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House of Representatives

The House was not in session today. Its next meeting will be held on Wednesday, February 11, 1998, at 3 p.m.

Senate

MONDAY, FEBRUARY 9, 1998

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.

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.

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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.

The Senator is recognized.

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 has starved 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 resolve 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 Saddam 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 his manipulative hands. This is not the equation.

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 for the moment we must not 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 lightning success 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. Whatever 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 increase 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 national interests in the world than the situation we currently face?

As painfully slow as this process seems to be moving, events can unfold very quickly and uncontrollably. We cannot allow Saddam Hussein to stampede us into precipitous actions. Remember how the Six Day War began in 1967. Remember other events of this century that engulfed nations in wider, larger, and more deadly conflicts than anyone could have predicted.

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 action 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? Do 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 must not allow ourselves to get 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. inspection teams back into 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 of us 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, 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 may well 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 in the Reagan administration, 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 analysis 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.

(See exhibit 1.)

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 we don't know what else to do?

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 international TV with 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 commit America to war, it should be 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 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 an individual and a nation is 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 overstate—not 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 the Gulf—we must proceed with clear eyed realism, not with emotionalism, 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 defying 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 unified 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 both our allies 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. America is up to the task.

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 UN 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 idle 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 strategy to destroy his regime by helping the nascent democratic opposition to transform itself into Iraq's new government.

America, alone if necessary, should encourage, recognize, help finance, arm and protect with airpower a provisional government broadly representative of all the people of Iraq.

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

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

There is a real danger that an inadequate bombing campaign, especially if it appeared decisive, would be quickly followed by calls from other nations to lift the UN 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—with the political measures every bit as important as the military ones.

Chief among these would be open support for the Iraqi National Congress, an umbrella opposition group 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, pinprick 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 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 cannot now control 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 territory it controls.

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.

Skeptics will argue that the Iraqi National Congress is too frail a reed on which to base a strategy for eliminating Saddam. It is indeed a small corps (of perhaps a few thousand); it would need to rally significant popular support. But it has been steadfast in its principled opposition to Saddam, consistent in its democratic ambitions, and, when given the chance, able to establish itself in a significant area of Iraqi territory.

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 Iraqi 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 insurrection, 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 power.

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

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

Mr. KYL. Mr. President, I want to begin by thanking my colleague from Nebraska for the eloquent remarks that he just made, to say that I totally agree with his analysis of the situation. He is a student of this, both because of his committee assignments and the way in which he has dedicated himself to study these issues. I think he has contributed significantly to the debate that we in Congress are going to have to have on this subject. I commend him for devoting that time this morning to this important subject.

I would like to speak to a different subject today.

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 in the last few days 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 something going on today which runs counter to the entire history of the United States of America, a country which is based upon the rule of law, which has established a three-branch Government in which each branch respects the other and in which we support each other because we understand that an attack on one of these branches is, in effect, an attack on the entire Government.

We have established certain processes for attempting to deal with wrongdoing in our country. One of them is the process of investigating potential crimes in high places through the independent counsel statute, a statute that has not been without controversy in the past but which has been used to probe potential conflicts of interest and criminal behavior in each of the last administrations, many times resulting in indictments or prosecution.

I will get back to the point in a moment, but some of us have tried to improve the way that statute works. But the way to do that is to do it in the legislative process with calm and deliberate debate, to ensure that justice in the end is always done.

What we have today, instead of an effort to look at the independent counsel statute to see where it might need to be modified to operate more appropriately, we have the same kind of tactic being employed by the highest levels of the White House that is employed in typical murder or rape or assault cases where the person charged attempts to defend himself by attacking the prosecution, by attacking the corrupt police, or by attacking the victim's credibility and reputation. That is what is happening today by key defenders of the President, including the President's lawyer.

Rather than coming out with the President's version of the facts—and he alone knows what the facts are in their entirety, with respect to the matters that have been recently carried in the press, the administration—rather, his lawyers, have chosen to tell him to keep quiet while they attack the judicial process that is underway to try to determine the facts and to bring to justice whoever needs to be brought to justice. The most recent deliberate attempt here is to specifically attack the reputation and credibility and actions of the Special Counsel, Judge Kenneth Starr. Judge Starr cannot defend himself because he is under orders not to talk about what he is doing. The very thing that the President's lawyers accuse him of doing, of talking too much, he cannot, and he is not. Someone has to stand up and say the process, the judicial process, and the people who are doing their best to make that process work, need to be defended.

I rise today to say it is time to stop attacking Judge Starr publicly and in the media. If you have a beef with him, go to his supervisor, in this case Attorney General Reno, or to the judges who can determine whether or not there is any improper activity within his office. But don't use as a defense in the case an attack broadly upon the prosecutor and his individual reputation and credibility. Because he cannot defend himself.

I said I had a background in law. I practiced law for 20 years, including practice in the United States Supreme Court. One of my law partners was a former Solicitor General of the United States, someone who, as a matter of fact, was well acquainted with Judge Kenneth Starr, who also was a Solicitor General of the United States. That is the highest position that a lawyer can achieve in this country with the exception of being appointed to the bench or being the Attorney General of the United States. He is the Government's lawyer in the Supreme Court. That is what Kenneth Starr was. Then he himself was elevated to the bench.

He has had a solid reputation all his life as a moderate, intelligent, capable and fair person. But now, because he is investigating the President, the President's own lawyer and his attack dogs in the media programs have decided to go after the reputation of this man who, as I said, can't defend himself. Those of us who have spent our careers in the law understand that you cannot undermine the law repeatedly and expect to end up having justice in this country. That is why lawyers are taught to respect the judiciary and not to attack it directly. If you have a complaint, as I said, you go into court and try to prove your case. If you can, fine. But if you can't, then you should not be talking about it in public.

