican American, who speak only Spanish. It is a town that already has one of the largest sewage sludge projects in the world. Every week, 250 tons of partially treated sludge are brought to Sierra Blanca.

Why has Sierra Blanca been targeted with both a sewage sludge project and a radioactive dump? I am firmly convinced the issue here is one of environmental justice. The tragedy of Sierra Blanca is a microcosm of a larger and very disturbing pattern across the country. In far too many instances, poor people of color simply don’t have the political clout to keep the pollution out of their communities. Studies by the United Church of Christ’s Commission for Racial Justice, for example, found that race was the single best predictor of the location of commercial hazardous waste facilities, and Texas was second only to California in the number of such facilities located in communities with above-average percentage of minorities. I don’t think that is a coincidence.

Let me be clear about one thing, Mr. President. Sierra Blanca is not being singled out because its residents are unusually fond of waste. In April 1992, the Texas Waste Authority commissioned a telephone poll of surrounding communities, areas where the poorest residents don’t even have telephones, and they found that 64 percent of the people in this community opposed the dump. They didn’t need a poll to tell you that. I just show up at any town meeting or any licensing hearing. Local residents are often angry and emotional about their community being turned into a radioactive dump. And they have every right to be.

Let me be clear about one other thing as well. Science does not explain the selection of Sierra Blanca, either. In the early 1980s, the Texas Waste Authority screened the entire State to find the most scientifically appropriate site. Their engineers, Dames & Moore, concluded that the Sierra Blanca site was unsuitable for a nuclear dump because of its complex
I will have one other amendment which just says that if we approve the Compact, but it turns out that it can be proven that this has a discrimina-
tory effect on a community of color or low-income people, then they have the right to go to court. If the amend-
ments pass, then this Compact will pass the floor of the Senate. Mr. President, I do believe that the people of Sierra Blanca and hundreds of
minority communities just like them from the South and the country have not been given their due. But we can make the system work. I am firmly convinced of that. Sometimes justice needs a second chance. Sometimes it needs a little
push. And over the next few weeks, I think we are going to talk about environmental justice in this country.

Over and over and over again, we es-

tentially take this waste and we dump it,
right on the heads of low-income people. Over and over and over again, we look to the communities of color,
we look to poor communities, we look to
the communities that are not the heavy hitters, that are not well con-

This happens all across the country. I
can bring to the floor of the Senate a study after study after study that show that I can marshal the evidence. I am hoping that we will agree that this
Compact will be something we can pass, if we make it clear that the waste on the American and Ver-

If not, I think for the first time on the floor of the U.S. Senate we will have a really—maybe not the first
time—but we will certainly have a very
thorough and important debate. I think about environmental justice.

Tribute to Frank Strukel

Mr. WELSTONE. Finally, Mr. Presi-
dent—I know other colleagues are on
the floor. I just looked back and I saw
Senator Kennedy from Massachusetts,
who I think has been the best labor
Senator maybe in the history of the
United States. Maybe with Senator
Metzenbaum.

It was Saturday night, and I prom-
ised myself I would do this. I want to
make this a part of the official RECORD
of the U.S. Senate. Saturday night, on
the Senate Floor, and I think this was
the first time on the Senate Floor that a
great labor organizer. He is struggling
with ALS, which is commonly called
Lou Gehrig’s disease. His friends from
all over the State of Minnesota came
to honor him. He should be honored.

I see my colleagues—Senator
Ashcroft, who happens to be a good
friend, even though we do not always
agree on issues. But one thing we do
agree on is we respect people who work
hard on things that they believe in. We
respect people who live by the words
they speak. Frank Strukel was that way.

I am hoping and praying he will some-
how figure out a way to defeat this
disease. He said that night he is going
to be with us for a long time. I hope
and pray that is the case. I prom-
ised him that I would say on the floor
of the Senate that Frank Strukel has
been one heck of a hell-raising labor
organizer. And he has been just that.

Mr. President, I yield the floor.

The PResident OFicer (Mr. Ses-
nons), Who yields time?

Mr. ABRAHAM addressed the Chair.
The President OFicer. Does the
Senator from Missouri yield time or—
Mr. ASHCROFT. Mr. President, I
suggest the absence of a quorum.

The President OFicer. The clerk will call the
roll.

The bill clerk proceeded to call the
roll.

Mr. ABRAHAM. Mr. President, I ask
unanimous consent that I be able to
speak as in morning business for up to
5 minutes.

The President OFicer. Without objection, it is so ordered.

The President OFicer. The clerk will return.

Mr. ABRAHAM. To speak as in morn-
ing business for up to 5 minutes.

Mr. HARKIN. Oh.

CONCERNING RECENT

NATURALIZATION DEVELOPMENTS

Mr. ABRAHAM. Mr. President, I come
to the floor today in my capacity as
chairman of the Immigration Sub-
committee to call my colleagues’ at-
tention to some recent developments in
the naturalization area, some of which
are extremely serious.

As many of you may have read in to-
day’s Washington Post or the Los An-
elas Times, Coopers & Lybrand today
unveiled its recommendations to the
Justice Department for reengineering
the naturalization process. After a
year-long review, Coopers & Lybrand
has developed what it is calling a
“blueprint for a new naturalization
process,” which would involve a com-
plete overhaul of that process. Given
what we have seen in the past in this
area—particularly in the area of crimi-
nal background checks—a reworking
of the entire process is certainly needed
and Congress should be involved in any
redesign. Coopers & Lybrand has pre-
pared a blueprint that essentially is more
automated and more centralized natu-
ralization system. Of course, many
details remain to be worked out, but I am
genuinely pleased with many aspects of the Coopers & Lybrand recommendations for redesigning the process. I hope the administration will take those recommendations seriously. For far too long, the naturalization process has been characterized by intolerable backlogs, erroneous decisions, and, of course, unfortunate examples of outright fraud and mishandling.

Unfortunately, just today we also learned the results of a separate review of the naturalization process. That review was conducted by the Department of Justice and by KPMG Peat Marwick. In a review of roughly 5,500 naturalization files selected at random over a 1-year period, it was determined that 90.8 percent of the files contained at least one significant processing error, and a total of 87.7 percent of the files had insufficient documentation in the file to support a proper naturalization decision.

The bottom line is that we can be confident that naturalization was proper in only 8.6 percent of the 1,049,867 cases naturalized between August 1995 and September 1996. Mr. President, clearly these statistics are alarming and appalling. I don’t doubt that most of the errors were, in fact, properly naturalized. But because of the system that is currently in place, we not only have enormous backlogs in the naturalization process but we cannot determine on a case-by-case basis whether naturalization decisions have been made correctly.

In my judgment, any redesign of the naturalization process must ensure a 100 percent level of compliance. So, in the coming weeks, I plan to hold hearings at which the Senate Immigration Subcommittee can explore the Coopers & Lybrand proposal—which at this point is simply a blueprint—in more detail and so that we can get to the bottom of the complete breakdown of the process I have described here today.

In particular, we need to examine some open issues in the redesign proposal, such as who would conduct the tests that are given with respect to English proficiency and civics and what those tests should contain. Given the recent indictments in California for fraud in citizenship testing, in which 20 defendants have been indicted for nationwide fraud in this area, we must take a close look at the intent of the foreign-born testing process and how we must reform the system to eradicate any future wrongdoing in connection with citizenship testing.

As a proponent of legal immigration and the value of naturalization, I do not condone any effort to put in a system in any way trying to undercut the naturalization system. Yet recent information suggests such a complete breakdown that the process has to be redesigned to eradicate the fraud and the mismanagement that has characterized it. What we need to do is strike the right balance, Mr. President, so that the people who deserve and have the right to be naturalized and become citizens have the opportunity to do so in a timely manner, and so that everyone, both the people who are waiting in those lines who ultimately will become naturalized and those who are already citizens, will have confidence that the people who are making the decisions have met the standards and the criteria which the Congress has established for doing so. That means, Mr. President, close scrutiny of the current system, close scrutiny of the proposed redesign, and, I believe, ultimately by the INS and Congress to move us in the right direction.

I am very disturbed by the report we received today, but I hope that will form the basis for all of us to work together to find the right solutions.

I yield the floor.

EXECUTIVE SESSION

NOMINATION OF DAVID SATCHEr, OF TENNESSEE, TO BE AN ASSISTANT SECRETARY OF HEALTH AND HUMAN SERVICES, MEDICAL DIRECTOR OF THE PUBLIC HEALTH SERVICE, AND SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE.

The Senate continued with the consideration of the nomination.

Mr. HARKIN. Mr. President, I am proud today to speak in support of the confirmation of Dr. David Satcher to be our Nation’s Surgeon General and Assistant Secretary of Health.

I want to speak about Dr. Satcher’s qualifications for these important jobs, but first I want to quickly comment on the circumstances that have led to the delay of our consideration of his nomination. I think the course of events that have taken place is very unfortunate. I think whenever we let certain political views interfere with the public health, we are doing the American people a great disservice. It has been 3 years since we have had a Surgeon General. That has not been good for this country. It has created a vacuum of leadership on public health issues. I hope that when we get back to the Senate floor, we will not let the American people down.

Mr. President, as chairman and as now ranking Democrat on the Appropriations Subcommittee on Labor, Health and Human Services, I have had the pleasure of working very closely with Dr. David Satcher since he has been the head of the Centers for Disease Control and Prevention in Atlanta. Over the past 4 years, he has directed the CDCP with integrity, compassion, and a commonsense approach. Because of his leadership, the Centers for Disease Control and Prevention has successfully addressed some of the most pressing public health challenges facing our Nation by promoting health and preventing disease, injury, and premature death.

Mr. President, let there be no mistake, the position of Surgeon General is an important one. Americans look to our Nation’s top medical officer for leadership and guidance on a number of critical health care issues. For example, one of our most honored Surgeons General, Dr. C. Everett Koop, used the office’s bully pulpit to further public awareness of the dangers of smoking, and he was a courageous advocate for public health initiatives through the growing AIDS crisis. Now those are big shoes to fill, but I can think of no one more qualified or capable than Dr. David Satcher.

In 1981, I worked with former CDC Director William Roper to change the name of the CDC from the Centers for Disease Control to the Centers for Disease Control and Prevention. We added the word “prevention” to the name. Now, Dr. Roper has moved on, but Dr. Satcher’s CDCP has truly lived up to its new name. Since he took the helm, Dr. Satcher has spearheaded a child immunization initiative, upgraded the Nation’s ability to detect and respond to emerging diseases, and he has expanded the participation in the agency’s breast and cervical cancer screening program.

Dr. Satcher has taken the lead in creating an early warning system to detect and prevent food-borne illnesses and did the bulk of the work on the first-ever Surgeon General’s Report on Physical Activity and Health, which outlined ways in which all types of Americans can be more physically active. These initiatives have been very successful, and they have made the CDCP renowned worldwide for its leadership on prevention efforts.

As many of you may know—and I will probably repeat a lot what has been said here, but I think it is worth repeating—Dr. Satcher has a distinguished background. President of Meharry Medical College from 1982 until he was named Director of the CDCP in 1993. At Meharry, he gained national recognition as an able administrator, and his leadership has been accorded wide recognition.

In 1986, he was elected to the Institute of Medicine of the National Academy of Sciences for his leadership skills.

In 1996, Dr. Satcher received the prestigious Dr. Nathan B. Davis Award for outstanding public service to advance the public health. He has also received Ebony Magazine’s American Black Achievement Award in Business and the Professions in 1994, and the Breslow Award for Excellence in Public Health in 1995.

Most recently, Dr. Satcher has received the James B. Memorial Award for distinguished contributions to preventative medicine from the American College of Physicians. He has received the John S. Fordham Award for Lifetime Achievement in Medicine.
from the New York Academy of Medicine, and the Surgeon General’s Medal for significant and noteworthy contributions to the health of the Nation.

These awards all testify to the fact that Dr. Satcher is a talented, compassionate doctor, researcher and administrator who, throughout his career, has committed himself to caring for those less fortunate and to focusing on preventative health care. Dr. Satcher’s lifelong commitment to improving the health of the American people began not long after he survived a near fatal brush with whooping cough as a child. Because of this experience, he understands how important it is to have a Surgeon General who communicates clearly with the people about health-related issues and policies that can literally save their lives. He has strong and practical positions on ways to improve the public health, and as Surgeon General and Assistant Secretary of Health and Human Services, he will provide a positive and articulate voice on some of our Nation’s most important health issues.

The Atlanta Journal and Constitution stated in an editorial endorsing Dr. Satcher: 

He is the right man at the right time for these positions.

I can think of no truer statement, Mr. President. So I look forward to concluding this debate, hopefully, on a positive note. I look forward to seeing Dr. Satcher confirmed as our Nation’s Assistant Secretary of Health and Surgeon General. America needs a Surgeon General. We need that leadership, and Dr. Satcher is the best person for that job.

HUMAN CLONING PROHIBITION ACT

Mr. HARKIN. Mr. President, 1, as in morning business, want to digress here just a moment, if I might, to talk a little bit about another issue that is going to be coming up here tomorrow. I understand we are going to be voting on cloture on a bill that has not gone through any committee, hasn’t had any hearings. It involves an area of science and medicine which very few, if any, of us in this entire body are qualified to vote on with short notice, without proper hearings and proper input. Yet, it’s trying to be rammed through here, about the bill regarding cloning research.

Now, there has been a lot of, I think, undue, inflammatory kinds of statements and comments made about this cloning research. It seems odd to me that on something that has so much potential to alleviate human suffering and which is also, I will be frank to admit, fraught with perils of ethics and bioethics—it seems odd to me that a bill of that nature would be rushed so soon to the floor of the Senate. It seems to me that this is the kind of bill that ought to go through a lengthy and involved hearing process, to bring in the best minds, ethicists, physicians, doctors, researchers, those involved in gene therapy, those who have been involved in cloning research in the past, to hear their views on this. And then out of this, perhaps we can develop a more reasoned, logical, bipartisan approach to cloning research.

So I have to ask, what is this so-called rush? Why bring it out on the floor like this without the proper kind of hearings, because there is a hidden political agenda? Is this to inflame emotional people, or does it have another purpose? To take away that apprehension, I think the best thing would be to refer this to committee and have hearings on it. I serve on the Labor, Health and Human Services Committee, and I would assume that committee would be the proper one to have the hearings, at least some of them, plus those on the House side. So I want to speak about it in that context.

Mr. President, each year, too many of our loved ones suffer terribly. They are taken away from us by diseases like cancer, heart disease and Alzheimer’s. For many years, I have worked hard to expand research into finding cures and preventative measures and investments for the many conditions that rob us of our health. Over the last several years, there have been major breakthroughs in medical research. We need to make sure that our world-class scientists continue to progress, but that we also say to young people who are in college today, maybe even in high school, who are thinking of pursuing research careers, that we welcome their inquisitiveness, we welcome their experimentation, we want there to be no bounds put on their inquiries by a rush to judgment by the Congress of the United States, which is ill-equipped to make such a judgment. I think our actions here send a very chilling message to young people who want to go into medical research, that somehow there is going to be the heavy hand of “Big Brother” Government overlooking their research, telling them you can do this but not that, or you can go no further than that, or you can ask this question, but you can’t ask that question. I think this bill that we have, again, pushed before us in this rush, can have that kind of chilling effect.