What has been happening recently? The President's lawyer, David Kendall, and people like Paul Begala, connected to the administration, have accused Independent Counsel Judge Starr of leaks. One of the things that was done recently is the filing of a letter by David Kendall, released to the public on Friday, which makes several bold allegations. Let me repeat what some of them are. He says the leaking of the past few weeks is ''intolerably unfair.'' He continues, ''These leaks make a mockery of the traditional rules of grand jury secrecy.'' And who does he attribute the leaks to? He says Mr. Starr's office is ''out of control. . . . The leaking by [Mr. Starr's office] has reached an intolerable point.''

These are unfair and unfounded accusations and somebody needs to respond to them. As I said, Kenneth Starr is very limited in what he can say publicly. He did respond in a letter to attorney Kendall and what he said in that letter, essentially is as follows. He said, first, and I am quoting from his letter to Mr. Kendall:

First, you elevate mere suspicion to specific accusation without any facts other than the press's often misleading attribution of sources.

I would make the point that is precisely what administration spokesmen are asking us to be careful about doing, and why personally I have absolutely refrained from responding to press inquiries about whether I believe these charges or do not believe them or what might have happened. Because I don't know. All we have is what has been reported in the media and I cannot judge whether that is true or not, and I should not express it publicly before the process is complete. The administration has been urging us to withhold our opinions until we do know. Well, I have been abiding by their admonishment, but they have not been doing it with respect to Ken Starr. As he says, they have ''elevated mere suspicion to specific accusation without any facts,'' other than what has been reported in the media.

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 today, Headline, ''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:

[W]e 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 prosecutors 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, as well as one 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 leaks are intolerable.

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. You do an extreme disservice to 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 at 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, they can see to it that it is stopped and 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 ought to be obvious. Do anything you can to undermine the prosecution 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 presented against him in this matter, 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 to discredit the people who are attacking that system if the way in which they do it is so clearly designed to affect public opinion, as it appears to have been done in this case, rather than to get at the facts.

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 that is what 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 here.

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 those 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 independent counsel as they would treat any other person 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 sometimes stoop to any tactic to get their client off, it demeans 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.

That demeans 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 morning.

The PRESIDING OFFICER. Under the previous order, the Senator from West Virginia is recognized to speak for up to 20 minutes. 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 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 secretary of the Democratic conference. 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 rule 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 a highway bill and pass it within one 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 back in history than the last time that the Congress authorized our surface transportation programs. Back in 1991, I believe it was, the Senate debated the ISTEA legislation for the better part of 3 weeks—not 3 days, but 3 weeks. The other body, however, was able to call up and dispense with their version of the ISTEA legislation in two days! The Senate took almost 3 weeks; the House took 2 days. What reason do we have to think that, this time, things will be different?

I believe that we have an obligation to try to get a complete, comprehensive, six-year highway authorization bill to the President's desk by or before May 1. We owe that to our Governors, our mayors, our highway engineers, our highway departments throughout the country, and to our constituents who drive on the Nation's highways every day. If we have any hope of getting a highway bill to the President by or before May 1, the Senate needs to begin now.

In November of last year when we took up the short-term highway authorization bill, we were told that it was the intent for the Senate to take up ISTEA and address it early in this year in order to put pressure on the House and also so that when the House acted, we, in the Senate, would be ready for conference with the House. Now, however, it seems that the pressure is not on the House, but on the Senate. The wind has shifted, and we are now on a course that puts pressure on the Senate—pressure from the Governors of our States, pressure from our transportation departments throughout the country, pressure from our transit providers—all of whom will be forbidden by law from obligating any federal funds after May 1. We are also receiving pressure from our citizens who must endure hazardous driving conditions. Why are we waiting, Mr. President?

As I stated last week, the President's budget proposes an absolute freeze on highway spending for the next five years. The President, the first time he 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 6-year 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 needs go wanting 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 principal cosponsors 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 preeminently clear. 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 bill, reference was made to the ''Highways First'' crowd. Well, 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 for long-term highway construction 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, 6-year ISTEA bill; yes, 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!

What could be more fundamental to our national prosperity, and to the quality of our daily lives, than adequate, safe highways? Major highways carry nearly 80 percent of U.S. interstate commercial traffic, and, roughly, 80 percent of intercity passenger and tourist traffic—80 percent. When it comes to the daily lives and the daily working conditions of our constituents, Americans take more than 90 percent of all their work trips in cars or trucks.

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 them to school to be educated, and to hospitals and to clinics to receive healthcare can't be done with efficiency without safe, modern highways.

Everyone knows that. Twenty-two million people in Appalachia know it. Twenty-two million people in Appalachia know the difficulties in getting to work, in getting to school, in getting to hospitals, in getting to child care clinics, in getting to church, and in getting back home—22 million people in Appalachia.

Highways first? You bet, I believe in highways first as of now under the circumstances that I have outlined. I believe in highways first. Fixing potholes and pavement may not be glitzy and may not be sexy, but attending to our Nation's transportation system is a basic, fundamental need. It is job one, because so much of life in the United States absolutely depends on our ability to get people and goods from one place to another.

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 easy conveyance of men and goods from place to place.''

Well, it was said on this floor last week that two of the few places where 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. How true. The Government 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''—''common sense''—perhaps one of the most uncommon things that would be found in this city—''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 highway needs grow 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 2½ minutes remaining.

Mr. BYRD. I ask unanimous consent that I may reserve that time.

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

Mr. BYRD. I yield the floor.

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 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, 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, those taxes are dedicated to building 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 build up in the highway trust fund, which under a unified budget in essence meant you could spend more money on other things in Government. Some of the problem resulted in 1993, when, for the first time in American history, we adopted a 4.3-cent-a-gallon tax on gasoline that went to general revenue and not to the highway trust fund.

Senator BYRD, I, and others have solved that problem in the tax bill by dedicating that 4.3-cent-a-gallon tax on gasoline to the highway trust fund where it belongs. So let me turn to this chart and really explain how modest the Byrd-Gramm-Warner-Baucus amendment is, how modest it is in terms of what we are asking. In fact, the American people would never believe that we are doing enough.

But if you look at this chart, you see where we are. As of today, we have $23.7 billion of surpluses in the highway trust fund. This is money that we have collected on gasoline taxes that we put into the highway trust fund to spend on roads, but money that has not been spent on roads. In reality, that money, through our 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 bill 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 were spending on highways that in reality would not be 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 $39 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 spent on roads. I have likened this—and I am sure some of my colleagues don't like the analogy, but I think it fits perfectly—I have likened our opponents to cattle rustlers. What they have been doing, as you can see from this chart, they have been rustling our cattle. 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

other business except government you might actually go to jail for doing something like that.

In fact, Senator BYRD reminded one of our opponents of the story in the Bible of Ananias in the book of Acts. In the young church, Ananias makes a big deal about selling all his property and giving it to the church, but he cheats. The Lord thought so little of that activity that he struck him dead and struck his wife dead.

Obviously, we are not talking about striking anybody dead. All we are talking about is the following: We are saying, keep the $23.7 billion. In fact, we are going to let it build up to $39 billion. Just let us spend the 4.3-cent tax on gasoline on highways.

Their response is, ''Well, you know, we already got the $23.7 billion and we were expecting not only $39 billion but $90 billion, and if we don't get to spend that money on all these other programs, on everything other than highways, we are going to lose the ability to spend that money.''

Well, it reminds me of a cattle rustler who has been stealing Senator BYRD's cattle and my cattle. We call the sheriff out. We confront the guy, and we say, ''You stole these cattle, and we are letting you keep on stealing cattle, but you have to limit the number of stealing. You can't steal any cattle out of this pasture.'' Their response is not, ''Thank you for not hanging me, thank you for letting me continue to do what I have been doing''; their response 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 infrastructure needs all over the country and with tens of billions of dollars collected 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 one chance in the next 6 years to do something about it, and that is on the highway bill.

Now, those who oppose our amendment, 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 confusion. 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 the confusion. 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 hiring teachers or any of the literally hundreds of programs he has proposed to increase spending, $130 billion worth of spending, they act as if somehow that is equivalent to what we are talking about. It is in no way equivalent to what we are talking about. The President is talking about increasing the total level of spending. We are talking about debating how to spend the money that is currently collected.

We have a gasoline tax 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 Government 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 obviously the majority—will make a determination 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. There is no equivalent of what we are asking we do here, which is basically a truth-in-Government provision where you collect money on gasoline taxes, you tell people it is going to highways, but you don't do it. We want to fix that. There is no equivalent between that and a proposal 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 every highway bill since 1965. The President's highway bill, like ours, divides money into two parts, the 90 percent that goes directly to the States, the 10 percent that is spent by the Secretary. Under the President's budget, 1.6 percent of the highway bill is dedicated to the 13 States that make up Appalachia as part of a program that was authorized in 1965.

Now, those who oppose our amendment say their amendment provides funds for those 13 States under a program that is now over 30 years old. But what they don't tell you is the rest of the story, and that is we provide a lower percentage of the money going to those 13 States out of the Secretary's discretionary funds than does the President. The President provides 1.6 percent to those 13 States; we provide 1.4 percent to those 13 States.

Finally, on that issue, the President's bill, like the bill before the Senate, has this strange provision that says that if we don't have enough money 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 Appalachia, it is always easy, obviously, in these complicated bills to confuse people, 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 President's amendment; and our amendment eliminates a terrible inequity, 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 infrastructure. This was called for under NAFTA. Interestingly enough, the bill that is before the Senate, the highway bill—or 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 spent. So they tell you they are providing $750 million. You can read it right in their bill. But elsewhere they have a provision which renders that nonexistent. 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 understand this issue.

We need to get on with the highway bill. We have work to do. We are running 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 we need to do it now. I want to ask our 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 unanimous consent that my reserved 2½ minutes be reduced to 30 seconds, and I wish the Senator would add to the list of cosponsors. I believe he has two additional 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 cosponsors, Democrats and Republicans, because this is a bipartisan issue. People say they want bipartisanship. This is an issue where we are getting it, and what we need is this bill on the floor of the Senate so that we can provide this bipartisan leadership to do what the country needs.

Mr. BYRD. I thank the distinguished Senator from Texas.

The PRESIDING OFFICER. The Senator from Arizona.

EXTENSION OF MORNING BUSINESS

Mr. MCCAIN. I ask unanimous consent that morning business be extended for 15 minutes and that I be may be allowed to address the Senate as if in morning business.

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

IRAQ

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 to action. 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, but we regret the deaths of civilians cynically placed in harm's way by that country's regime. And we have been correct in the past to launch punitive missile strikes against Iraq in response to its violation of the U.N. resolutions.

We now stand on the precipice of yet another military confrontation with Saddam Hussein and the military security forces that protect him. Iraq has repeatedly, over the span of 7 years, defied U.N. resolutions and agreements, negotiated in exchange for the termination of the Persian Gulf war. The demands made of Iraq are simple and reasonable and, if complied with in good faith, would not have unduly subjected it to violations of its sovereignty. Iraq was to destroy its existing stockpiles of banned weapons of mass destruction and its capability to reconstitute the scientific and industrial infrastructure for their development. It was to repatriate Kuwaiti prisoners after Iraq's brutal invasion and occupation of its smaller neighbor; and it was to compensate the victims of its aggression.