Now, another area of research that has been ongoing for a long time—this is nothing new—has recently captured public attention. That is the research into cloning, cloning cells. Now, there is a man in Chicago—I don’t know him and I never have met him—and his name is Richard S. Seed, he caused quite a sensation a few weeks ago by saying he intends to clone infertile women within the next 2 years. Well, when I first heard this, I said, who is this guy? I never heard of him and I said, who is this guy? I never heard of him. When I first heard of him and I had been involved in research, medical research for a long time. Well, I found out that, quite frankly, he is a very irresponsible individual. He doesn’t have the expertise himself. He doesn’t have the laboratory, the money, or the wherewithal. I think most researchers and policymakers that I know who know of this person say that he is both out of the mainstream and that his plans for cloning are at the very least, premature. Well, I am not going to turn him down. I believe—I can’t quite remember that detail. I asked him, “Why are you so interested in this?” She said because she
has a rare kidney disorder. She is hop-
ing because of rejection possibilities
that there might come a time when we
could actually grow the kind of tissue
that would develop into a kidney to re-
place her kidney so that there wouldn't
be that possibility of rejection. She got
it. She understood it.
That is what we are talking about.
Those are the kinds of possibilities
that I believe will happen in my life-
time if we do not act irresponsibly and
irresponsibly around that.
This bill, S. 1601, would make it a
crime to conduct some research seek-
ing to generate stem cells to treat a
wide variety of and a wide range of
deadly and disabling diseases.
S. 1601 could ban blood cell therapies
for diseases such as leukemia and sick-
le cell anemia, nerve cell therapies for
Alzheimer's disease, Parkinson's dis-
ease, Lou Gehrig's disease, and mul-
tiple sclerosis. It could ban nerve cell ther-
apy for spinal cord injuries, a very
promising area of research for cloning.
It could ban pancreas cells to treat dia-
betes, skin cell transplants for severe
burns, liver cell transplants for liver
damage, muscle cell therapies for mus-
cular dystrophy and heart disease. This
bill would permanently ban the use of
cartilage cells for reconstruction of
joints damaged by arthritis or injuries.
It could ban cells for use of genetic
treatment to treat 3,000 different genetic
diseases, including cystic fibrosis, Tay-
Sachs disease, schizophrenia, depres-
sion, and other diseases. S. 1601 could
permanently ban all of this type of re-
search.
In addition, under this bill, scientists
could be thrown in jail for 10 years if
they conduct this research—research
which may not have any single thing
to do with cloning a human being.
Last year, during this hearing on
human cloning research, someone
asked, "Are there appropriate limits to
human knowledge?" Quite frankly, I
responded—and I respond again—to say
that I do not think there are any ap-
propriate limits to human knowledge,
none whatsoever. I think it is the very
essence of our humanity and human
nature. As long as science is done ethi-
cally and openly and with the informed
consent of all parties, I do not think
Congress should attempt to place lim-
its on the pursuit of knowledge.
To those who suggest that cloning re-
search is to proceed, the best way to
invite you to take your ranks alongside
Pope Paul V who, in 1616, persecuted
the great astronomer Galileo for her-
sesy—for saying that the Earth indeed
was毁灭ing as being morally repug-
nation. As I said, I think the finest part
of human knowledge is demeaning to
human nature. I think it is the very es-

dence of our humanity to ask why, how,
and what if. It is our very humanity
that compels us to probe the universe
from the subatomic to the cosmos, and,
yes, from blastocysts to the full human
anatomy. Our humanity compels us to
do that.
However, I must admit that I think
it is rightly proper for us as policy-
makers to ask how human cloning re-
search is going to affect our Nation.
It is right and proper for us to examine
the use of public funds for scientific re-
search.
But I urge my colleagues to proceed
with caution on this legislation.
What we are talking about here is not the
cloning of a human being. What we are
talking about is the cloning of cells,
and without research and without ap-
propriate regulations, many people will
die and become ill and spend very,
very miserable lives when that could other-
wise be alleviated through this cloning
research.
So I have to ask: Why the rush to
pass hastily drafted legislation on this
very complex technical subject? We
must consider what could be the unen-
tended consequences. The U.S. Congress and the Senate
should tread very softly before sending
scientists to jail for what could be
proposing research to cure diseases and
disabilities.
Mr. President, there was an article in
Time Magazine dated February 9, 1998,
called "The Case for Cloning." I ask
unanimous consent that this article be
printed in the RECORD.
There being no objection, the mate-
rial was ordered to be printed in the
RECORD, as follows:
University molecular biologist Lee Silver, author of Remaking Eden (Avon Books). Silver believes that cloning is the technology that will finally make it possible to apply genetic techniques to humans. First, patients want to banish inherited diseases like Tay-Sachs. Then they will try to eliminate predispositions to alcoholism and obesity. In the end, says Silver, they will attempt to augment normal traits like intelligence and athletic prowess.

Cloning might be crucial to that process. At present, introducing genes into chromosomes is very much a hit-or-miss proposition. Scientists might achieve the result they intend once, and then getting the procedure repeated too risky to perform on a human embryo. Through cloning, however, scientists could make 20 copies of the embryo they wished to modify, greatly boosting their chance of success.

Perhaps now would be a good time to ask ourselves which we fear more: the cloning will produce multiple copies of crazed despots, as in the film The Boyz from Brazil, or that it will lead to the society portrayed in Gattaca, the recent science-fiction thriller in which genetic enhancement of a privileged few creates a rigid caste structure. By acting sensibly, we might avoid both traps.

WHO COULD BENEFIT?

Cloning might help patients with Parkinson's and other brain diseases by providing them with neural tissue that is genetically identical to their own.

Buruli ulcers could receive new, soft skin, which would be grown in a laboratory and wrapped around injured areas like a bandage. Patients with congenital lymphocytic leukaemia could gain reliable source of healthy bone marrow, which might eventually result in a cure.

Combined with gene therapy, cloning may make it possible for scientists to eliminate the transmission of Tay-Sachs and other inherited diseases.

Mr. HARKIN. Mr. President, for example, I want to read a couple of things from the article. It says:

House Majority Leader Dick Army has thrown his weight behind a bill that would ban human cloning. "The right thing to do, at the right time, for the sake of human dignity,"" said Army. "How can you put a statute of limitations on right and wrong?"

Right and wrong? It is wrong to conduct cloning research that might enable us to grow a liver out of a person's own DNA? To grow skin out of a person's own DNA? Perhaps even to grow heart tissue, or even a full heart, out of a person's own DNA, so there would be no rejection possibilities? It is wrong to do research in cloning of cells that might permit my nephew, Kelly, who, at the age of 19, got injured in the military, his spinal cord was broken and he became paraplegic since and still holds out the hope that research someday is going to enable him to walk again? And, yes, cloning research might be able to rebuild those kinds of cells from his own DNA that will get those spinal nerves going again. Is it right to walk again? That research is wrong? I ask who appointed the House majority leader as the arbiter of what is right and wrong in biomedical research?

Well, as the draftr of this article went on: . . . hasty legislation could easily be too restrictive. Last year, for instance, Florida considered a law that would have barred the cloning of human DNA, a routine procedure in biomedical research.

You might say that's not what we are doing here. But we could be sending the wrong signals legislatures, again, to try the same thing.

Cloning individual human cells [the writer goes on], however, is another matter. Biologists are already talking about harnessing it for medical purposes. The technique that produced a sheep called Dolly. They might, for example, obtain healthy cells from a patient with leukaemia or a burn victim and then transfer those cells into an unfertilized egg from which the nucleus has been removed. Coddled in culture dishes, these embryonic clones—each genetically identical to the patient from which the nuclei came—would begin to divide.

The cells would not have to grow into a fetus, however. The addition of powerful growth factors can ensure that the clones develop only into specialized cells and tissue. For the leukaemia patient, for example, the cloned cells could provide an infusion of fresh bone marrow needed for the burn victim, grafts of brand-new skin. Unlike cells from an unrelated donor, these cloned cells would incur no danger of rejection, patients would be spared the need for powerful drugs to suppress the immune system.

And this, I think, says it all:

"Given its potential benefit," says Dr. Robert Winston, a fertility expert at London's Hammersmith Hospital. "I would argue that it would be unethical not to continue this line of research."

Mr. President, I hope that tomorrow, when we vote on this, that the Senate will go in the side of the Galileos, those who want to expand human knowledge, those who will not be constricted by outdated and outmoded ideas, who understand it's the very nature of our humanity to ask and who, not to ask on the side of those who wanted to keep the Sun moving around the Earth, but to be on the side of progress and advancement, enlightenment and unlimited human potential."

S. 1601 was amended drastically. Frankly, it needs to be sent to committee. There is no rush. Dr. Seed—is that his name? Yes, Dr. Seed from Chicago is not going to clone any human being. No reputable scientist or doctor that I have spoken to, and I have spoken to quite a few of them, believes he is anywhere near that for years and years and years. But he is making a name for himself. He is on all the talk shows, that's for sure. He has become notorious, a public figure, and I guess I do not like to do that. But just because he's irresponsible doesn't mean we ought to be irresponsible. Let's take a careful look at this. Let's have our hearings. Let's bring in the experts. Let's bring in the people from all the different communities, to see what parameters, if any, should be drawn on this. The parameters of S. 1601 are too constrictive.

To send scientists to jail for up to 10 years for doing the kind of research that can enable my nephew to walk again is not the kind of legislation that we ought to be passing here.

Mr. President, I yield the floor and suggest the absence of a quorum. The PRESIDING OFFICER. The clerk will call roll. The bill clerk proceeded to call the roll.

Mr. ASHCROFT. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded. The PRESIDING OFFICER. Without objection, it is so ordered.

EXECUTIVE SESSION

CONGRESSIONAL RECORD — SENATE  S509

FEBRUARY 9, 1998

NOMINATION OF DAVID SATCHER, OF TENNESSEE, TO BE AN ASSISTANT SECRETARY OF HEALTH AND HUMAN SERVICES, MEDICAL DIRECTOR OF THE PUBLIC HEALTH SERVICE, AND SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE

The Senate continued with the consideration of the nomination.

Mr. McCaIN. Mr. President, I wish to speak briefly about the nomination of Dr. William Satcher to become the United States Surgeon General and Assistant Secretary of Health and Human Services.

I have been closely following the Senate debate regarding Dr. Satcher's nomination and his qualifications to serve as the next Surgeon General and Assistant Secretary of Health and Human Services. In particular, I found his views regarding partial birth abortion and his role in clinical AZT trials to treat patients infected with HIV in Africa and Southeast Asia disturbing.

While Dr. Satcher initially expressed his opposition to partial birth abortions, he also stated that he shares President Clinton's view that a ban on this procedure should include an exception for cases in which the procedure might be needed to protect the health of a pregnant woman. This raises serious concerns for me, since I am adamantly opposed to partial birth abortions except to save the life of a woman. This is a procedure which is inhumane and offensive to anyone who values human life. No matter what a person believes regarding the legalization of abortion, we should all be appalled and outraged by the practice of partial birth abortions.

Since these concerns were raised, however, Dr. Satcher has provided written assurances regarding his intentions if nominated. Dr. Satcher wrote, “I have no intention of using the positions of Assistant Secretary for Health and Surgeon General to promote issues related to abortion. I share no one’s political agenda and I want to use the power of these positions to focus on issues that unite Americans—not divide them.” Dr. Satcher also wrote that he would promote a message of abstinence as part of his public health and behavioral responsibility to our youth. This is a commendable objective that should be promoted among our nation’s youth.
The other major concern raised for me was Dr. Satcher's role in clinical trials of AZT conducted in Africa and Southeast Asia. In 1994, the World Health Organization (WHO) recommended that studies be conducted to test the efficacy of a one-year term AZT therapy in developing countries in reducing the transmission of HIV from pregnant women to their babies. This study was needed because 1,000 babies are born every day infected with HIV in developing nations. This study was intended to determine an effective and affordable treatment for women in the nations that can not afford the expensive AZT and are unable to receive intravenous treatments. The developing nations in conjunction with the WHO, determined that placebo controlled trials offered the best method for determining an alternative to the expensive and culturally incompatible AZT drug treatment.

After reviewing the available materials on these studies and conferring with Senator Frist, who is a practicing medical physician and has extensive knowledge and experience with the complex issue of biomedical ethics, I concluded that those AZT trials were conducted in a scientifically sound and ethical manner. It is my understanding that the appropriate protocols for these clinical trials were developed and extensively reviewed for scientifically and ethically by Institutional Review Boards in the United States and by equivalent committees in the counties conducting the clinical trials. According to these medical standards, it is clear that the CDC's decision, under the guidance of Dr. Satcher, regarding the AZT trials research methods for providing functional, affordable and effective care to people worldwide was based on sound ethics and science.

Mr. President, I believe that the individual who fills the position of Surgeon General must be a person who unites our nation and promotes healthy living. This individual must place the health and well-being of our nation's citizens far above any political agenda. They must provide leadership in disease prevention and health promotion throughout our country by developing innovative and worthwhile public health initiatives. In short, our nation's Surgeon General must be capable of serving as the symbol of commitment to protecting and improving the public's health.

After carefully reviewing all the facts surrounding Dr. Satcher's professional career and consulting with members of the medical community, including our colleague, Senator Frist, I am confident that Dr. Satcher is well-qualified to serve this nation in these important public health positions. It is my belief that the concerns raised about his involvement have been adequately and openly addressed. I believe that he has continually demonstrated his commitment to public health throughout his life and is ready and willing to continue these efforts as Surgeon General and Assistant Secretary of Health and Human Services. Therefore, I am confident that when Dr. Satcher is confirmed as the next U.S. Surgeon General and Assistant Secretary of Health Services, he will serve the health needs of our nation and I will support his efforts.

Mr. ASHcroft, Mr. President, I rise to speak in opposition to the confirmation of the nominee for Surgeon General of the United States, David Satcher, and I allocate myself such time as I may consume in opposition.

Mr. President, we have had extended debate on this nomination. It is conceded by individuals from every quarter that the nominee is a person of great talent, of substantial intellectual capacity, and who has made a substantial contribution to the medical community. His dedication to serving as a national symbol of commitment to protecting and improving health initiatives. In short, our nation's Surgeon General must be capable of serving as a person of great talent, of substantial intellectual capacity, and who has made a substantial contribution to the medical community. The reservations which I have expressed in no way are designed to derogate the record of achievement that this medical doctor has assembled. But there are a series of concerns which I have raised, some of which are so serious that I would cause us to refrain from voting to confirm this nominee to lead us as America's family doctor.

I would like to just mention four of them, as I believe they remarks today. As contained in the unanimous consent order, there will be another hour of debate on this issue tomorrow prior to the vote on cloture, and in the event cloture is invoked, there will be a vote on final passage immediately thereafter.

Three of the four points, though, I would like to raise, and I believe each of these would be adequate or sufficient as a basis for denying confirmation. The first, the cumulative impact of those particular concerns should weigh heavily on the minds of Senators as we move toward the votes related to the confirmation of this nominee. And in my case they clearly indicate that I not vote in favor of this confirmation.

The first is this. This is a nominee who favors partial-birth abortion. Partial-birth abortion is a procedure that has been demonstrated to be a cruel, wholly unnecessary procedure. The American Medical Association opposes it. Three-quarters of the American people oppose it, especially those who understand what it is. And for this nominee to support it is not only the political agenda of the President rather than the health agenda of the United States of America indicates, I think all too clearly, that the agenda will be politics rather than health. We ought to have a Surgeon General who be a health agenda and does not repair to the politics of the President or anyone else.

Next, during the time when this nominee presided over the Centers for Disease Control, and the Centers for Disease Control sponsored studies in Africa regarding the transmission of AIDS from HIV infected mothers to their children.

Rather than implement an ethical strategy for that research that was consistent with the ethics in the United States, they conducted the tests by giving half of the individuals in the study sugar pills or placebos, when there was a known, effective treatment. This breach of the ethics of the medical profession in testing that the New England Journal of Medicine, the No. 1 medical journal in the United States of America, very seriously and aggressively cited this ethical lapse and said that these studies were unethical and should be discontinued on that basis.

The truth of the matter is, the studies go forward. There are a lot of reasons that have been put forth in this debate about why they have gone forward. Some have talked about informed consent. It is clear the level of informed consent there would never pass muster here.

A concern to me is this nominee views lives differently in Africa than he could be allowed to view them in the United States. This nominee views lives differently before they are born, in the partial-birth abortion arena, than I think the American people do. And when there were 1,000 babies born every day infected with HIV-infected newborns in this country. No identification was made of these newborns. The studies were conducted after the blood samples were de-identified. The studies may have been an inappropriate strategy before we knew that we could help a newborn that tested positive for HIV. But once we developed a potential therapy, to persist with the studies in the absence of identification of the infected newborn and notification to the parent so that remedial action could be taken, it seems to me to be a tremendous moral lapse, and it was characterized by one of the most notable AIDS researchers in the world as a breach of the ethics not only of the United States, but international ethics.

When the Congress got upset about this and sought to ask Dr. Satcher and the CDC to cease these tests where you learned about the fact that there were X number of HIV-infected babies but you couldn't identify them, and therefore, you weren't able to tell the parents, what did Dr. Satcher do? He came to the Hill to lobby Congress that we should keep doing that, in spite of the fact that we had the Congress there, we learned about the HIV virus, to be able to curtail it with the therapy, with the administration of drugs and other things. I think that compounds the ethical problems that were identified in the Africa studies, and it compounds the ethical problems that relate to the disregard for human existence that characterizes his embrace of the President's position on partial-birth abortion.