Mr. President, it has not done any of these things. Instead, it has demonstrated for 7 straight years its contempt for the United Nations, for the agreements it has signed, and for the most simple norms of civilized behavior.

Saddam Hussein has repeatedly pushed the international community to the brink and then pulled back just enough to head off military action. He has eluded the scale of punitive measures warranted by calculating the point at which his actions would result in serious retaliatory measures by the United States. He has gotten away with this because in those few instances when military action was taken against him, it was ineffectual. Nowhere was this more evident than the September 1996 cruise missile strikes against Iraqi targets following the most egregious violation to date: the large-scale military incursion into Kurdish territory and subsequent execution of anti-Saddam activists working with the United States. At that time, the forces involved in the incursion on what was supposed to be protected territory should have been directly and forcefully attacked.

The United Nations Special Commission tasked with verifying Iraqi's compliance with U.N. resolutions has been systematically stymied at every point. Saddam Hussein has clearly placed a higher priority on continuing to develop the means to threaten his neighbors than on the welfare of children the fate of which Baghdad purports to decry. Iraq has received every conceivable opportunity to comply with legitimate and lawful demands and to join the community of nations as a member in good standing, and has spurned those opportunities.

The nature of the regime of Saddam Hussein is impervious to any peaceful effort at resolution of the ongoing conflict. There is every reason to believe that Iraq continues to possess chemical and biological weapons and the means to deliver them. There is no indication that it aspires 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 large-scale and protracted use of military force. Diplomacy, certainly the optimal approach, has failed thus far. Withdrawing our forces and lifting the sanctions would enable Iraq to fully rearm and openly threaten to destabilize the region, brandishing the very banned weapons at issue. Not only should sanctions not be lifted, they should in fact be tightened. Existing no-fly zones should continue to be enforced and expanded, perhaps to include no-drive zones targeted against Republican Guard armored units.

The only viable military option is to inflict serious damage on the Iraqi Republican Guard and destroy the compounds and ''palaces'' Saddam has sought to protect. Ineffectual cruise missile and air strikes such as characterized past punitive actions, particularly in 1996 when 27 cruise missiles were launched against largely insignificant targets, will once again prove counterproductive. Domestic communications links should be targeted as well as military ones, in order to sever Saddam's ability to communicate to the Iraqi people. The expansion of our own broadcasting into Iraq aimed at influencing public opinion there should have been a higher priority all along.

And we should be prepared to act alone if necessary. While Britain has stood by us and prepared to act with us, for which we should be grateful, it is disconcerting to witness the paucity of public support for enforcing legitimate U.N. resolutions. While some of us were in Germany this past weekend, it was gratifying to hear the German government come out in support of our efforts, but European support is less important right now than attaining the open support of the Middle Eastern governments that will play a vital role in dealing with the political ramifications within that region of any military actions we take against Iraq. In that respect, Saudi Arabia's decision to permit only the use of support aircraft from its territory is deeply disturbing. I understand Saudi, and all Arab, concern for the welfare of the Iraqi populace. And I am aware of the domestic and regional implications for the Saudi government of openly supporting air strikes against 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 many parties should we launch an attack against Iraq. As stated, it is of 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 often entail unpopular actions, and the prosecution of actions that lead to deaths of many is a horrible burden to bear. But bear it we must.

The key to a long-term resolution of the Iraq problem lies largely in one man, or, to be more precise given what is known about his sons, one family. The United States should adopt stronger measures aimed at undermining the ruling regime through greater support of dissident elements both within and outside of Iraq. Saddam's internal security apparatus has proven enormously 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 conduct 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 should 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 system 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 say that 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 and accepted 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 there is 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 labeled conclusively, 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 newborn infants. It was a test that was conducted 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 which babies had the HIV 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. Those individuals have 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 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 that both of these studies place too much emphasis on the data and upon the research aspects without enough emphasis on the actual health of individuals.

In each of those cases, very serious questions have been raised about the ethics and the conduct of those kinds of experiments. There is, though, another area of concern which I hope to be involved in more fully today during the debate, and that is the concept of needle exchanges for dope addicts. Most Americans do not want their tax dollars to support programs which provide drug paraphernalia, needles or other things, to drug addicts. There are some of those in the public community who think that we can preserve the health of drug addicts if we will provide them with good paraphernalia, if we can just provide them with the right kind of needles we can help them lead healthy lifestyles. We could help armed robbers have greater health in the conduct of their robberies if we would provide them with bulletproof vests. But I don't think we want to do that. As a culture, we are not in the business of supporting the administration of illegal drugs.

I will spend substantial time later in the day talking about the commitment of Dr. Satcher in promoting needle exchange programs and using public resources to help promote needle exchange programs. There has been substantial debate over this. Frankly, there has been some confusion in the Senate about this, and I think it results from the fact that the CDC and Dr. Satcher have not been forthcoming. It is very clear to me that they have not been complete in their disclosure of what they have been doing and what they have been supporting. We have asked for document after document and, as previous discussion in this debate revealed, the CDC has been loath to send us information and documents. But all the trickle of information reveals a greater and greater commitment, on the part of this nominee to be Surgeon General of the United States, to support needle exchange programs which would provide those who are breaking the law with the capacity to do so, perhaps at less disease risk. But I question whether or not most Americans want to be spending their tax resources to provide needles for dope addicts instead of improving the education of their children or pursuing a variety of other objectives which might be undertaken.

A fourth, very important item that relates to my reservations about Dr. Satcher is that the Centers for Disease Control, instead of focusing its energy on diseases and the eradication of diseases, has in some cases diverted its attention to areas far afield from the area of disease control or prevention, or even the development of therapies for diseases.

Here is one example of another area they have moved into—the area of accidents. The CDC has decided that significant studies related to gun ownership are the equivalent of the examination of diseases. 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 this set or the other about 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 of America. A Surgeon General who acquiesces 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 the power of 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 entire 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 a response written 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 3 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 we solicited the testimony of Jean A. Wright, medical doctor and master of business administration. She is an individual who is board certified in pediatrics, anesthesia, and in both sub-boards of critical care medicine. What she pointed out was very important; that is, that these children 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, very compelling presentation about the nature of this pain. The way they found out about pain in preborn infants comes from 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 very 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 of taking a late-term child, withdrawing 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 births.

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 on this issue is also outside the mainstream of America's medical community. It is not just that the American people broadly defined don't accept his views. Dr. Satcher departs also from thousands of his colleagues in the medical profession who have declared 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 has insisted 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 assault on the good judgment and 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, or 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. They are 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 larger question. If a Surgeon General 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:

> Please let it be clearly understood that I would oppose the appointment of Dr. David Satcher in his quest to become Surgeon General. He supports President Clinton's veto of the Partial-Birth Abortion Ban Act. Obviously, this physician lacks clear judgment and, therefore, would be an inappropriate candidate for such an important position.

Let me read a letter from yet another doctor. Dr. John I. Lane of Great Falls, MT, writes:

> 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 physician 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 in this confirmation deliberation 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 real reservations about the way the research funds of the United States have been allocated. They have had real reservations 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, in spite of the fact that the same 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 is raised here when, repudiating 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, a 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, 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 Louisiana, 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 their oaths and 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 we need 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 substandard 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 is willing 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 warning 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 recited. To have it suggested 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 views on abortion.

Well, frankly, this is about partial-birth abortion. This is about whether we are going to cloak 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 accorded this procedure. The 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 President who has consistently vetoed 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 contribute to the absence of 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 who would show a callous disregard for innocent human life, even if it is a mild statement of approving 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.

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 Medical Association and the medical community to support partial-birth abortion and support the President rather than the health concerns of the country, I think are shown a clear symptom of a problem which we would rather do without. The best way to avoid that problem is to insist on better for the United States of America.

I note the presence of the senior Senator from New Hampshire on the floor. He introduced the legislation to ban partial-birth abortion. He is an individual who has been a great fighter for the rights of the unborn. He tackled the issue of partial-birth abortion in a setting that was very difficult and thereby demonstrated his outstanding courage. I am pleased to yield to the senior Senator from New Hampshire, such time as he may consume in regard to this nomination.

The PRESIDING OFFICER (Mr. COATS). The Senator from New Hampshire.

Mr. SMITH of New Hampshire. Mr. President, let me say to my colleague from Missouri how much I appreciate his leadership, being out here hour after hour, many times alone, in opposition to this nomination. It is the right thing to do. I don't think it is a secret that probably we are going to lose this fight. But in the effort the Senator has distinguished himself in accenting what I think are the issues that need to be accented in this debate.

The Senator pointed out a number of important other questions that have arisen, but I want to focus on one particular issue because, as the Senator said, I have written the legislation to ban partial-birth abortions here in the country.

Regretfully, I must say, but for 3 votes in the U.S. Senate we would have a ban on partial-birth abortions—or, better put, perhaps if the President had not vetoed it, since we have 64 votes already in the Senate but we need 67, it would have come to pass.

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 Whig Party went down and 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 something to 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 take abuse 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 we all know that there are many out there who fight hard to keep us from telling 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 breech.

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, certainly. You might 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 issue is, whether being passive 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. Every day in the press today—we don't have to get into it. The American people know full well what I am talking about. But every day we are hearing suggestions that Americans no longer care. They do not care about right or wrong. They do not care about lying. They do not care about untruthfulness. They do not care about cheating. They do not care about setting a good example. We have to turn the television off now when our kids are in the room when we are talking about issues involving some of the leaders in our country. That is a pretty tragic commentary.

Similarly, the family doctor, the Nation's family doctor, ought to be 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 here 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 was not an answer. What is it 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 her body rests in your hands 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 be all 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, 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 know it is not 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 going to be against abortion or even 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. This bill has 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 them with a 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 ASHCROFT 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, do you think that is right? Do you think it is right that the chief medical person, 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 to this post? 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. This 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 today, all the 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 protects life, but 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. I think 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 into the birth canal.

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 here. 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 Empire 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 wonder how important our words are. 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 by 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 have history judge me. Not by 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 on abortion, 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 melt 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 to 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 MOYNIHAN did and said, ''This is wrong. 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. You have to ask yourself, what those several 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. They never had a chance. This Nation, 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 won'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 admit, ''I lied through my teeth.'' They denied there was such a thing as a partial-birth abortion. ''It's a phrase that was coined by the pro-life lobby,'' they said, ''There's no such thing.'' And when they had to admit that there was such a procedure, they lied about what happens to a baby who is a victim of the procedure.

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. But—and this is the part that sends me in orbit—we say ''be pro-life but don't talk about it. It offends too many people. 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 make me 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 well-being 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 been quoted before here 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 language so broad that courts 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 partial-birth abortion procedure. 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. I am proud to be here today on 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 to do this 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. So I will 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 have 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 Children's Health Fund; virtually all of the allied health groups, the Cancer Society, the Lung Association, the Public Health Association, the Association for Maternal and Child Health Programs, the National Mental Health Association; 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 civil 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, but the breadth of the type of support that we have here, virtual 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 the men 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, it is a group of organizations that understand the extraordinary life and achievements and accomplishments of a very, very exceptional individual.