The last item which was the subject of significant debate today was the needle exchange program. While Dr. Satcher has indicated that he doesn't support needle exchange programs, the
documents that have only recently been released by the Centers for Disease Control find him in endorsement of needle exchange programs, and urging that there be large amounts of Federal money to support needle exchange programs.

I don’t believe that we need a family doctor for America who says we ought to subsidize the drug culture by providing free needles, by saying to the drug dealers, you can get all the needles you want as long as you want to supply all our young people that they should get involved in your drug culture, you can have the authority of the Government with you to say it must be OK; surely, the Government wouldn’t provide us with these free, clean, sterile needles to use in shooting up drugs if it weren’t in your best interest.

I think that sends the worst message possible to young people that the Government is a subsidizer of and a promoter of an environment in which drug use with low and excused risk.

My own sense is that it makes no more sense to provide clean needles to drug dealers than it would be to provide bulletproof vests to bank robbers. We could surely make bank robbing a safer occupation by providing bulletproof vests, but we wouldn’t want to do it. Neither should we make intravenous drug use a sort of project of the Government because we might be able to provide some safety to some user.

I want to go one bit further. We have already done that. We already know that people who don’t care enough about themselves to use good needles or clean needles in drug use won’t take care of the needles once they have used them. One town found over 300 needles in the course of 1 week after a privately funded clean-needle program was implemented there. I don’t think we want our playgrounds and our streets and our cities to be littered with used, clean needles supplied by the Government that could later infect our children.

All of these things that relate to a disregard for the right health strategy for America are disqualifying events for this candidate: partial-birth abortion, the African AIDS studies, the domestic blind HIV tests on newborns, where we persisted in this practice even after we discovered an effective therapy for these infants, and last but not least, the clean-needle exchange program, which basically wants to accept drug culture as a way of life instead of calling America to its highest and best and saying that the real problem is heroin, the real problem is drug addiction, the real problem is not the absence of a need-needle exchange program funded by the taxpayers. The taxpayers do not want us to destroy their neighborhoods by subsidizing drug dealers who will not only use the clean needles, but leave them in places where they can infect the children of America.

For those reasons, I believe it would be appropriate for us to reject the nomination of Dr. David Satcher to be Surgeon General. We do need a Surgeon General, but we don’t need one so badly that we need to welcome one who doesn’t really call us to the highest and best health that America ought to have.

Mr. President, I thank you very much for the opportunity to make these concluding remarks. With that, I yield back the remainder of my time on today’s debate, reserving, obviously, the time to be a participant in the debate tomorrow on this issue. I suggest the adoption of the quorum.

The PRESIDING OFFICER. The clerk will call the roll.

Mr. NICKLES. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

MORNING BUSINESS

(During today’s session of the Senate, the following morning business was transacted.)

NOMINATION OF MARGARET MORROW

Mr. DASCHLE. Mr. President, we will soon debate the confirmation of Margaret Morrow to be a United States District Judge. Her qualifications are exemplary; her commitment to public service is impressive; and her supporters are many.

Despite the high regard of a broad and bipartisan group of attorneys and judges, Ms. Morrow has had to wait over 19 months for a vote of the full Senate. But this long delay is finally coming to an end. I am very pleased Senator LOTT has promised that, before the February recess, this fine nominee will get her day on the Senate floor.

At the moment, which represents a whole host of organizations interested in a strong judiciary, sent a letter to me yesterday outlining their many reasons for supporting the nomination of Margaret Morrow as well as their concern about the time it has taken for the Senate to act. As a supplement to the voluminous information already on the record in support of this nomination, I submit the Alliance for Justice’s letter for my colleagues’ review. Mr. President, I ask unanimous consent that the letter be printed in the RECORD.

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

February 4, 1998

Senator Tom Daschle, Senate Office Building, Washington, DC.

DEAR SENATOR DASCHLE: We write to express our concern over a series of developments that have occurred in the Senate that are undermining the judicial confirmation process. These include calls for the impeachment of judges, a slowdown in the pace of confirmations of certain nominees, and efforts to leave appellate vacancies unfilled. Some court observers have opined that collectively these are the most serious efforts to curtail judicial independence since President Roosevelt’s plan to pack the Supreme Court in 1937.

In the past year, who failed to meet certain ultrasonic tests for medical law, have been labeled “judicial activists.” While these charges are unfounded, they nonetheless delay confirmations and leave judicial seats unfilled. We note that of the 14 individuals whose nominations have been pending this past year, 12 are women. This disturbing pattern is in striking contrast to those 14 judges who were confirmed in 1997 in the shortest period of time, 11 of whom are women. For example, Margaret Morrow, a judicial nominee to the United States District Court for the Central District of California, was nominated 1 year and 10 months ago.

Not only is she an outstanding candidate, but her credentials have earned her enthusiastic and bipartisan endorsements from leaders of the bar, judges, politicians, and civic groups.

An honors graduate from Harvard Law School, a civil litigator for more than 20 years, winner of numerous legal awards, and the first female president of the California Bar Association, Morrow has the breadth of experience and reputation as a judge.

For example, she has been described as “an exceptionally distinguished addition to the federal bench.” Morrow has also shown, through her numerous pro bono activities, a demonstrated commitment to equal justice. As president of the Los Angeles County Bar Association, she spearheaded the Pro Bono Council of its kind in California. During her year as bar president, the Council coordinated the provision of 350,000 hours of previously un tapped representation to indigent clients throughout the country. Not surprisingly, the American Bar Association’s judicial evaluation committee gave her its highest rating.

Republicans and Democrats alike speak highly of her accomplishments and qualifications. Robert Bonner, a Reagan-appointed U.S. Attorney and U.S. District Judge for the Central District of California and head of the Drug Enforcement Administration during the Bush Administration, has said Morrow is “a brilliant person with a first-rate legal mind who was nominated upon merit, not political affiliation.” Los Angeles County Judge Peri Sherman Byrnes has said, “Margaret Morrow is an extremely hard working individual of impeccable character and integrity. . . . I have no doubt that she would be an distinguished adjudicator.”

Other supporters include local bar leaders; officials from both parties, including Los Angeles Mayor Richard Riordan; California judges appointed by the state’s last three governors; and three Republican-appointed Ninth Circuit Court of Appeals judges, Pamela Rymer, Cynthia Holcomb Hall, and Stephen Trott.

Despite her outstanding record, Morrow has become the target of a coordinated effort by ultraconservative groups that seek to politicize the judiciary. They have subjected her to a campaign of misrepresentations, distortions and attacks on her record, branding her a “judicial activist.” According to her opponents, she deserves to be targeted because “she is a member of California Women Lawyers,” an absurd charge given that this bipartisan organization is among the most independent in the state. Another “strike” against her is her concern, expressed in a sentence from a 1988 article, to protect the rights of all California women by creating the Pro Bono Council, the first of its kind in California.

In the past year, nominees who failed to In the past year, nominees who failed to
It is a stretch to construe suggested reforms as evidence of "judicial activism," but to search for this members of the Judiciary Committee prematurely asked her to disclose her personal positions on all 160 past ballot propositions in California.

Morrow's confirmation has been delayed by the Senate's unreasonable demands. Originally set over nineteen months ago in May 1996, her nomination was unani-

mously approved by the Judiciary Committee that year, but only to languish on the Senate floor. Morrow was again nominated at the beginning of 1997, subject to an unusual second hearing, and recommended again by the Judiciary Committee, after which several Senators placed secret holds on her nomination, preventing a final vote on her confirmation. These holds, which prevented a final vote on her confirmation during the 105th Congress, were recently lifted.

As Senator Orrin Hatch repeatedly said: "playing politics with judges is unfair, and I'm sick of it." We agree with his sentiment. Given Margaret Morrow's impressive qualifications, we urge you to bring the nomination to the Senate floor, ensure that it receives prompt, full and fair consideration, and that a final vote on her nomination is scheduled as soon as possible.

Sincerely,

Alliance for Justice: Nan Aron, President; American Jewish Congress: Phyllis Bauman, Executive Director; Americans for Democratic Action: Amy Isaacs, National Director; Bazelon Center for Mental Health Law: Robert Bernstein, Executive Law; Brennan Center for Justice: J. Joshua Rosenkranz, Executive Director; Black Women Lawyers Association of California: Eulalia Matthews, President; California Women Lawyers: Grace E. Emery, President; Center for Law and Social Policy: Helen F. Hausman, Director; Chicago Committee for Civil Rights Under Law: Clyde E. Murphy, Executive Director; Disability Rights Education and Defense Fund: Patricia Wright, Coordinator Disabled Fund; Families USA: Judy Waxman, Director of Government Affairs; Lawyers Club of San Diego: Kathleen Juniper, Director; Leadership Conference on Civil Rights: Wade Henderson, Executive Director.

DISTINGUISHED FLYING CROSS

Mr. THURMOND. Mr. President, I rise today to recognize former Navy and Marine Corps members who received the Distinguished Flying Cross in accordance with section 573 of the National Defense Authorization Act for Fiscal Year 1998, which waived time limitations for awards of this decoration for specified persons. These awards were recommended by the Secretary of the Navy based upon requests from Members of Congress. These procedures were established by section 526 of the National Defense Authorization Act for Fiscal Year 1996 to resolve a dilemma under which deserving individuals were denied the recognition they deserved solely due to the passage of time. I am proud to have established a procedure that enables these distinguished veterans to receive the honors they earned. We are very proud of their dedicated service to our Nation.

At this time, I ask unanimous consent that a list of all who were awarded the Distinguished Flying Cross be printed in the RECORD.

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

Waiver of Time Limitations for Award of Certain Decorations to Specified Persons

DISTINGUISHED FLYING CROSS

NAVY

Mr. Marcus F. Daley, Davis, CA
Mr. John F. Digney, Lakewood, OH
Mr. William N. Green, Kilmarnock, VA
Mr. Victor R. Hall, Lincoln, NE
Mr. Joseph E. Heindle, Jr., Vernon, OH
Mr. Brooks D. Kaufman, New Hope, PA
Mr. Harold H. Norvell, Summerville, SC
Mr. Dante H. Paliuca, North Miami, FL
Mr. Raymond W. Smith, Casselberry, FL
Mr. Louis A. Sambati, Redlands, CA
Mr. Robert R. Stecker, Cedarbury, WI
Mr. J. David T. Tjepkema, P. O. Box 1, NJ
Mr. Bernard E. Vanden-Branden, Westlake, OH
Mr. James Q. Yawn, Alice, TX
Mr. Harry C. Tyler, Jr., Clinton Town-
ship, MI
Mr. Gerald J. Slack, Danvers, MA
Mr. Charles L. Jones, Corcoran, CA
Mr. Dewey H. Leck, Fitchburg, WI
Mr. Richard D. Blomgren, Lake Isabella, CA
Mr. Leland G. Anderson, Mountain Home, AR
Mr. John H. A. Joerster, Homosassa, FL
Mr. Alfred F. Ueckert, Jr., Dallas, TX
Mr. Robert M. Stone, Nashville, TN
Mr. Ralph E. Dickson, Irvine, CA
Mr. James T. Irey, Poyau, FL
Mr. Paul P. McCastland, Fort Lauderdale, FL
Mr. John M. O. Ryland, Portland, OR
Mr. Lynn F. Williams, Fallbrook, CA
Mr. Dean F. Ziegler, Lewistown, PA
Mr. Edward Kufeldt, Burke, VA
NAVY

Mr. Veran L. Guttery, San Diego, CA
Mr. J. D. B agon, Bellingham, WA
Mr. John R. Doyle, Shreveport, LA
Mr. Varlock M. Gardner, Westland, MI
Mr. Michael P. McDonnell, Farmington Hills, MI
Mr. William R. Peterson, Livonia, MI
Mr. John J. Reardon, Grove Pointe Farms, MI
Mr. Robert L. Blackmer, Whittier, CA
Mr. Francis M. Phillips, Farmington Hills, MI
Mr. Peter C. Giorio, Jr., Allen Park, MI
Mr. Raymond S. Degroot, West Bloomfield, MI
Mr. Andrew W. Yancy, Memphis, TN
Mr. Stanley W. Kern, Kutztown, PA
Mr. Walter R. B Edit, Chicago, IL
Mr. Frederick G. Fox, Lower Lake, CA
Mr. Elmer E. Lore, Thousand Oaks, CA
Mr. Harlan Day, Irondale, OR
Mr. Lawrence R. Mill, Bigfork, MT
Mr. Robert W. Carey, Round Rock, TX
Mr. Floyd C. Bradley Jr., Plainview, TX
Mr. Gordon C. Ostwall, Berwyn, IL
Mr. James E. Smurr, Columbus, OH
Mr. Roger J. Gawer, Hermann, MO
Mr. J ohn Gregory, Lititz, PA
Mr. Anthony J. LaMarco, Jr., Fort Lee, NJ
Mr. Gene S. McIntyre, San Antonio, TX
Mr. Kenneth B. Wood, Plymouth, NH
Mr. Roger M. Wiley, Bradenton, FL
Mr. Howard E. Bensing, Louisville, KY
Mr. George E. Murphy, Milwaukee, WI
Mr. Robert A. Tovey, Orland Park, IL
Mr. Chester G. Ritchie, Clarkston, MI
Mr. Charles W. Scraney, Jr., Dorset, VT
Mr. Evan W. Pickel, Alexandria, VA
Mr. Vincent J. Panzarella, Airport Harbor, OH
Mr. Robert W. Fillion, Littleton, NH
Mr. Anthony J. LaMarco, Jr., Fort Lee, NJ
Mr. Louis J. Gavalas, Massapequa Park, NY
Mr. Andy Goshko, Springfield, IL
Mr. Frederick L. Gordon, Marietta, GA
Mr. Roger J. Gawer, Hermann, MO
Mr. J ohn Gregory, Lititz, PA
Mr. Anthony J. LaMarco, Jr., Fort Lee, NJ
Mr. Gene S. McIntyre, San Antonio, TX
Mr. Kenneth B. Wood, Plymouth, NH
Mr. Roger M. Wiley, Bradenton, FL
Mr. Howard E. Bensing, Louisville, KY
Mr. George E. Murphy, Milwaukee, WI
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Mr. Robert W. Fillion, Littleton, NH
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Mr. Louis J. Gavalas, Massapequa Park, NY
Mr. Andy Goshko, Springfield, IL
Mr. Frederick L. Gordon, Marietta, GA
Mr. Roger J. Gawer, Hermann, MO
Mr. J ohn Gregory, Lititz, PA
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Mr. Kenneth B. Wood, Plymouth, NH
Mr. Roger M. Wiley, Bradenton, FL
Mr. Howard E. Bensing, Louisville, KY
Mr. George E. Murphy, Milwaukee, WI
Mr. Robert A. Tovey, Orland Park, IL
Mr. Chester G. Ritchie, Clarkston, MI
Mr. Charles W. Scraney, Jr., Dorset, VT
Mr. Evan W. Pickel, Alexandria, VA
Mr. Vincent J. Panzarella, Airport Harbor, OH
Mr. Robert W. Fillion, Littleton, NH

SEVENTH AWARD

Mr. Thomas A. Clemente, Loudonville, NY
Mr. Hoyt C. Johnson, Jr., Columbus, MS
Mr. Donald P. Callahan, Rensselaer, NY
Mr. Harold J. Der, Hamburg, PA
Mr. Glenn Dunning, ZIon, IL
Mr. James J. Fisher, Camp Hill, PA
Mr. Adolph B. Hugo, Jr., Philadelphia, PA
Mr. Harold M. Kerber, South Holland, IL
Mr. Beverly W. Landstier, Nashville, TN
Mr. Robert J. Moreo, Mechanicsburg, PA
Mr. Raymond G. Neal, Waxahachie, TX
Mr. Dominick A. Panciiti, Encinitas, CA
Mr. James R. Richardson, San Diego, CA
Mr. Willie B. Tucker, Stanfield, NC
Mr. Walter R. Williams, Victorville, CA
Mr. Frederick C. Eckhardt, Freehold, NJ
Mr. Philip W. Dunford, Forest City, NC
Mr. Paul E. Buskuhl, Portland, OR
Mr. John R. Prisciolo, Rialto, CA
Mr. James Padick, Banning, CA
Mr. Russell Smith, Jr., Charleston, WV

Mr. Robert W. Fillion, Littleton, NH

S E V E N T H A W A R D

MARINE CORPS

Mr. Morgan G. Scroggins, Atlantic Beach, FL
HUMAN CLONING PROHIBITION ACT

Mr. KENNEDY. Mr. President, tomorrow the Senate will cast one of the most important votes of this Congress, and perhaps of this decade. That vote will determine whether one of the most promising avenues of research against a host of dread diseases will continue, or whether the Congress will act to ban it—and condemn millions of Americans to unnecessary death and disability in the process.

The vote that will occur is on a cloture motion to take up S. 1601. The authors of S. 1601 say that it is a bill to ban the production of human beings by cloning—an attempt to stop Dr. Seed and other unscrupulous scientists in their tracks. But that claim cannot pass the truth in advertising test. S. 1601 isn't a bill to ban a brave new world of mass production of cloned human beings. It is not legislation to stop wealthy individuals seeking cures for themselves and their relatives. It will in an unscrupulous and unethical attempt to achieve a kind of immortal- ity. Instead, this legislation bans the actual technology used in human cloning research—the technology that could be used to cure or treat cancer, diabetes, spinal cord injuries, arthritis—damaged joints, birth defects, and a host of terrible neurological diseases like Alzheimer's disease, Parkinson's disease, Lou Gehrig's Disease, and multiple sclerosis.

Every scientist in America understands the threat this legislation poses to critical medical research. Every American should understand it, too. A vote against cloture is a vote for medical research. It is a vote for millions of Americans suffering from dread diseases for whom the technology of cloning offers hope of new and miraculous cures. But it is certainly not a vote in favor of cloning human beings. Congress can and should act to ban cloning of human beings during this session. But it should not act in haste, and it should not pass legislation that goes far beyond what the American people want or what the scientific and medical community understands is necessary and appropriate.

Senator FEINSTEIN and I understand the importance of a ban on creating human beings by cloning. This is an ethical judgment I believe our society is ready to make. We have introduced legislation of our own that will accomplish this goal. We hope that it can be reviewed through the normal committee process of hearings and mark-up. I have no doubt that responsible legislation to ban the production of human beings by cloning can come through committee and mark-up and be passed into law during this session of Congress. But S. 1601 is not that responsible ban on cloning. It is an attempt to capitalize on public concern to rush through a sweeping and inappropriate ban on critical medical research.

I have just received the Administration's statement of position on S. 1601. The President has taken the lead in defending this country against the ethical and moral dilemmas created by human cloning. He called for a ban on creation of a human being by cloning in the State of the Union message. If S. 1601 were simply a ban on creation of a human being by cloning, it would receive his wholehearted support. But that is not what S. 1601 does, and that is why the Administration says in its letter, "On June 9, 1997, the President transmitted to Congress legislation making it illegal for anyone to create a human being through cloning. The President believes that using somatic cell nuclear transfer cloning techniques to create a human being is untested, unsafe, and morally unacceptable. The Administration, however, believing cloning is too far-reaching because it would prohibit important biomedical research aimed at preventing and treating serious and life-threatening diseases. Therefore, the Administration does not support passage of the current form." I ask unanimous consent that the entire text of the Administration statement of position be printed in the RECORD.

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


STATEMENT OF ADMINISTRATION POLICY

(This statement has been coordinated by OMB with the concerned agencies)

S. 1601—HUMAN CLONING PROHIBITION ACT

On June 9, 1997, the President transmitted to Congress legislation making it illegal for anyone to create a human being through cloning. The President believes that using somatic cell nuclear transfer cloning techniques to create a human being is untested, unsafe, and morally unacceptable. The Administration, however, believes S. 1601, as introduced, is too far-reaching because it would prohibit important biomedical research aimed at preventing and treating serious and life-threatening diseases. Therefore, the Administration would not support passage of the bill in its current form. The Administration looks forward to working with the Congress to address these concerns. Specifically, the Administration supports amendments to S. 1601 that would:

Include a five-year sunset on the prohibition on human somatic cell nuclear transfer research, to give researchers time to ensure a continuing examination of the risks and benefits of this, while being free from the concern that someone will use it prematurely.

Permit somatic cell nuclear transfer using human cells for the purpose of developing stem cell (unspecialized cells capable of giving rise to stem tissue) technology to prevent and treat serious and life-threatening diseases and other medical conditions, including the treatment of cancer, diabetes, spinal cord injuries and for basic research that could lead to such treatments.

PERMIT SOMATIC CELL NUCLEAR TRANSFER USING HUMAN CELLS FOR THE PURPOSE OF DEVELOPING STEM CELL (UN_SPECIALIZED CELLS CAPABLE OF GIVING RISE TO STEM TISSUE) TECHNOLOGY TO PREVENT AND TREAT SERIOUS AND LIFE-THREATENING DISEASES AND OTHER MEDICAL CONDITIONS, INCLUDING THE TREATMENT OF CANCER, DIABETES, SPINAL CORD INJURIES AND FOR BASIC RESEARCH THAT COULD LEAD TO SUCH TREATMENTS.

The current opportunities in biomedical research are unparalleled in our nation's history. We must ensure that the scientific and organized medicine communities urge you to oppose legislation that would prohibit the use of somatic cell nuclear transfer due to the grave implications it may have for future advances in biomedical research in human healing.

They go on to compare S. 1601's attempts to ban not just cloning of human beings but use of the technique itself to the ill-considered attempts to ban recombinant DNA techniques in the '70s.

They state, "Like the recombinant DNA debate, the scientific and organized medicine communities urge you to oppose legislation that would prohibit the use of somatic cell nuclear transfer due to the grave implications it may have for future advances in biomedical research in human healing.

A letter from Dr. Gerald R. Fink, the Director of the Whitehead Institute of the American Cancer Society—one of the preeminent cancer research institutes in the country—explains very clearly what is at stake. Dr. Fink says, "I am very concerned about efforts to bring the Bond bill to an immediate vote. While I agree that there should be a national ban on human cloning, it is essential that a law protect areas of critical research that can benefit human health. The Bond bill's generic ban on the use of 'human somatic cell transfer technology,' would in fact be quite damaging to medical research programs in the United States."

"The Bond bill would seriously limit our ability to develop new cell-based strategies to fight cancer, diabetes, and
Alzheimer’s disease. It would also prevent vital research on the repair of spinal cord injuries and severe burns.

“I urge you to convey to your colleagues that the Bond bill would cause us to lose ground in the battle against deadly and disabling human diseases.”

Is this really what the Senate or the American people want, Mr. President? To lose ground in the battle against deadly and disabling human diseases? I don’t believe so.

More than 120 scientific and medical organizations have expressed opposition to the Lott-Bond bill or concerns about prohibition on legitimate cloning research as the result of ill-conceived or over-broad legislation.

So you have this immense array of scientific and medical societies and patient groups opposing S. 1601 and urging us to use caution and not to rush ahead without adequate consideration. Our friends who are supporting this bill say that it won’t impede necessary research. If this true, where’s their support from people who know.

I ask them to cite even a handful of mainstream scientific or medical organizations supporting rushing their legislation through without committee hearings, adequate definitions, or even a semblance of careful consideration. They can’t do it. They can’t do it, because the scientific and medical and patients’ communities know that what they are doing is wrong.

As objectionable as the substance of this bill is the procedure by which it is being considered. To grant cloture to this bill tomorrow would be a travesty of the Senate’s role as a deliberative body.

This is one of the most important scientific and ethical issues of the 21st century.

It was introduced on Tuesday of last week.

It was put on the calendar on Wednesday—after our colleagues are present today.

This legislation has not received one day of committee hearings.

It has not received one minute of committee discussion and markup.

They may list in my office are ringing off the hook from scientists and physicians and patients from all over the country who are deeply concerned about the impact of this legislation. But they have had no opportunity to have their voices heard.

Mr. President, this is an important issue. It warrants Senate consideration. But it does not warrant consideration under this accelerated and indefensible procedure.

They that disallow this legislation know that it cannot stand up to public scrutiny. That is the reason for their extraordinary attempt to rush this legislation through.

The Lott-Bond bill does not just ban cloning of human beings, it bans vital medical research related to cloning—research which has the potential to find new cures for cancer, diabetes, birth defects and genetic diseases of all kinds, blindness, Parkinson’s disease, Alzheimer’s disease, paralysis due to spinal cord injury, arthritis, liver disease, life-threatening burns, and many other illnesses and injuries.

Here is what the bill says—Page 2, line 13, paragraph 301 is entitled: Prohibition on cloning. It is the heart of the bill. It states, “It shall be unlawful for any person or entity, public or private, in or affecting interstate commerce, to use human somatic cell nuclear transfer technology.” That is the end of the statement.

It does not just ban the technology for use in human cloning. It bans it for any purpose at all.

That means scientists can’t use the technology to try to grow cells to aid women dying of leukemia. They can’t use it to grow new eye tissue to help those going blind from certain types of cell degeneration. They can’t use it to grow new pancreas cells to cure diabetes. They can’t use it to grow new bone tissue to help those with Parkinson’s disease or Alzheimer’s disease. They can’t use it to regrow spinal cord tissue to cure those who have been paralyzed in accidents or by war wounds.

Congress should ban the production of human beings by cloning. But we should not slam on the brakes and stop scientific research that has so much potential to bring help and hope to millions of citizens. As J. Benjamin Younger, Executive Director of the American Society for Reproductive Medicine, has said:

We must work together to ensure that in our effort to make human cloning illegal, we do not sentence millions of people to needless suffering by stopping medical progress into their illness cannot proceed.

Let’s work together. Let us stop this know-nothing and unnecessarily destructive bill. Let us vote against cloture tomorrow and send this bill to Committee where it can receive the careful consideration it deserves. Together, we can develop legislation that will ban the cloning of human beings, without banning needed medical research that can bring the blessings of good health to so many millions of our fellow citizens.

BOSTON’S SUCCESS FIGHTING JUVENILE CRIME

Mr. KENNEDY. Mr. President, I recently received an impressive letter from Boston Police Commissioner Paul Evans on Boston’s current successful experience in reducing crime in the city, especially juvenile crime. Firearm homicides have plummets, and the overall crime rate has dropped significantly.

As Commissioner Evans states, “The keys to our effort in Boston have been prevention, intervention and enforcement.” The city’s comprehensive approach includes not only law enforcement agencies, but the entire criminal justice system and community and social service agencies as well. As more cities become aware of this successful, anti-crime strategy, Boston is becoming a model for the nation on this vital issue.

His letter goes on to say, “Our strategy relies on focused intervention, with smarter, tougher enforcement targeted at the very small group of hard-core offenders. We work closely with state and federal agencies to disrupt the flow of illegal firearms by mounting coordinated investigations and prosecutions of gun traffickers.”

As Commissioner Evans emphasizes, the progress in Boston was made “without measures such as housing juvenile detainees and convicts in adult jails and prisons. The focus of policy and dollars should be intervention and prevention at the front end, and not incarceration in adult facilities at the back end.”

As the Senate prepares to take up legislation to combat juvenile crime, I urge my colleagues to heed the words of Commissioner Evans, and I ask unanimous consent that his letter be printed in the Record.

There being no objection, the letter ordered to be printed in the Record, as follows:

BOSTON POLICE DEPARTMENT

Hon. EDWARD M. KENNEDY, U.S. Senate, Washington, D.C.
DEAR SENATOR KENNEDY: As the Senate prepares to debate the juvenile crime bill, I agree with your suggestion that it would be helpful to look again at the collaborative work in Boston, and the progress we have made in the past 18-24 months. I offer the following.

The keys to our effort in Boston have been prevention, intervention and enforcement. Boston has been successful with broad collaboration across law enforcement, criminal justice, community and social service agencies. Our strategy relies on focused intervention, with smarter, tougher enforcement targeted at the very small group of hard-core offenders. We work closely with state and federal agencies to disrupt the flow of illegal firearms by mounting coordinated investigations and prosecutions of gun traffickers.

Firearm homicides among people aged 24 years and younger are down over 70 percent since we instituted the innovative “Cease-Fire” program in 1995. We have lost one juvenile to a firearm homicide since July 1995. Overall homicides are at their lowest level in 30 years, with a 30 percent decrease in 1997 as compared with 1996. It also noteworthy that we have made these strides without measures such as housing juvenile detainees and convicts in adult jails and prisons. The focus of policy and dollars should be intervention and prevention at the front end, and not incarceration in adult facilities at the back end.

As the Senate takes up the complex questions of effective juvenile justice policy, I would strongly recommend federal spending that requires collaboration, that requires communities to support a balance of prevention along with enforcement, and that directs these funds in the most crime-impressed neighborhoods. We cannot be credible
in the community about enforcement if we are not credible on prevention. The juvenile block grant offers an excellent opportunity for the Senate to invest seriously in prevention.

Sincerely yours,

PAUL F. EVANS,
Police Commissioner.

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business Friday, February 6, 1998, the Federal debt stood at $5,472,090,996.75. In five trillion, four hundred seventy-two billion, forty-nine million, nine hundred thirty-six thousand, seven hundred fifty-one dollars and fifteen cents.

One year ago, February 6, 1997, the Federal debt stood at $5,026,449,936.75. In five trillion, three hundred seven billion, eighty-four million, four hundred thirty-six thousand, nine hundred thirty-six dollars and fifteen cents.

Twenty-five years ago, February 6, 1973, the Federal debt stood at $445,600,000,000. In four trillion, forty-five billion, six hundred million dollars and two million cents.

One year ago, February 6, 1997, the Federal debt stood at $5,472,090,996.75. In five trillion, four hundred seventy-two billion, forty-nine million, nine hundred thirty-six thousand, seven hundred fifty-one dollars and fifteen cents.

The activities of the NEH touch tens of millions of our citizens—from the youngest students to the most veteran professors, to men and women who simply strive for a greater appreciation of our Nation's past, present, and future. The NEH has supported projects as diverse as the widely viewed documentary, The West, and research as specialized as that conducted on the Dakota Tribe. Small historical societies have received support, as have some of the Nation's largest cultural institutions.

To the Congress of the United States:

The activities of the NEH touch tens of millions of our citizens—from the youngest students to the most veteran professors, to men and women who simply strive for a greater appreciation of our Nation's past, present, and future. The NEH has supported projects as diverse as the widely viewed documentary, The West, and research as specialized as that conducted on the Dakota Tribe. Small historical societies have received support, as have some of the Nation's largest cultural institutions.

Throughout our history, the humanities have provided Americans with the knowledge, insights, and perspectives needed to move ourselves and our civilization forward. Today, the NEH remains vitally important to promoting our Nation's culture. Not only does its work continue to add immeasurably to our civic life, it strengthens the democratic spirit so essential to our country and our world on the eve of a new century.

WILLIAM J. CLINTON.


REPORT OF THE NATIONAL ENLARGEMENT FOR THE HUMANITIES FOR CALENDAR YEAR 1996—MESSAGE FROM THE PRESIDENT—PM 94

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; which was referred to the Committee on Labor and Human Resources.

To the Congress of the United States:

I am pleased to present to you the 1996 annual report of the National Endowment for the Humanities (NEH), the Federal agency charged with fostering scholarship and enriching the ideas and wisdom born of the humanities. The agency supports an impressive range of projects encompassing the worlds of history, literature, philosophy, and culture. Through these projects, Americans of all walks of life are able to explore and share in the uniqueness of our Nation's democratic experience.

THE UNIVERSITY OF SAGE FROM THE PRESIDENT—PM 93

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; referred jointly, pursuant to 16 U.S.C. 1823, to the Committee on Commerce, Science, and Transportation, and to the Committee on Foreign Relations.

To the Congress of the United States:

In accordance with the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 et seq.), I transmit herewith an Agreement between the Government of the United States of America and the Government of the Republic of Poland extending the Agreement of August 1, 1985, Concerning Fisheries Off the Coasts of the United States, with annexes and agreed minutes, as amended and extended (the 1985 Agreement). The Agreement, which was effected by an exchange of notes at Warsaw on February 5 and August 25, 1997, extends the 1985 Agreement to December 31, 1999. In light of the importance of our fisheries relationship with the Republic of Poland, I urge that the Congress give favorable consideration to this Agreement at an early date.

WILLIAM J. CLINTON.


REPORT OF THE COMMODITY CREDIT CORPORATION FOR FISCAL YEAR 1995—MESSAGE FROM THE PRESIDENT—PM 95

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; which was referred to the Committee on Agriculture, Nutrition, and Forestry.

To the Congress of the United States:

As required by the provisions of section 13, Public Law 860, 80th Congress (15 U.S.C. 714k), I transmit herewith the report of the Commodity Credit Corporation for fiscal year 1996.

WILLIAM J. CLINTON.