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 when they 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 becoming 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 5 years, Dr. Satcher ably led 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, only a little more than half of the Nation's children—55 percent—were immunized. Today, it is 78 percent. As a result, vaccine-preventable childhood diseases are now at record lows. He has borne an important responsibility. There are others that should share in those achievements, but Dr. Satcher was there and fighting and in a key position to make a very, very important difference—and he has, and he will.

Dr. Satcher has also led the CDC efforts to deal more effectively with infectious diseases and food-borne illnesses. We rely heavily on CDC to provide the rapid response needed to combat outbreaks of disease and protect public safety. Under Dr. Satcher, CDC has implemented a strategy against new and re-emerging infectious disease, like tuberculosis, using better surveillance and detection. In response to recent food-poisoning incidents, Dr. Satcher has been instrumental in developing a new early warning system to deal with such illnesses.

Dr. Satcher has received numerous honors and prizes, including the Watch Grassroots Award for Community Service in 1979, the Human Relations Award of the National Conference of Christians and Jews in 1985, Founders' Award of Distinction of the Sickle Cell Disease Research Foundation in 1992 and the Martin Luther King Jr. Drum Major for Justice Award in 1994. He was elected to the Institute of Medicine of the National Academy of Sciences for his leadership skills in 1986; recognized again by the National Academy of Sciences as being one of the outstanding leaders in health policy and for all of his leadership skills brought into the Academy of Sciences. We are fortunate to have this extraordinary human being as a nominee. In 1996, he received the prestigious Dr. Nathan B. Davis Award given to Presidential appointees for outstanding public service to advance the public health.

More recently, he received the James D. Bruce Memorial Award for distinguished contributions in preventive medicine from the American College of physicians. And the list goes on: the John Stearns Award for Lifetime Achievement in Medicine from the New York Academy of Medicine, and the Surgeon General's Medallion for significant and noteworthy contributions to the health of the Nation.

Dr. Satcher's broad range of skills and experience and his strong commitment to improving public health make him well qualified to be the country's principal official on health care and policy issue—America's doctors.

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 issues such as access and 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.

At his hearing in 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 involved with this issue. Dr. Satcher supports Federal funding for research and evaluation of State and local needle exchange programs to assess the effort. 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 on that question.

Some critics have alleged Dr. Satcher, as head of CDC, has been promoting a pro-gun-control agenda. In reality, Dr. Satcher, through CDC's National Center for Injury Prevention and Control, is simply carrying out a congressional mandate to collect data relating to all types of injuries that occur outside the workplace, including those caused by motor vehicle accidents, fires, and firearms.

President Bush established the National Center for Injury Prevention and Control in the hope that just as the Federal highway fatality reporting system helps to reduce unintended death from automobile accidents, better information about other injuries would lead to better education and prevention programs. Recent public service campaigns have focused on such injury prevention strategies, especially children's safety, bicycle safety, seatbelt use, watercraft safety.

Preventing violence is a public health issue and a criminal justice issue. Thirty-eight thousand Americans were killed with firearms in 1994; 17,800 were homicides, 18,700 were suicides, and 1,300 were caused by unintentional discharge of a firearm. Approximately 100,000 citizens are treated in hospital emergency rooms each year for nonfatal firearm injuries.

The budget of the Center for Injury Prevention and Control amounts to $49 million a year or 2 percent of the overall CDC budget of $2.5 billion. Of the $49 million, only $7.5 million is spent on research concerning youth violence, and less than 11 percent of that deals with firearm-related violence.

Even that is enough, listening to the speeches in opposition to Dr. Satcher—a center set up by a Republican President, that has these broad responsibilities, and people are flyspecking that there will be less than $1 million and, therefore, somehow he is going to violate second amendment rights.

Injuries resulting from violence are preventable. CDC's purpose is to save lives. Firearm injuries have a huge impact on public health. We cannot ignore the issue. Instead of criticizing Dr. Satcher's efforts as a public health leader to address this serious problem, we should condemn the attempts by the National Rifle Association to shut down this important aspect of research into the causes and the prevention of injury.

Now, critics have also charged that Dr. Satcher, as CDC director, conducted HIV studies on newborns and allowed them to be sent home without informing parents of the HIV status of their children. This survey was part of the Nation's effort to obtain more information on the spread of HIV in various populations. The survey was implemented through State and local health departments with support from CDC.

In fact, the survey, which was initiated under President Bush, was implemented in 45 States, including the State of Missouri, when Senator ASHCROFT was Governor of that State. He signed the papers. And as I understand it, the effort was made to continue at the time when they were going to halt this study.

Mr. ASHCROFT. Will the Senator yield?

Mr. KENNEDY. Briefly.

Mr. ASHCROFT. Does the Senator purport to know when those papers were signed and what the condition of AIDS research was at the time?

I think the Senator indicated that the Governor of Missouri had signed papers, I take it, personally signed papers in this respect; is that correct?

Mr. KENNEDY. It is my understanding, that these papers were approved either by the Governors of the States or their Administrators and that you signed for your state.

Mr. ASHCROFT. Does the Senator have a copy of that?

Mr. KENNEDY. I will make it available later on this afternoon.

Mr. ASHCROFT. Do you know what date it was in which that study was commenced?

Mr. KENNEDY. As I understand, the way it was represented to me, when you were Governor.

Mr. ASHCROFT. The Senator from Missouri had the privilege of being Governor for a period of time that spanned 8 years, and during that time there were substantial changes made in terms of the known treatments for AIDS. Since that time there have been substantial changes made, not the least of which is the O76 regimen for AZT treatment of newborns and expectant mothers.

Do you know whether or not at the time of this alleged signature by the then Governor of Missouri that treatment was known and had been proven and had been developed?