MESSAGES FROM THE HOUSE

At 11 a.m., a message from the House of Representatives, delivered by Ms. Goetz, one of its reading clerks, announced that the House has proceeded to reconsider the bill (H.R. 2631) 

The report of the Select Committee on Intelligence, transmitted, pursuant to law, the sequences report preview for fiscal year 1999; referred jointly, pursuant to the order of August 4, 1997, to the Committee on the Budget, and to the Committee on Governmental Affairs.

The report of the Commodity Credit Corporation for fiscal year 1995; referred jointly, pursuant to the order of August 4, 1997, to the Committee on Banking, Housing, and Urban Affairs.

The report of the Commodity Credit Corporation for fiscal year 1996; referred jointly, pursuant to the order of August 4, 1997, to the Committee on Banking, Housing, and Urban Affairs.

A communication from the Assistant Secretary of Commerce for Export Administration, transmitting, pursuant to law, the report of a rule received on February 2, 1998; to the Committee on Banking, Housing, and Urban Affairs.

A communication from the General Counsel of the Department of Housing and Urban Development, transmitting, pursuant to law, a rule received on February 3, 1998; to the Committee on Banking, Housing, and Urban Affairs.

A communication from the General Counsel of the National Credit Union Administration, transmitting, pursuant to law, the report of a rule received on January 27, 1997; to the Select Committee on Intelligence.

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INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first
and second time by unanimous consent, and referred as indicated:

By Mr. MOYNIHAN:
S. 1617. A bill for the relief of Jesus M. Collado-Munoz; to the Committee on the Judiciary.

By Mr. REED, and Mr. BRYAN:
S. 1618. A bill to amend the Communications Act of 1934 to improve the protection of consumers against "slamming" by telecommunications carriers, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. MCCAIN (for himself, Mr. HOLINGS, Ms. SNOWE, Mr. FRIST, Mr. REED, and Mr. BRYAN):
S. 1619. A bill to amend the Communications Act of 1934 to improve the protection of consumers against "slamming" by telecommunications carriers, and for other purposes; to the Committee on Commerce, Science, and Transportation.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. ROBY:
S. Res. 174. A resolution to state the sense of the Senate that Thailand is a key partner under its arrangements with the International Monetary Fund, and that the United States should be prepared to take appropriate action to ensure continued close bilateral relations, to the Committee on Foreign Relations.

By Mr. ROBY:
S. Res. 175. A bill to designate the week of May 3, 1998 as "National Correctional Officers and Employees Week."; to the Committee on the Judiciary.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. MOYNIHAN:
S. 1617. A bill for the relief of Jesus M. Collado-Munoz; to the Committee on the Judiciary.

PRIVATE RELIEF LEGISLATION

Mr. MOYNIHAN. On September 28, 1996, the Senate passed the Omnibus Consolidated Appropriations Act, a 749-page bill with 24 separate titles. Included in that unwieldy legislation was the Illegal Immigration and Immigrant Responsibility Act of 1996, a far-reaching measure designed to curtail illegal immigration and prevent criminals from entering our country. This legislation, hurried to passage in the final days of a legislative session, has proven to be overly punitive in a number of cases, including that of Jesus Collado.

On April 7, Jesus Collado, a 43-year-old legal resident of the United States, returned to this country after vacationing in the Dominican Republic, his homeland. Upon arrival at John Kennedy airport in New York, Mr. Collado was detained by INS officers who kept him handcuffed and made him sit on the floor of a room in the airport for nearly 24 hours. INS officials had determined Mr. Collado excludable because the Illegal Immigration and Immigrant Responsibility Act made the misdemeanor on his criminal record a deportable offense. Twenty-three years ago, when Mr. Collado was 19 years old, he was convicted of a class A misdemeanor, having sexual relations with a minor, his 15-year-old girlfriend. I should note here that their relationship was a consensual one. Mr. Collado was sentenced to a year's probation, which has not been in trouble with the law since.

Whatever I or my colleagues think about his teenage indiscretion, the fact remains that he is not a serious criminal who should be excluded from entering the United States. Yet, as I mentioned, on April 7 last, Mr. Collado was arrested upon arrival in New York and was held without bail for 201 days at the INS Detention Facility at the York County Prison in York, Pennsylvania.

The Illegal Immigration and Immigrant Responsibility Act was meant to keep serious criminals out of the United States. It was not meant to exclude those who have resided here legally for a quarter century because of a misdemeanor committed as a teenager. Might I add that Lamar Smith, the chairman of the House Immigration Subcommittee seems to agree with me. Mr. Smith wrote, in his December 22, 1997 column that Mr. Collado's case "tugs at your heart. Clearly this is an instance where humanitarian considerations should be taken into account. I believe in redemption and I believe it should be granted generously."

Ultimately, the Immigration and Naturalization Service must be given discretion in the implementation of this Act. But Mr. Collado and his family need relief now. Today I am introducing private relief legislation for Mr. Collado to show that his misdemeanor is not grounds for inadmissibility, deportation or denial of citizenship. Representative Nydia Velazquez, who has worked tirelessly on Mr. Collado's behalf, has introduced a similar measure in the House of Representatives. I urge the Senate to act on this matter swiftly so that the Collado family may get on with their lives.

Mr. President, I ask unanimous consent that the text of the bill and Anthony Lewis' column be printed in the RECORD.

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

S. 1617
Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. WAIVER OF CONSIDERATION OF ELIGIBILITY FOR IMMIGRATION PURPOSES OF JESUS M. COLLADO-MUNOZ.

Notwithstanding sections 212(a) and 237(a) of the Immigration and Nationality Act, Jesus M. Collado-Munoz shall not be considered, by reason of the criminal offense to which he pleaded guilty on October 24, 1974, to be inadmissible to, or deportable from, the United States. The offense shall not be used as a basis for inadmissibility, deportability from, or denial of citizenship to, any individual who should be excluded from entering the United States. It was not meant to exclude those who have resided here legally for a quarter century because of a misdemeanor committed as a teenager. Might I add that Lamar Smith, the chairman of the House Immigration Subcommittee seems to agree with me. In Anthony Lewis' December 22, 1997 column in the New York Times, Mr. Smith wrote that Jesus Collado's case "tugs at your heart. Clearly this is an instance where humanitarian considerations should be taken into account. I believe in redemption and I believe it should be granted generously."

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seek a waiver of deportation. A notable case is that of Jesús Collado, a Brooklyn man who faces deportation because he slept with a 15-year-old girlfriend 23 years ago and was put on a contributing to delinquency of a minor. He has lived a blameless life since and has an American wife and three children.

"In the vast majority of cases I think the crimes do justify deportation," Mr. Smith commented. "However, perhaps around the far edges the I.N.S. should have some discretion in these cases.

"First I'd like to be reassured that the Administration is serious about deporting hardened criminals. It has a program to deport those who finish when they finish their sentences, but it is deporting less than 50 percent.

The Collado case, he said, "obviously tugs at your heart. Clearly this is an instance where humanitarian considerations should be taken into account. I believe in redemption, and I believe it should be granted generously.

"The question is how you do that without creating a giant loophole through which thousands of others can escape deportation."

By Mr. McCaIN (for himself, Mr. HOLliNGS, Ms. SNOWE, Mr. FRiST, Mr. REED, and Mr. BAlDWIN)

S. 1618. A bill to amend the Communications Act of 1934 to improve the protection of consumers against "slamming" by telecommunications carriers, and for other purposes; to the Committee on Commerce, Science, and Transportation.

THE CONSUMER ANTI-SLAMMING ACT OF 1998

Mr. McCaIN. Mr. President, today I am introducing the Consumer Anti-Slamming Act of 1998. This legislation is aimed at putting an end to an abusive and unscrupulous practice that affects thousands and thousands of consumers every year. Joining me as a co-sponsor of this legislation are Senator FRiST HOLliNGS, the Ranking Member of the Senate Commerce Committee, and Senator FRiST and Senator SNOWE, also members of the Committee. I am most grateful for their support in this important effort.

"Slamming" is the unauthorized changing of a consumer's long-distance carrier. A consumer who is slammed often receives lower-quality service or is charged higher rates. Sometimes consumers are not even aware that they have been slammed until they get their bills. When they realize what has happened, they have to go through the aggravation of getting their service switched back to their original carrier and having their bills adjusted. And they often find it difficult to secure compensation for any additional damages they may have incurred.

Mr. President, last year alone over 20,000 consumers filed slamming complaints with the FCC. This is by far the largest category of complaints the FCC received. When you stop to consider that only a small fraction of all consumers who are slammed actually file complaints about it with the Commission, the real dimensions of the problem become apparent. And those dimensions are growing: last year's 20,000 complaints represented a 25 percent increase in the number of complaints filed in 1996, despite the fact that the FCC adopted new rules to discourage slamming.

The reality we face is that unless Congress supplements by law what the FCC can do by regulation, this already bad problem will only get worse. This legislation will attack slamming in two ways: it will establish stringent anti-slamming safeguards to deter slamming from happening in the first place, and it will enlarge the remedies available to punish slammers and make consumers whole if it does. The bill does this by prescribing definitive procedures for telephone companies to follow, providing alternative ways for consumers to obtain redress for having been slammed, and giving federal and nonfederal authorities the power to impose tough sanctions, including fines and compensatory and punitive damages.

The bill takes a straightforward approach. It prohibits a telephone company from changing a consumer's tele-

phone service unless the company obtains a verbal, written, or electronic verification from the subscriber showing that the subscriber has consented to the change. The company making the change will be required to retain this verification. If a consumer charges a company with slamming, the company has 120 days in which to satisfy the consumer's complaint. If it does not do so, the company must promptly advise the consumer of that fact, and give the consumer a copy of the verification and information about how to pursue the complaint with the FCC and about all other available remedies. If a company ignores a consumer's slamming complaint, it will be subject to the penalty for slamming.

The bill then provides for simple, streamlined complaint resolution procedures: the Commission shall issue a decision on the carrier's liability within 150 days. It broadens the Commission's enforcement powers by authorizing it to award both compensatory and punitive damages, and requires that damages be awarded within 90 days of the liability determination. It directs the FCC not to levy a fine of less than $40,000 against first-time offenders and $150,000 for repeat offenders absent mitigating circumstances. It imposes a fine of less than $40,000 to levy a fine of less than $40,000 against first-time offenders and $150,000 for repeat offenders absent mitigating circumstances. It imposes a fine of less than $40,000 to levy a fine of less than $40,000.

The reality is that slamming has to stop, once and for all, and this bill means to stop it.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1618

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

SECTION 1. IMPROVED PROTECTION FOR CONSUMERS AGAINST "SLAMMING" BY TELECOMMUNICATIONS CARRIERS.

(a) VErIFICATION OF AUTHORIZATION.—Subsection (a) of section 258 of the communica-tions Act of 1934 (47 U.S.C. 258) is amended to read as follows:

"(a) PROHIBITION.—In general.—No telecommunications carrier shall submit or execute a subscriber's selection of a provider of telephone exchange service or telephone toll service except in accordance with this section and such verification procedures as the Commission shall prescribe.

(2) VERIFICATION.—(A) In general.—In order to verify a subscriber's selection of a telephone exchange service or telephone toll service provider under this section, the telecommunications carrier shall, at a minimum, require the subscriber—

(i) to acknowledge the type of service to be changed as a result of the selection;

(ii) to affirm the subscriber's intent to select the provider as the provider of that service;

(iii) to confirm that the subscriber is authorized to select the provider of that service for the telephone number in question;

(iv) to acknowledge that the selection of the provider will result in a change in provider of that service;

(v) to acknowledge that the individual making the oral communication is the subscriber; and

(vi) to provide such other information as the Commission considers appropriate for the protection of the subscriber.

(B) ADDITIONAL REQUIREMENTS.—The procedures prescribed by the Commission to verify a subscriber's selection of a provider shall—

(i) preclude the use of negative option marketing;

(ii) provide for verification of a change in telephone exchange service or telephone toll service provider in oral, written, or electronic form; and

(iii) require the retention of such verification in such manner and form and for such time as the Commission considers appropriate.

(3) INTRASTATE SERVICES.—Nothing in this section shall preclude any State commission from enforcing such procedures with respect to intrastate services.

(4) SECTION NOT TO APPLY TO WIRELESS.—The section does not apply to a provider of commercial mobile service, as that term is defined in section 332(d)(1) of this Act."

(b) RESOLUTION OF COMPLAINTS.—Section 258 of the Communications Act of 1934 (47 U.S.C. 258) is amended by adding at the end thereof the following:
<p>SEC. 2. REPORT ON TELEMARKETING PRACTICES.<br/></p>
The same Internet that can benefit our environs.

Mr. President, there is no question that some of the web surfers who are accessing these sites are children. Some, unfortunately, are actively searching for these sites. But many others literally and unintentionally stumble across them. Anyone who uses seemingly innocuous terms while searching the World Wide Web for educational or harmless recreational purposes can inadvertently run into adult sites. For example, when the word “teen” is typed into a search engine, a site titled “Teenagesex.com” is the first search result to appear.

Mr. President, parents have a responsibility to monitor their children’s Internet use. This is their proper role, and no amount of governmental assistance will substitute for the self-regulation. It would very well be as effective in protecting children as parental supervision.

Parental supervision, however, is not possible when children use the Internet while they are away from home, in schools and libraries. The billions of dollars per year the Federal government will be giving schools and libraries to enable them to bring advanced Internet learning technology to the classroom will bring in the Internet’s explicit online content as well. These billions of dollars will ultimately be paid for by the American people. So it is only right that if schools and libraries accept these federally provided subsidies for Internet access, they have an absolute responsibility to their communities to assure that children are protected from online content that can harm them.

And this harm can be prevented. The prevention lies, not in censoring what goes online, but rather in filtering what comes out of it onto the computers our children use outside the home.

Mr. President, Internet filtering systems work, and they need not be blunt instruments that unduly constrain the availability of legitimately instructional material. Today they are adaptable, capable of being fine-tuned to accommodate changes in websites as well as the evolving needs of individual schools and individual lesson plans. Best of all, their use will channel explicit material away from children while they are not under parental supervision, while not in any way inhibiting the rights of adults who may wish to post indecent material on the Web or have access to it outside school environs.

Mr. President, it boils down to this: The same Internet that can benefit our children is also capable of inflicting terrible damage on them. For the reason, school and library administrators who accept universal service support to provide students with its intended benefits must also safeguard them against its unintended harm. I commend the efforts of those who have recognized this responsibility by providing filtering systems in the many educational facilities that already have Internet capability. This legislation assures that this responsibility is also extended to all other institutions as they implement advanced technologies funded by federally-mandated universal service funds.

Mr. President, this bill takes a sensible approach. It requires schools receiving federal money to use a filtering system on their computers so that objectionable online materials will not be accessible to students. Libraries are required to use a filtering system on one or more of their computers so that it will be appropriate for minors’ use. Filtering technology is itself eligible to be subsidized by the E-rate discount. Once a school or library certifies that it will use a filtering system, they will be eligible to receive universal service fund subsidies for Internet access. If schools and libraries do not so certify, they will not be eligible to receive universal service fund-subsidized discounts.

Some have argued that the use of filtering technology in public schools and libraries would amount to censorship under the First Amendment. The Supreme Court has found, however, that obscenity is not protected by the First Amendment. And it has held that the First Amendment does not extend to the use of sex- and nudity-related materials. It has further held that the First Amendment does not extend to the use of sex related materials. It has further held that the First Amendment does not extend to the use of sex related materials.

Perhaps most important, the bill prohibits the federal government from prescribing any particular filtering system, or from imposing a different filtering system than the one selected by the certifying educational authority. It thus places the prerogative for determining which filtering system best reflects the community’s standards precisely where it should be: on the community itself.

Mr. President, and more and more people are using the Internet each day. Currently, there may be as many as 50 million Americans online, and that number is expected to at least double by the year 2000. As Internet use in our schools and libraries continues to grow, children’s potential exposure to harmful online content will only increase. This bill simply assures that universal service subsidies will be used to defend them from the very danger that these same subsidies are otherwise going to increase. This is a rational response to what could otherwise be a terrible and unintended problem.

Mr. President, I ask unanimous consent that the text of the bill appear in the RECORD.

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

S. 169

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,
Rights Act of 1964 to provide more effective remedies to victims of discrimination in the payment of wages on the basis of sex, and for other purposes.

S. 1387

At the request of Ms. Moseley-Braun, the names of the Senator from Virginia (Mr. Warner) and the Senator from Nebraska (Mr. Hagel) were added as cosponsors of S. 1387, a bill to establish in the National Service the National Underground Railroad Network to Freedom program, and for other purposes.

S. 1402

At the request of Ms. McCaskill, the names of the Senator from South Dakota (Mr. Rehberg) were added as cosponsors of S. 1402, a bill to amend the Balanced Budget Act of 1997 to place an 18-month moratorium on the prohibition of payment under the Medicare program for home health services consisting of venipuncture solely for the purpose of obtaining a blood sample, and to require the Secretary of Health and Human Services to study potential fraud and abuse under such program with respect to such services.

S. 1529

At the request of Mr. Robb, the name of the Senator from Virginia (Mr. Warner) was added as a cosponsor of S. 1529, a bill to provide market transition assistance for quota holders, active tobacco producers, and tobacco-growing counties, to authorize a private Tobacco Production Control Corporation and tobacco loan associations to control the production of tobacco, and to ensure the quality of tobacco in the United States, and for other purposes.

S. 1635

At the request of Mr. Cleland, the names of the Senator from Illinois (Ms. Moseley-Braun) and the Senator from Hawaii (Mr. Inouye) were added as cosponsors of S. 1635, a bill to present a gold medal to Len "Roy Rogers" Slye and Octavia "Dale Evans" Smith.

Senate Concurrent Resolution 55

At the request of Mr. Gregg, the name of the Senator from South Dakota (Mr. Johnson) was added as a cosponsor of Senate Concurrent Resolution 55. A concurrent resolution declaring the annual memorial service sponsored by the National Emergency Medical Services Congress, the Service Board of Directors, and the emergency medical services personnel to be the "National Emergency Medical Services Memorial Service."

Senate Resolution 148

At the request of Mr. Domениci, the names of the Senator from Mississippi (Mr. Lott), the Senator from South Dakota (Mr. Daschle), the Senator from Georgia (Mr. Coverdell), the Senator from Nebraska (Mr. Hagel), the Senator from Texas (Mrs. Hutchison), the Senator from Alaska (Mr. Murkowski), the Senator from Tennessee (Mr. Thompson), the Senator from New Hampshire (Mr. Smith), the Senator from Utah (Mr. Bennett), the Senator from Maine (Ms. Collins), the Senator from Oklahoma (Mr. Nickles), the Senator from Montana (Mr. Burns), the Senator from Kansas (Mr. Roberts), the Senator from Idaho (Mr. Craig), the Senator from Arkansas (Mr. Hutchinson), the Senator from New York (Mr. D'Amato), the Senator from South Carolina (Mr. Hatfield), the Senator from Utah (Mr. Hatch), the Senator from Mississippi (Mr. Cochran), the Senator from Colorado (Mr. Allard), the Senator from Missouri (Mr. Bond), the Senator from Ohio (Mr. DeWine), the Senator from Indiana (Mr. Lugar), the Senator from Oklahoma (Mr. Inhofe), the Senator from Michigan (Mr. Abraham), the Senator from North Carolina (Mr. Faircloth), the Senator from Hawaii (Mr. Akaka), the Senator from North Carolina (Mr. Helms), the Senator from Iowa (Mr. Grassley), the Senator from New Hampshire (Mr. Gregg), the Senator from Tennessee (Mr. Frist), the Senator from Alabama (Mr. Sessions), the Senator from Hawaii (Mr. Inouye), the Senator from California (Mr. Feinstein), the Senator from New York (Mr. Moynihan), the Senator from Illinois (Ms. Moseley-Braun), the Senator from Massachusetts (Mr. Kerry), the Senator from Wisconsin (Mr. Kohl), the Senator from West Virginia (Mr. Rockefeller), the Senator from Arkansas (Mr. Bumpers), the Senator from Maryland (Ms. Mikulski), the Senator from Florida (Mr. Graham), the Senator from Nebraska (Mr. Prefete), the Senator from Connecticut (Mr. Dodd), the Senator from South Carolina (Mr. Thurmond), the Senator from Virginia (Mr. Robb), the Senator from Nevada (Mr. Bryan), the Senator from Nebraska (Mr. Reid), the Senator from Louisiana (Ms. Landrieu), the Senator from Oregon (Mr. Wyden), the Senator from Missouri (Mr. Ashcroft), the Senator from New Jersey (Mr. Lautenberg), the Senator from Vermont (Mr. Jeffords), the Senator from New Jersey (Mr. Torricelli), and the Senator from Alaska (Mr. Stevens) were added as cosponsors of Senate Resolution 148. A resolution designating 1998 as the "Onate Cuartocentenario", the 400th anniversary commemoration of the first permanent Spanish settlement in New Mexico.

Senate Resolution 170

At the request of Mr. Specter, the name of the Senator from North Dakota (Mr. Dorgan) was added as a co-sponsor of Senate Resolution 170. A resolution expressing the sense of the Senate that the Federal investment in biomedical research should be increased by $2,000,000,000 in fiscal year 1999.

Senate Resolution 171

At the request of Mr. Specter, the names of the Senator from Ohio (Mr. DeWine), the Senator from Maryland (Ms. Snowe), the Senator from New Jersey (Mr. Torricelli), the Senator from Massachusetts (Mr. Kennedy), the Senator from West Virginia (Mr. Rockefeller), the Senator from Maine (Ms. Snowe), the Senator from New Jersey (Mr. Lautenberg), the Senator from Maryland (Mr. Sarbanes), the Senator from Virginia (Mr. Robb), and the Senator from Florida (Mr. Graham) were added as cosponsors of Senate Resolution 171. A resolution designating March 25, 1998, as "Greek Independence Day: A National Day of Celebration of Greek and American Democracy".
At the request of Mrs. Boxer, the names of the Senator from South Dakota (Mr. Daschle), the Senator from New Jersey (Mr. Torricelli), the Senator from Louisiana (Ms. Landrieu), and the Senator from Pennsylvania (Mr. Specter) were added as cosponsors of Senate Resolution 173. A resolution expressing the sense of the Senate with respect to the protection of reproductive health services clinics.

SENATE RESOLUTION 173—RELATIVE TO THAILAND

Mr. ROTH (for himself, Mr. Baucus, Mr. Thomas, and Mr. Lugar) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 174

Whereas, the United States maintains a close bilateral partnership with Thailand and has a profound interest in furthering that relationship;

Whereas, the friendship between our two countries goes back farther than that with any other Asian nation dating back to the Treaty of Amity and Commerce and Navigation of 1833;

Whereas, the bilateral trade relationship is robust and promises to grow even more so in time;

Whereas, the U.S. security relationship with Thailand is one of our most critical, and it is in both countries' interest to maintain and strengthen that relationship;

Whereas, the new government in Thailand has committed itself to making significant structural reforms to its economy in line with the conditions placed upon it by the International Monetary Fund, including improving financial and economic transparency and cutting its budget;

Whereas, the conditions imposed on Thailand by the IMF were developed in August of 1997 when the economic environment in Asia was vastly different from that existing today;

Whereas, an example of those changed circumstances is the fact that both Korea and Indonesia provided second line of defense contingency loans to Thailand in August, 1997, amounting to US$500 million each;

Resolved, That it is the sense of the Senate that:

(1) The United States should be prepared to take appropriate steps to help ensure that Thailand's economic recovery efforts will continue uninterrupted and to enhance the close political, economic and security relations between Thailand and the United States; and

(2) Thailand deserves praise and commendation by the United States for its resolve in meeting its IMF obligations.

SENIOR RESOLUTION 175—TO DESIGNATE "NATIONAL CORRECTIONAL OFFICERS AND EMPLOYEES WEEK"

Mr. ROBB submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 175

Whereas the operation of correctional facilities represents a crucial component of our criminal justice system;

Whereas correctional personnel play a vital role in protecting the public by being the first line of defense against violence and crime;

Whereas correctional personnel are responsible for the care, custody and discipline of the nation's criminal population;

Whereas correctional personnel work under demanding circumstances and face danger in their daily work lives;

Resolved, That the Senate designates the week of May 2, 1998 as "National Correctional Officers and Employees Week."

Mr. ROTH. Mr. President, I rise today on behalf of myself, Mr. Baucus, Mr. Thomas, and Mr. Lugar, to submit a Resolution to state the sense of the Senate that Thailand remains one of America's most important partners and closest friends, and that Bangkok has been making important strides in executing its responsibilities under its arrangements with the International Monetary Fund.

Mr. President, America's friendship with Thailand is our longest-standing in Asia. Our first Envoy to Thailand negotiated a Treaty of Amity and Commerce with that country in 1833. Thailand was the first country afflicted with the so-called Asian contagion, and the first to receive IMF assistance. However, at the time the IMF put the package together for Thailand in August, the country's economy looked far different than it does today. Let me give one compelling example of how things have changed: Last year, both Korea and Indonesia were economically secure enough to pledge a so-called "second line of defense" contingency loans to Thailand.

The point is, Mr. President, many of the assumptions that the IMF used in formulating the conditions for Thailand's package are no longer applicable.

Despite the changes, however, the new Government of Thailand has been making important progress in fulfilling its IMF obligations. Already Thailand has taken steps to improve financial and economic transparency and cut its budget.

I recently visited Thailand and was very impressed by the new leadership in Bangkok, by the steps they have taken thus far and by their resolve in fulfilling their IMF obligations.

Mr. President, I believe I am safe in saying that all of us in this chamber— and Americans all across this land—are great admirers of Thailand and Thai culture. I remain optimistic about Thailand's future. Given the Thai people's energy, the country's remarkable history, and its record of economic success, I hope and expect to see Thailand's return to prosperity in the not-too-distant future.

SENATE RESOLUTION 175—TO DESIGNATE "NATIONAL CORRECTIONAL OFFICERS AND EMPLOYEES WEEK"

Mr. ROBB submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 175

Whereas the operation of correctional facilities represents a crucial component of our criminal justice system;

Whereas correctional personnel play a vital role in protecting the rights of the public to be safeguarded from criminal activity;

Whereas correctional personnel are responsible for the care, custody and dignity of the human beings charged to their care; and

Whereas correctional personnel work under demanding circumstances and face danger in their daily work lives; Now, therefore, be it

Resolved, That the Senate designates the week of May 3, 1998 as "National Correctional Officers and Employees Week."

Mr. ROBB. Mr. President, I rise today to submit a Senate resolution to designate the week of May 2, 1998 as "National Correctional Officers and Employees Week."

Mr. President, this resolution gives needed recognition to the vital role that correctional personnel play in our communities.

Correctional officers and employees put their lives on the line every day to protect the public from dangerous criminals. These brave men and women also protect and humanize individuals from the violence of their circumstance, and they help prisoners work toward returning to lawful society.

I urge my colleagues to join with me to recognize the work and contributions of our nation's correctional officers and employees.

NOTICES OF HEARINGS

COMMITTEE ON LABOR AND HUMAN RESOURCES

Mr. JEFFORDS. Mr. President, I would like to announce for information of the Senate and the public that a hearing of the Senate Committee on Labor and Human Resources will be held on Tuesday, February 10, 1998, 10:00 a.m., in SD-430 of the Senate Dirksen Building. The subject of the hearing is Tobacco Settlement IV. For further information, please call the committee, 202/224-5375.

SUBCOMMITTEE ON PUBLIC HEALTH AND SAFETY

Mr. JEFFORDS. Mr. President, I would like to announce for information of the Senate and the public that a hearing of the Subcommittee on Public Health and Safety, Senate Committee on Labor and Human Resources will be held on Wednesday, February 11, 1998, 9:30 a.m., in SD-430 of the Senate Dirksen Building. The subject of the hearing is Agency for Health Care Policy and Research (AHCPR). For further information, please call the committee, 202/224-5375.

COMMITTEE ON LABOR AND HUMAN RESOURCES

Mr. JEFFORDS. Mr. President, I would like to announce for information of the Senate and the public that a hearing of the Senate Committee on Labor and Human Resources will be held on Thursday, February 12, 1998, 10:00 a.m., in SD-430 of the Senate Dirksen Building. The subject of the hearing is Education of the Deaf Act. For further information, please call the committee, 202/224-5375.

COMMITTEE ON SMALL BUSINESS

Mr. BOND. Mr. President, I wish to announce that the Committee on Small Business will hold a hearing entitled IRS Reform: What America's Taxpayers Need Now. This hearing will be held on February 12, 1998, beginning at 9:30 a.m. ET in three locations: room 428A of the Russell Senate Office Building, Washington, D.C.; St. Louis, Missouri; and Salt Lake City, Utah. Description of the hearing: Senate Committee on Small Business, Subcommittee on Oversight, holds first virtual committee hearing on the Internet on proposals to reform the IRS and improve taxpayer rights. For further information, please contact Mark Warren at 224-5175.

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. CRAIG. Mr. President, I would like to announce for the public that an
oversight hearing has been scheduled before the Subcommittee on Forests and Public Land Management of the Senate Committee on Energy and Natural Resources. The hearing will take place Wednesday, February 24, 1998 at 9:45 a.m. in Room SD-366 of the Dirksen Senate Office Building in Washington, D.C. The purpose of this hearing is to receive testimony on the use of specialty forest products from the national forests. Those who wish to submit written statements should write to the Committee on Energy and Natural Resources, U.S. Senate, Washington, D.C. 20510. For further information, please call Judy Brown or Mark Rey at (202) 224-6170.

ADDITIONAL STATEMENTS

MILITARY ACCIDENT IN AVIANO, ITALY

Mrs. FEINSTEIN. Mr. President, I rise today to express my deep sympathy to the families of those killed in Italy by a low flying plane. Like all Americans, I was shocked, saddened, and angered that an American plane caused this tragedy.

We do not have all the details at this time and are having to rely on media reports, but I want to be very clear. This tragedy never should have happened. There was a disgraceful act, military training should not be done in civilian areas.

I wish that I could say that this was an isolated incident. Unfortunately, I cannot. Accidents during training missions occur with disturbing frequency.

Last September, the Secretary of Defense was forced to suspend all training flights after a rash of six crashes within one week.

Also in September, a F-117 crashed in Maryland, injuring four civilians and burning a portion of a home.

In 1991, a U-2 crashed in the parking lot of the Mercury-Register newspaper, killing one and injuring two others.

In October, a military jet crashed in Pennsylvania. The pilot managed to eject safely, but the plane exploded near a busy interstate highway.

It may be impossible to make training missions 100% safe for the pilots, but we have an obligation to make sure they are safe for civilians.

In the tragedy in Aviano, Italy, the pilot was flying an approved flight path though not at an approved altitude. This flight path led the plane, at a very low altitude, directly over a functioning ski lift. While I have trouble believing news reports that pilots entertain themselves by flying under the ski lift cables, that plane never should have been in the proximity of the ski lift. The potential for tragedy was simply too great. Unfortunately, it took the deaths of 20 people to prove it.

Clearly, responsibility for this tragedy lies not only with the pilot, but also with the commanders who authorized these dangerous flights. There is a certain degree of risk involved in all training missions. That risk should not fall upon innocent civilians. How many more incidents such as the one in Aviano have to occur before it becomes clear that the potential for tragedy in these missions is too great?

I would like to see the following actions taken:

1. A change in the guidelines over where planes can fly training missions.
2. An immediate report to the American people of the facts of the accident at Aviano. It has been almost a week and we still have no information from the military.
3. If the investigation shows that the pilot was at fault, the pilot should be subject to Italian law.

“BEWILDERING BUDGET-SPEAK” ON SOCIAL SECURITY

Mr. KYL. Mr. President, millions of Americans, myself included, listened intently to what President Clinton had to say about Social Security in his State of the Union address. What we heard—or what we thought we heard—was a plan by the President to reserve any budget surplus that might emerge in the next five years for Social Security for future generations.

It was a plan that drew widespread praise from the public. But now it turns out that what we heard is not, according to White House spokesmen, what the President really meant. The Washington Post put it this way in a February 4 report: “the ringing simplicity of Clinton’s call to save Social Security first’ gave way to a fog of bewildering budget-speak from the administration’s top economic advisers.”

Here is what OMB spokesman Larry Haas had to say: “People who think it [President Clinton’s proposal] shores up Social Security were not listening closely.”

Testifying before the Senate Budget Committee, Treasury Secretary Robert Rubin admitted that the Clinton budget does not include any mechanism that would transfer surpluses to the Social Security trust fund. Mr. President, why the intricate game of words? Is Social Security first or not? Let us take a look.