Mr. KENNEDY. I don't believe just from personal knowledge that it was, but I will provide the papers during the course of the debate with regard to this particular program which the Senator is familiar with because he has criticized it quite extensively. But it has been represented to me by the Department that this program was put in place while you were Governor. If you tell me it was not, I am willing to accept that, but I have been informed it was.

I was not aware that you had been critical of it prior to the time that we had Dr. Satcher's nomination—or were critical of it at the time it was in place in Missouri, but all I am saying is you or your Administration signed the paper for these studies which you have been critical of and I want them in the RECORD. I think you obviously will make whatever comment you want in interpreting it.

Mr. ASHCROFT. I ask the Senator if developments in the technology which make treatment available at some time subsequent to the commencement of the study and subsequent to my time as Governor might change whether or not you should continue with the study, which would remain a blind study when treatment becomes available.

My question is: Is it possible that a study that is based on epidemiological and statistical value would have that value and be appropriate until such time as maintenance of a blind study would be in a position to deprive individuals of care which had recently been developed.

Mr. KENNEDY. Senator, you will be able to explain it when we put it into the RECORD.

This study was stopped by Dr. Satcher for some of the reasons that you are just mentioning at the present time.

The point I was making here is that I listened to your very eloquent statement and criticism of this kind of a study last week, and then in the preparation for this debate found out, to my surprise, when it was initially proposed that your Administration signed on for it for the State of Missouri.

Now, I am sure there are other changes, perhaps, that were brought about while you were Governor. That is fine. Whatever explanation you have on it—and maybe you were critical of it at the time that you received it.

My information from the DHHS is that your Administration signed it and that you never expressed any criticism of it at the time that you were Governor, and that Dr. Satcher eventually halted it.

I may be wrong in that series of time line, but that, at least, is my understanding.

Mr. ASHCROFT. I guess I will have an opportunity to respond, but my point is that it may be appropriate to do blind studies when there is no known therapy, but when a therapy is discovered, like it was in 1994, a year after I left the Governor's office, then it would be incumbent upon one seeking to protect the health of the children to identify the children and provide the information to those children. So I look forward to the opportunity and I look forward to seeing the documents that you would present purporting to bear my signature approving those studies. I would be interested to see those documents. I ask that you please provide them.

Mr. KENNEDY. Fine. I will make every effort to provide them this afternoon. Are you questioning whether you did OK it for the State of Missouri, or not, just so I have an understanding?

Mr. ASHCROFT. I would be very interested in seeing my signature on the document. More importantly, the point is this: There are times when it's appropriate to have a study and not provide notice. But when it becomes clear that there are therapies available and to persist in the studies without providing notice, that changes the whole dynamic. I think this is an essential and critical fact that hasn't appeared in your analysis and maybe hasn't appeared adequately in mine. So I will be pleased to discuss it, because the 1994

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 cessation of 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. Studies were carried on to check for the presence of antibodies to HIV in newborns. The presence of such antibodies could indicate that a mother has the HIV virus and the child has been exposed to the virus. Approximately 25 percent of the children exposed to HIV by mothers developed HIV infection, too.

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 each population 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 education screening 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 childbearing 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's opponents cite 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:

DEPARTMENT OF PEDIATRICS,
UNIVERSITY OF CALIFORNIA,
San Rafael, CA, February 4, 1998.

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

DEAR SENATOR LOTT: It is my understanding that my objections to the 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 is taking my position totally out of its 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 full 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, close 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 we find Members of the Senate 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 the 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 the time, 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 scientist 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 issues related to abortion or any other 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-Draw 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 mainstream 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 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 would say we could call it 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 discusses them and provides strong support 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 clinical trials of the drug AZT in foreign countries as part of the international public health effort to stop the epidemic of mother-to-infant transmission of the AIDS virus.

Every day, 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 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 a sufficiently clear response, 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 antivirus drug. I think that 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.

Ethics 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 conform 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 their 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—and 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 hearings, not that we 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 attach his credibility.

Dr. Satcher believes—as do most Americans—that abortions should be safe, legal and rare. His position reflects 25 years of 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 position of the American Medical Association—but what our Republican colleagues don't point out is that the AMA has unequivocally endorsed Dr. Satcher's nomination.

I ask unanimous consent that the letter of endorsement from the AMA may be printed in the RECORD.

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

AMERICAN MEDICAL ASSOCIATION,
Chicago, IL, September 15, 1997.

The Hon. EDWARD M. KENNEDY,
U.S. Senate,
Washington, DC.

DEAR SENATOR KENNEDY: The American Medical Association (AMA) enthusiastically supports your nomination of David Satcher, MD, 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, 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 1992 to a record 78 percent in 1996. 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. While at CDC, Dr. Satcher has emphasized the importance of prevention. Under his direction, CDC released the first Surgeon General's Report on Physical Activity and Health. Dr. Satcher appreciates the importance of effectively communicating to the public on health-related issues.

Through our work 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 Dr. 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 Surgeon General and Assistant Secretary for Health.

Sincerely,

P. JOHN SEWARD, MD,
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, ''I have no intention of using the positions of 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:

OCTOBER 28, 1997.

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 in the Committee on Labor and Human Resources meeting for my nomination to be Assistant Secretary for Health and Surgeon General. I was surprised and disappointed, however, to learn of the discussion that took place during the Committee meeting. The discussion about abortion is an issue that was not raised during my hearing before the Committee. I would like to take this opportunity to set the record straight about my focus and priorities if I am confirmed for these important positions.

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 Amercians—not divide them.