Next year, covered by President Clinton’s proposed budget—Social Security itself will run an estimated surplus of about $93 billion. Remember, the system is currently generating surpluses that are intended to build up until about the year 2016, when we will have to begin using them to pay retirement benefits to 75 million baby boomers.

But the Clinton budget does not set aside this $93 billion Social Security surplus. The Clinton budget spends every penny of it on general operating expenses of the federal government.

The practice of using the Social Security trust fund to mask overall government deficits dates back to President Lyndon Johnson. Colleagues from both sides of the aisle have condemned it for years. It is only because President Clinton employs this sleight of hand—first by putting $93 billion in the unified federal budget—that he is able to show an overall surplus of $9 billion for next year. If Social Security’s $93 billion surplus and the surpluses held in other federal trust funds were removed from the calculations, the Clinton budget would actually show a deficit of $95.7 billion.

Even the relatively small surplus that is created by commingling all of the Social Security funds with the rest of the federal budget—is shrunken considerably from what it would have been if the President reserved the entire amount for Social Security, as he said he would. That is a shame he decided to sacrifice the resulting surplus to a host of new spending initiatives.

Here are just some of the new programs that President Clinton is proposing:

- a new clean water initiative for about $37 million;
- two new farm programs for $14 million;
- $170 million for new mandatory empowerment zones and enterprise communities;
- a new program called the Community Empowerment Fund, which will cost about $400 million;
- a new $10 million Indian land consolidation pilot program;
- $47 million on a new community adjustment program to help areas adversely affected by trade agreements;
- at least eight new education programs totaling over $1.8 billion;
- a new Medicare buy-in program costing $1.5 billion over five years;
- $4.5 billion for five new child-care related programs;
- a new smoking cessation program for $87 million; and
- two new law-enforcement initiatives for $200 million.

The cost of these new programs is estimated to be about $120 billion to $130 billion over the next five years, and that does not even count the myriad increases he proposes for other existing federal programs. In other words, some $120 billion to $130 billion of anticipated unified budget surpluses are not reserved for Social Security at all, but are used to create brand new programs.

Granted, many of these proposals are appealing, and some address real needs in our communities. Granted, some of the spending for these new programs is dedicated to come from the proposed tobacco settlement. But if President Clinton is sincere in his desire to reserve 100% of the surplus for Social Security, how is it that there is so much money for so many new programs? Why is the tobacco money not used to boost the size of the surplus that could be devoted to Social Security?

Given the programs I just mentioned a few moments ago, it is obvious that Social Security is not really first on the Clinton’s list of anticipated uses of any unified budget surplus. It is not second or even third. It does not make the top 10 list. It is number 26 on
the President's list, after all of these other new programs are created. Remember, too, that President Clinton is proposing to spend the entire $93 billion surplus that the Social Security system will itself generate—spend it on other things.

So what did President Clinton really mean when he spoke of Social Security in his State of the Union? Here is what he said:

I propose that we reserve 100 percent of the surplus—that is every penny of any surplus—until we have taken all the necessary measures to strengthen the Social Security system for the 21st century.

His budget axioms spend the surplus, so what hidden meaning could there possibly be in his apparently very carefully crafted words?

Treasurer Secretary Rubin explained to the Budget Committee that the President was not renouncing his position to using surpluses, should they materialize, for any purpose other than paying down the national debt until Congress and the President have agreed on a long-term solution that ensures the solvency of the Social Security program. In other words, nothing may ever be set aside specifically for Social Security.

Mr. President, I am confused, as I think most Americans are, about President Clinton's intentions with respect to Social Security. John Rother, chief lobbyist for the American Association of Retired Persons, told The Washington Post that many of his members had been confused and mistakenly assumed the surpluses will be used to pay future Social Security benefits.

Crafting next year's budget, let alone tackling the coming problems in the Social Security system and the many other pressing problems facing this administration and the country, requires straight talk and straight answers. Either Social Security is first or it is not. Either we reserve any surplus for Social Security or we do not. Tell the American people what we will support what needs to be done.

Senior citizens deserve better than to be treated as a political football by this President.

FOOD CHECK OUT DAY

Mr. Craig. Mr. President, today we celebrate "Food Check Out Day" and commemorate the day when the average American will have earned enough income to pay for the entire year's food supply. We celebrate the bounty from America's farms and ranches and how it is shared with American consumers through affordable food prices.

According to the United States Department of Agriculture, on average, American consumers spend only 10.9 percent of their disposable income for food. When applied to the calendar days, that means that the average American will have earned enough income to pay for his or her family's annual food supply in just 40 days. We commemorate this fact on February 9th, which is the 40th day of this year.

Compared to other expenses facing America's families, food is a bargain. While Americans must only work until February 9th to pay for their yearly food supply, last year they had to work until May 9th just to pay for their taxes. In fact, the percentage of disposable personal income spent for food has declined over the last 25 years.

In 1997, Food Check Out Day would have been on February 10. In 1970, Food Check-Out Day would have been 11 days later than it is today—February 20.

This is made more notable by the fact that trends indicate Americans are buying more expensive convenience food items for preparation at home, as well as more food away from home.

The Agriculture Department's latest statistic, compiled for 1996, includes food and non-alcoholic beverages consumed at home and away from home. This includes food purchases from grocery stores and other retail outlets, in- and out-of-home meals and snacks purchased by families and individuals, as well as food furnished to employees.

Mr. President, many states will mark today with an event to raise food donations for their local Ronald McDonald House. The Ronald McDonald House provides a "home-away-from-home" for the families of seriously ill children receiving medical treatment in their local areas. The food donated from these Food Check Out Day programs will be used to help feed visiting families staying at the House.

The bottom line, Mr. President, is that food in America is affordable, in large part because of America's productive farmers and ranchers. Food Check-Out Day allows us to recognize their hard work, the benefits of which we all enjoy. As a fellow rancher, I personally appreciate the opportunity to salute these Americans and thank them.

70TH BIRTHDAY OF PRESIDENT EDUARD SHEVARDNAZDE

Mr. Stevens. Mr. President, I call the Senate's attention to an individual who has dedicated his life to liberating his people and restoring his nation. Eduard Shevardnadze's career of government service is marked most significantly by his personal journey from being a member of the Soviet hierarchy to being the prominent democratic leader he is today.

I am proud to have met him on several occasions and to draw the Senate's attention to this extraordinary man's accomplishments in celebration of his seventieth birthday which was January 25, 1998.

Eduard Shevardnadze's career began with a steady rise through the Communist Party's ranks, where he served as Minister of Foreign Affairs, his ability as a diplomat brought the United States and Soviet Union into a better understanding of one another. He was a significant voice in ending the Cold War peacefully and ushering in an historic era of improved world-wide relations. In 1991, however, Eduard Shevardnadze was at odds with the dictatorial policies of the Communist Party. His strong principles ultimately drove him to forego the tempting offer of a technical class and he resigned his position.

Upon his resignation, Eduard Shevardnadze returned to Georgia. In the aftermath of the collapse of the Soviet Union, his homeland was destabilized and struggling economically. Eduard Shevardnadze began assisting in the revitalization of Georgia, and in November, 1995, he was elected president. His policies have focused on restoring territorial integrity, as well as promoting economic and political independence. Since his election, President Shevardnadze's notable achievements include adopting and implementing a new constitution, introducing a new currency, cracking down on organized crime and negotiating important treaties with neighboring countries to secure Georgia's future.

President Eduard Shevardnadze's personal journey from communist to democratic leader is a compelling example of the triumph of the human spirit. His high standing among Western leaders has been earned through his principled democratic leadership and perseverance in the face of adversity. I would like to express my warm regards to President Shevardnadze in wishing him a prosperous seventieth year.

PROHIBITING THE DESECRATION OF THE FLAG OF THE UNITED STATES

Mr. Kempthorne. Mr. President, I rise today to express my strong support for S. J. Res. 40, a resolution to propose a Constitutional amendment to prohibit the desecration of the flag of the United States. I am pleased to be an original cosponsor of this resolution.

The people of Idaho have told me, quite clearly, that they feel we must take steps to protect the Stars and Stripes. By way of a resolution passed by the Idaho State Legislature approximately three years ago, my constituents let it be known that Idahoans want the opportunity to ratify an amendment to the Constitution which would prohibit the desecration of the flag.

The resolution stated "...the American Flag to this day is a most honorable and worthy banner of a nation which is thankful for its strengths and committed to curing its faults, and a nation which remains the destination of millions of immigrants attracted by the universal power of the American idea...".

Perhaps nowhere is the desire to protect the American ideal exhibited better than in the men and women who serve this nation in our armed forces. As a member of the Armed Services committee, I have had the opportunity to visit with many of these outstanding Americans who serve our nation.
both on our own soil and in foreign lands around the globe. These men and women stand ready, at a moments notice, to put their lives on the line so that U.S. citizens here and abroad may live in peace and safety. They are prepared to protect the right of liberty and freedom which we all hold so dear, and for which so many have sacrificed so much during the more than 220 years of our nation's history. As they serve, even on foreign ground, they serve under Old Glory, the symbol of all that we value about our home, our States and States of America. The flag serves as a constant reminder of the land they call home, of their family and friends, and of all the values that make the United States of America the beacon of liberty and justice throughout the world.

In trying to define what the flag of the United States means, I was particularly moved by the words of Henry Ward Beecher. In his essay, "The Meaning of Our Flag," he wrote, "Our Flag can ideally express American ideas, American history and American feelings. Beginning with the Colonies, and coming down to our time, in its sacred heraldray, in its glorious insignia, it has gathered and stored chiefly this supreme right of liberty in man.... That it meant, that it means, and, by the blessing of God, that it shall mean to the end of time!"

Mr. President, by supporting S.J. Res. 40, we honor the meaning of the flag. By acknowledging that the flag of the United States is more than just a piece of cloth, more than just a physical entity devoid of value, we indicate our understanding of those things for which it stands. I hope my colleagues will join me, and the resolution's sponsors and cosponsors, in taking the first step toward protecting the flag and everything it represents.

REDUCTION OF THE DEFICIT

Mr. NICKLES. Mr. President, during the President's State of the Union speech, as well as in the submission of the budget, there have been a lot of accolades about a balanced budget. Many of us have worked for a long, long time to see a balanced budget. It has been kind of interesting, with different people taking credit for it. The President said he has done it since has been in office, that the deficit has come down every carries American ideas. It does the United States more than just a piece of cloth, more than just a physical entity devoid of value, we indicate our understanding of those things for which it stands. I hope my colleagues will join me, and the resolution's sponsors and cosponsors, in taking the first step toward protecting the flag and everything it represents.

I would like to put some facts into the Record, dealing both with the President's budget and also the source of the decline of the deficit since January of 1995. In the budget deficit of 1995, submitted by President Clinton, in January of 1995, it showed that the deficit was estimated to be $176 billion in 1995; in 1996, it was supposed to be $100 billion; $207 billion in 1997; $224 billion in '98; $253 billion in '99; $284 billion in 2000; $297 billion in 2001; $322 billion in the year 2002. This is President Clinton's budget. That was what he submitted to Congress in January of 1995.

Now, you had something happen in November of '94, which is that the Republicans were elected to take control of the House of Representatives. This has already taken into account the President's large tax increase of 1993. So that is already computed in here. In spite of his large tax increase, deficits continued to increase, from $176 billion in '95 to an estimated $322 billion in the year 2002.

I make a point of that because I have heard several administrative officials testifying, "Yes, we brought the deficit down and it did because of that historic tax increase of 1993." I just beg to differ. The facts were that the policies showed that the deficit was going to continue to climb significantly. What happened since 1995? That is what this chart will show. We have had some tax cuts. The tax cut that was passed—actual tax cut was in '97, but the President vetoed it. So there is no change in '95 and '96, as far as the Tax Code. Congress did pass, and the President signed, a tax reduction effort last year. This chart will show the net effect of the tax cuts that went into effect last year. In between the years 1997 and 2002, it is a net tax cut of $75 billion. So that didn't have a lot of difference on what happened in the economy.

Spending cuts of the same period of time, the years 1995 and 2002, was $276 billion. So that didn't have a lot. The primary difference was re-estimates—re-estimates. I am using CBO data, Congressional Budget Office data. The difference of technical and economic assumptions is $1.567 trillion over those same years. And so, yes, the economy has done better, and the estimates were off. The growth rates have been higher, revenues have been higher. That is the principal source of deficit reduction. I am trying to offer a lot of my own opinion. I am trying to show that here is the deficit projection given by CBO in January of 1995. Here is the CBO deficit baseline in January of 1998, 3 years apart, but a total of a couple of trillion dollars difference in their net results.

Now, Mr. President, I would like to talk about the President's budget that he submitted to Congress. He made the statement that he did not want one dime to be spent that would increase the national debt—not one dime. Under the President's proposal, he has $124 billion, actually $124.1 billion, between the year 1998 and the year 2003, that 5-year period of time, that would increase the debt by new spending. And $70.9 billion of that is discretionary spending—including mandatory, a total of $124 billion of new spending, spending over and above what we have in present law, spending over and above what is now contemplated, spending over and above what was agreed upon last year.

I might mention, as far as the discretionary spending, last year we entered into an agreement that said here is how much we are going to spend in discretionary spending every year. The President is violating that agreement by his submission of the budget.

Now, the budget was balanced, but you took into account the President's proposal for last year, one of the reasons it is balanced is because basically we froze, or came close to freezing discretionary spending. He is calling for increases in discretionary spending above what was agreed upon last year. He calls for $148 billion in new spending and the tax cuts which really would also have an increasing impact on the deficit of $24.2 billion.

If you add the two together, the President's proposal that he made in his budget and in the State of the Union, if you took the new spending and the tax cuts, which are really, in my opinion, using the Tax Code to spend money, it would have a negative impact on the deficit of $148.3 billion over the same period of time.

I am going to submit this for the record. It will show you exactly where it goes, the discretionary, mandatory—where in the mandatory spending, where in the tax cuts, the amount of the tax cuts, the discretionary cuts that he has proposed. He has proposed this amount of new spending and tax cuts which have a negative impact on the deficit of $148 billion.

In other words, if we do not do anything, the deficit picture will be $148 billion better than it would be if we enacted the President's spending and tax proposal.

Now, to pay for it, he does provide for $115.8 billion of new taxes—tobacco tax increases, other tax increases, and user fees. If you add all that together, it is $115.8 billion. He has proposed spending cuts in the mandatory items of $34 billion, and so that's how he is paying for his new spending and for his tax cuts. Mr. President. The President's proposal violates the budget proposal because it increases discretionary spending more than we agreed upon last year, and that's where we are getting a lot of savings. Then he says basically what he wants to do is to spend $124 billion more over this period of time than what we agreed upon last year. He wants to give some tax cuts of $24 billion, targeted social spending through the Tax Code, and some of that is for school construction, some of it is for child care tax credits, for environmental purposes, and so on. But any way, he wants to use the Tax Code to spend money, and so he has $148 billion. What does he do? He says, well, let's increase taxes $115.8 billion and let's make some changes in some of the entitlement programs, spectrum fees and so on, and we will raise the money to do it. So he wants to spend and tax $150 billion more than we agreed to last year over that 5 years. That is what it boils down to.

In other words, you can do nothing and you will have basically the same
deficit picture under the President's budget as if you adopted it. If you adopt the President's budget, you would spend a lot more and you would tax a lot more, period. If you just look at the figures, here is the budget level under existing law, or if we adopt the President's, we are going to spend about $148 billion, $150 billion more in discretionary and mandatory spending and we are going to tax that much.

That is really what it boils down to. I hope we do not follow that. But I at least wanted to put that in the Record so my colleagues would have it.

I ask unanimous consent that three charts I prepared using the President's budget and CBO be printed in the Record.

There being no objection, the material was ordered to be printed in the Record, as follows:
### SOURCE OF DEFICIT DECLINE

**Under GOP Congress**

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Amounts which reduce the deficit are shown in (parenthesis). Details may not add due to rounding.
### BUDGET PROPOSAL SUMMARY

President Clinton's FY99 Budget  
(In billions of dollars)

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### PROPOSALS WHICH INCREASE THE DEFICIT

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<th>2001</th>
<th>2002</th>
<th>2003</th>
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<tbody>
<tr>
<td>Discretionary (includes user fee spending)</td>
<td>(0.0)</td>
<td>6.4</td>
<td>10.5</td>
<td>12.4</td>
<td>17.7</td>
<td>23.9</td>
</tr>
<tr>
<td>Mandatory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities authorized in tobacco legislation</td>
<td>0.0</td>
<td>3.4</td>
<td>3.9</td>
<td>4.6</td>
<td>5.0</td>
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<tr>
<td>Child care block grant</td>
<td>0.0</td>
<td>0.8</td>
<td>1.1</td>
<td>1.3</td>
<td>1.5</td>
<td>1.9</td>
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<tr>
<td>Teachers</td>
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<td>0.8</td>
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<td>Early learning fund</td>
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<td>0.4</td>
<td>0.5</td>
<td>0.6</td>
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<tr>
<td>Student loans</td>
<td>0.3</td>
<td>0.3</td>
<td>0.5</td>
<td>0.6</td>
<td>0.7</td>
<td>0.9</td>
</tr>
<tr>
<td>Legal immigrants</td>
<td>0.1</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
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</tr>
<tr>
<td>Medicare</td>
<td>0.0</td>
<td>0.1</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Other mandatory</td>
<td>-</td>
<td>1.5</td>
<td>1.7</td>
<td>2.1</td>
<td>1.9</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Subtotal, New Spending</strong></td>
<td>0.4</td>
<td>13.5</td>
<td>20.0</td>
<td>23.8</td>
<td>28.8</td>
<td>37.0</td>
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<tr>
<td>School construction &amp; education tax incentives</td>
<td>0.0</td>
<td>0.4</td>
<td>1.2</td>
<td>1.7</td>
<td>1.4</td>
<td>1.3</td>
</tr>
<tr>
<td>Child care tax credits</td>
<td>0.0</td>
<td>0.3</td>
<td>1.3</td>
<td>1.3</td>
<td>1.3</td>
<td>1.4</td>
</tr>
<tr>
<td>Climate change tax incentives</td>
<td>(0.0)</td>
<td>0.4</td>
<td>0.6</td>
<td>0.6</td>
<td>0.8</td>
<td>1.2</td>
</tr>
<tr>
<td>Extension of expiring provisions (R&amp;D, etc)</td>
<td>0.4</td>
<td>1.1</td>
<td>1.0</td>
<td>0.6</td>
<td>0.4</td>
<td>0.3</td>
</tr>
<tr>
<td>Increase low income housing tax credit</td>
<td>0.0</td>
<td>0.0</td>
<td>0.2</td>
<td>0.3</td>
<td>0.4</td>
<td>0.6</td>
</tr>
<tr>
<td>Other tax cuts</td>
<td>0.1</td>
<td>0.9</td>
<td>0.9</td>
<td>1.0</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Subtotal, Tax Cuts</strong></td>
<td>0.5</td>
<td>3.2</td>
<td>5.1</td>
<td>5.5</td>
<td>5.0</td>
<td>5.4</td>
</tr>
<tr>
<td><strong>TOTAL PROPOSALS WHICH INCREASE THE DEFICIT</strong></td>
<td>0.8</td>
<td>16.8</td>
<td>25.1</td>
<td>29.3</td>
<td>34.8</td>
<td>42.3</td>
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### PROPOSALS WHICH DECREASE THE DEFICIT

<table>
<thead>
<tr>
<th>Description</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco revenues</td>
<td>0.0</td>
<td>(9.8)</td>
<td>(11.8)</td>
<td>(13.3)</td>
<td>(14.5)</td>
<td>(16.0)</td>
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<tr>
<td>Other tax increases</td>
<td>(0.5)</td>
<td>(6.2)</td>
<td>(8.0)</td>
<td>(8.9)</td>
<td>(9.0)</td>
<td>(8.0)</td>
</tr>
<tr>
<td>User fees</td>
<td>0.0</td>
<td>(1.7)</td>
<td>(2.1)</td>
<td>(2.1)</td>
<td>(2.1)</td>
<td>(2.2)</td>
</tr>
<tr>
<td><strong>Subtotal, Tax Increases &amp; User Fees</strong></td>
<td>(0.5)</td>
<td>(17.7)</td>
<td>(21.9)</td>
<td>(24.2)</td>
<td>(25.6)</td>
<td>(26.2)</td>
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<tr>
<td>VA tobacco reform</td>
<td>0.0</td>
<td>(0.8)</td>
<td>(1.3)</td>
<td>(2.3)</td>
<td>(6.3)</td>
<td>(6.4)</td>
</tr>
<tr>
<td>Medicare</td>
<td>0.0</td>
<td>(0.2)</td>
<td>(0.4)</td>
<td>(0.5)</td>
<td>(0.6)</td>
<td>(0.7)</td>
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<tr>
<td>Other mandatory</td>
<td>(0.4)</td>
<td>(1.7)</td>
<td>(2.5)</td>
<td>(2.5)</td>
<td>(2.6)</td>
<td>(2.5)</td>
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<tr>
<td>'Debt service</td>
<td>0.0</td>
<td>(0.1)</td>
<td>(0.3)</td>
<td>(0.4)</td>
<td>(0.4)</td>
<td>(0.3)</td>
</tr>
<tr>
<td>Spectrum &amp; other items</td>
<td>*</td>
<td>(0.3)</td>
<td>(2.2)</td>
<td>0.2</td>
<td>1.0</td>
<td>(0.2)</td>
</tr>
<tr>
<td><strong>Subtotal, Spending Cuts</strong></td>
<td>(0.4)</td>
<td>(3.1)</td>
<td>(6.7)</td>
<td>(5.5)</td>
<td>(8.9)</td>
<td>(10.1)</td>
</tr>
<tr>
<td><strong>TOTAL PROPOSALS WHICH DECREASE THE DEFICIT</strong></td>
<td>(0.9)</td>
<td>(20.8)</td>
<td>(28.6)</td>
<td>(29.7)</td>
<td>(34.5)</td>
<td>(36.3)</td>
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</table>

### CLINTON BUDGET (DEFICIT) / SURPLUS

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
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<tbody>
<tr>
<td><strong>CLINTON BUDGET (DEFICIT) / SURPLUS</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(10.0)</td>
<td>9.5</td>
<td>8.5</td>
<td>28.2</td>
<td>89.7</td>
<td>82.8</td>
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### TAXES & USER FEES
President Clinton’s FY99 Budget
(In millions of dollars)

<table>
<thead>
<tr>
<th>Description</th>
<th>1999-2003 Total</th>
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</thead>
<tbody>
<tr>
<td>Education incentives</td>
<td>(6,046)</td>
</tr>
<tr>
<td>Child care tax credits</td>
<td>(5,591)</td>
</tr>
<tr>
<td>Environment &amp; climate change tax credits</td>
<td>(3,635)</td>
</tr>
<tr>
<td>Expiring provisions</td>
<td>(3,392)</td>
</tr>
<tr>
<td>Low-income housing tax credit per capita cap</td>
<td>(1,559)</td>
</tr>
<tr>
<td>Trade provisions</td>
<td>(1,408)</td>
</tr>
<tr>
<td>Promote expanded retirement savings</td>
<td>(915)</td>
</tr>
<tr>
<td>Other tax incentives</td>
<td>(813)</td>
</tr>
<tr>
<td>Simplify the tax laws</td>
<td>(631)</td>
</tr>
<tr>
<td>Enhance taxpayers’ rights</td>
<td>(188)</td>
</tr>
<tr>
<td><strong>Tax Cuts</strong></td>
<td><strong>(24,179)</strong></td>
</tr>
<tr>
<td>Replace sales-source rules with activity-based rules</td>
<td>6,571</td>
</tr>
<tr>
<td>Convert aviation taxes to user fee system</td>
<td>5,950</td>
</tr>
<tr>
<td>Modify reserve rules for annuity contracts</td>
<td>4,641</td>
</tr>
<tr>
<td>Reinstall environmental tax imposed on corporate taxable income</td>
<td>3,841</td>
</tr>
<tr>
<td>Reinstall Superfund excise taxes</td>
<td>3,606</td>
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<tr>
<td>Modify corporate-owned life insurance (COLI) rules</td>
<td>2,204</td>
</tr>
<tr>
<td>Repeal lower-of-cost-or-market inventory accounting method</td>
<td>1,647</td>
</tr>
<tr>
<td>Extend excise taxes on gasoline, diesel fuel and special motor fuels</td>
<td>1,547</td>
</tr>
<tr>
<td>Reinstall oil spill excise tax</td>
<td>1,221</td>
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<tr>
<td>Eliminate non-business valuation discounts</td>
<td>1,008</td>
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<td>Other tax increases</td>
<td>7,906</td>
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<tr>
<td><strong>Tax Increases (non-tobacco)</strong></td>
<td><strong>40,142</strong></td>
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<td><strong>User Fees</strong></td>
<td>10,183</td>
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<td><strong>Tobacco Tax Increases</strong></td>
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<tr>
<td><strong>NET TAX INCREASES &amp; USER FEES</strong></td>
<td><strong>115,819</strong></td>
</tr>
<tr>
<td><strong>TOTAL, ALL TAX INCREASES &amp; USER FEES</strong></td>
<td><strong>91,640</strong></td>
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### BILLIONS OF DOLLARS

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</thead>
<tbody>
<tr>
<td>Defense</td>
<td>272</td>
<td>265</td>
<td>267</td>
<td>270</td>
<td>271</td>
<td>273</td>
<td>290</td>
<td>1,370</td>
</tr>
<tr>
<td>Domestic</td>
<td>276</td>
<td>288</td>
<td>300</td>
<td>304</td>
<td>304</td>
<td>306</td>
<td></td>
<td>1,518</td>
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<tr>
<td>DISCRETIONARY</td>
<td>549</td>
<td>553</td>
<td>566</td>
<td>574</td>
<td>575</td>
<td>577</td>
<td>595</td>
<td>2,887</td>
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<tr>
<td>Social Security</td>
<td>362</td>
<td>378</td>
<td>393</td>
<td>409</td>
<td>427</td>
<td>447</td>
<td>468</td>
<td>2,144</td>
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<tr>
<td>Medicare</td>
<td>208</td>
<td>216</td>
<td>226</td>
<td>238</td>
<td>256</td>
<td>261</td>
<td>285</td>
<td>1,266</td>
</tr>
<tr>
<td>Medicaid</td>
<td>96</td>
<td>101</td>
<td>108</td>
<td>115</td>
<td>123</td>
<td>133</td>
<td>143</td>
<td>622</td>
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<tr>
<td>Other Mandatory</td>
<td>143</td>
<td>177</td>
<td>198</td>
<td>213</td>
<td>220</td>
<td>215</td>
<td>234</td>
<td>1,079</td>
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<tr>
<td>MANDATORY</td>
<td>809</td>
<td>872</td>
<td>925</td>
<td>975</td>
<td>1,026</td>
<td>1,056</td>
<td>1,129</td>
<td>5,111</td>
</tr>
<tr>
<td>INTEREST</td>
<td>244</td>
<td>243</td>
<td>242</td>
<td>236</td>
<td>234</td>
<td>227</td>
<td>221</td>
<td>1,160</td>
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<tr>
<td><strong>NET OUTLAYS</strong></td>
<td>1,601</td>
<td>1,668</td>
<td>1,733</td>
<td>1,785</td>
<td>1,834</td>
<td>1,860</td>
<td>1,945</td>
<td>9,158</td>
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<tr>
<td><strong>NET REVENUES</strong></td>
<td>1,579</td>
<td>1,658</td>
<td>1,743</td>
<td>1,794</td>
<td>1,863</td>
<td>1,949</td>
<td>2,028</td>
<td>9,376</td>
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<tr>
<td><strong>DEFICIT/SURPLUS</strong></td>
<td>(22)</td>
<td>(10)</td>
<td>10</td>
<td>9</td>
<td>28</td>
<td>90</td>
<td>83</td>
<td>219</td>
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### PERCENTAGE CHANGE

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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Defense</td>
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<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Domestic</td>
<td>4%</td>
<td>4%</td>
<td>2%</td>
<td>0%</td>
<td>-0%</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>DISCRETIONARY</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>5%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>4%</td>
<td>5%</td>
<td>5%</td>
<td>8%</td>
<td>2%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>5%</td>
<td>7%</td>
<td>6%</td>
<td>7%</td>
<td>8%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Other Mandatory</td>
<td>24%</td>
<td>12%</td>
<td>7%</td>
<td>3%</td>
<td>-2%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>MANDATORY</td>
<td>8%</td>
<td>6%</td>
<td>5%</td>
<td>5%</td>
<td>3%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>INTEREST</td>
<td>-0%</td>
<td>-0%</td>
<td>-2%</td>
<td>-1%</td>
<td>-3%</td>
<td>-3%</td>
<td></td>
</tr>
<tr>
<td><strong>NET OUTLAYS</strong></td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
<td>3%</td>
<td>1%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td><strong>NET REVENUES</strong></td>
<td>5%</td>
<td>5%</td>
<td>3%</td>
<td>4%</td>
<td>5%</td>
<td>4%</td>
<td></td>
</tr>
</tbody>
</table>

| On-Budget Deficit/Surplus | 103 | 106 | 96  | 105 | 94  | 45  | 63  |
| Debt Held by Public       | 3,771 | 3,797 | 3,807 | 3,812 | 3,798 | 3,722 | 3,652 |
| GDP                        | 7,972 | 8,348 | 8,685 | 9,047 | 9,440 | 9,880 | 10,336 |
Mr. NICKLES. Mr. President, I see my colleague from West Virginia. I am going to close the Senate unless he wishes to address the Senate. And he has declined, Mr. President.

UNANIMOUS CONSENT AGREEMENT—NOMINATION OF MARGARET MORROW

Mr. NICKLES. Mr. President, I ask unanimous consent that in executive session the majority leader, after consulting with the Democratic leader, may proceed to executive session for consideration of the nomination of Calendar No. 135, Margaret Morrow, to be U.S. district judge for the Central District of California.

I further ask consent that the nomination be considered under the following limitation: 4 hours for debate on the nomination, with Senator ASHCROFT in control of 2 hours, and the remaining 2 hours divided with Senator BOXER in control of 45 minutes and 1 hour 15 minutes equally divided between the chairman and ranking member.

Finally, I ask consent that following the expiration or yielding back of the debate time, the Senate proceed to a vote on the confirmation of the nomination, and that following the vote, the President be immediately notified of the Senate's action, and the Senate then return to legislative session.

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

UNANIMOUS CONSENT AGREEMENT—S. 1601

Mr. NICKLES. I further ask unanimous consent that the cloture vote on the motion to proceed to the cloning bill occur at 10 a.m. on Wednesday. I also ask unanimous consent that on Wednesday the time from 9:30 until 10 a.m. be equally divided between the two leaders or their designees for debate on the motion to invoke cloture on the motion to proceed to the bill, S. 1601.

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

PROGRAM

Mr. NICKLES. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand in adjournment until 10 a.m. on Tuesday, February 10, and immediately following the prayer, the routine requests through the morning hour be granted.

I further ask consent that the time until 11 a.m. be equally divided between the proponents and opponents of the nomination of David Satcher to be Surgeon General.

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

Mr. NICKLES. I further ask unanimous consent that the Senate recess from 12:30 until 2:15 on Tuesday for the weekly policy conferences to meet.

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

ORDERS FOR TUESDAY, FEBRUARY 10, 1998

Mr. NICKLES. Mr. President, I ask unanimous consent that in executive session the Senate will vote to invoke cloture on the nomination of David Satcher to be Surgeon General. Under the agreement, if cloture is invoked, a second vote will occur immediately on the confirmation of that nomination. Therefore, Senators should be aware there may be two consecutive rolloff votes beginning at 11 a.m. tomorrow.

As a reminder, the cloture vote on the motion to proceed to the cloning bill will now occur on Wednesday at 10 a.m.

At 2:15 on Tuesday, February 10, it may be the majority leader's intention to consider the nomination of Judge Massiah-Jackson. Therefore, votes can be expected to occur.

ADJOURNMENT UNTIL 10 A.M. TOMORROW

Mr. NICKLES. Mr. President, if there is no further business to come before the Senate, I now ask unanimous consent that the Senate stand in adjournment under the previous order.

There being no objection, the Senate, at 6:47 p.m., adjourned until Tuesday, February 10, 1998, at 10 a.m.

NOMINATIONS

Executive nominations received by the Senate February 9, 1998:

CORPORATION FOR PUBLIC BROADCASTING

CHRISTY CARPENTER, OF CALIFORNIA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE CORPORATION FOR PUBLIC BROADCASTING FOR A TERM EXPIRING JANUARY 31, 2002, VICE LESLIE B. ALEXANDER, TERM EXPIRED.