If I am confirmed by the Senate, I will strongly promote a message of abstinence and responsibility to our youth, which I believe can help to reduce the number of abortions in our country. I will also work to ensure that every child has a healthy start in life. I will encourage the American people to adopt healthy lifestyles, including physical activity and diet. And I will try to help the American people make sense of a changing health care system, so they can maximize their access to—and quality of—the health care they receive.

As a family physician, medical educator and public health leader, I have devoted my entire career to mainstream, consensus-building efforts to improve the health of the American people. I believe it would be unfair and inappropriate to have my nomination complicated at this time by an issue that has little, if anything, to do with my background or agenda for the future.

I look forward to working with you to advance the health of the American people.

Sincerely,

DAVID SATCHER, M.D., Ph.D.

Mr. KENNEDY. Mr. President, this assurance has been enough to persuade many of our Republican colleagues to put this issue aside and support Dr. Satcher's nomination.

I see others who want to address the Senate.

I yield the floor.

Mr. DEWINE addressed the Chair.

The PRESIDING OFFICER. Who yields time?

Mr. KENNEDY. I yield 5 minutes to the Senator from Ohio.

The PRESIDING OFFICER. The Senator from Ohio is recognized.

Mr. DEWINE. 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, 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 send us a pro-life nominee for Surgeon General, I don't think it's too much to ask that their nominee oppose this particularly brutal procedure of partial-birth abortion.

But we are now left, Mr. President, with the compellingly serious problem of a three-year vacancy at the post of Surgeon General. The Surgeon General is our number one public health official—the only doctor who can command the national bully pulpit to alert America to public health threats. This is a very important position. As our distinguished colleague, Dr. FRIST, has said, and I quote:

A Surgeon General brings national and international recognition to public health problems. Their expertise and credibility as well as a national forum can bring life-saving attention to issues Americans may not otherwise hear.

Mr. President, I could not agree more. Whoever occupies the position of Surgeon General can command America's attention. For example, we all know that in 1966, the Surgeon General used that bully pulpit to warn Americans about the health dangers of cigarette smoking.

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.

And there are other serious public health problems confronting America—challenges that cry out for a strong voice—for a physician who will use the bully pulpit of the office of Surgeon General to be a teacher, and to be a leader.

Mr. President, I would like to note in this context that this nominee, Dr. Satcher, has promised that if he is confirmed, he will not—he will not—use the bully pulpit of his 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 yet 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. 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 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

safety and bring important health issues to the forefront of public awareness. I regret the long vacancy that has existed in the position of U.S. Surgeon General and I implore the Senate to support the nomination of Dr. David Satcher and fill this long vacated seat as expeditiously as possible.

Dr. Satcher's background reflects a strong emphasis on preventive medicine and an intense care for our nation's youth and underserved communities. 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 branches and worldwide responsibility. 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 while simultaneously reducing 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 1986, 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. Nathan B. Davis 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. These are awards given by 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.

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 the positions of Surgeon General and Assistant Secretary of Health. Dr. Satcher will be a strong and forceful voice of the highest quality whom every American can look to with respect and admiration.

I ask of my colleagues, what attributes could we possibly look for in a Surgeon General that Dr. Satcher does not possess? He has dedicated himself to bettering the human condition and has worked tirelessly to improve the lives of people throughout this country and the world. Through his work, Dr. Satcher has touched millions of people, and has made their lives better. We would be doing every American a great disservice by denying the nation Dr. Satcher's service as Surgeon General. To quote an editorial from the Atlanta Constitution, Dr. Satcher ''is the right man at the right time for these two positions, and the Senate, which must confirm him, should recognize that.''

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. ASHCROFT). Who yields time?

Mr. COATS. Mr. President, I yield myself such time as I may consume.

The PRESIDING OFFICER. The Senator from Indiana is recognized.

Mr. COATS. Mr. President, I thank you for trading places with me so that I could come down and make remarks regarding the nomination.

First of all, I want to commend the Senator for conducting what I think is an informative and factual and civil debate on this very important nomination.

We have over the past several years had some very controversial Surgeon General discussions and debates on this floor. The previous Surgeon General, Joycelyn Elders, was controversial, to say the least, and resigned after one of her more controversial actions. Then, subsequent to that, one of the nominees for that position failed to achieve majority support in the U.S. Senate and withdrew his name. So that is the position that has been open for some time.

Earlier, Mr. President, a speaker on the floor said that those who oppose this nomination never mentioned the experience and the qualifications and the life experiences of Dr. Satcher—his help for children, women, and the poor and disadvantaged. That is not true, at least in my experience, having been in the Chair for the last hour and a half. I think each speaker I have heard has acknowledged Dr. Satcher's fairly remarkable life experience in terms of providing help to people; in terms of dedicating his life to advancing the cause of medicine. He is an engaging person. He is a fine person with a history of achievements at the institutions for which he has worked.

My personal meetings with him in my office have been cordial and informative, and his presentation before the Labor and Human Resources Committee on which I sit was also one of cordiality and civility. But, Mr. President, those are not just the qualifications for someone to occupy the position of Surgeon General. Cordiality and life experiences in the ability to be, as someone said and I have said on previous occasions, the Nation's doctor are important qualifications but there are other criteria by which I believe it is important Members make the determination. I cannot speak for other Members. They can and will speak for themselves. However, I can state to the Senate and to the people I represent why I intend to cast my vote tomorrow in opposition to the nomination of Dr. Satcher. It is based on the committee hearings we have had. It is based on the answers to questions that I personally proposed to Dr. Satcher. My opposition is based on his answers to some of the questions I have raised during meetings which I have conducted in my office. Other Members have spoken on issues that have been of concern to me—his involvement and his role in the AIDS trials in Africa, his support for needle exchange programs, his inability to state clearly the relative importance of abstinence by children and avoiding drug use by teens.

I will leave further details of those issues to others. The Senator from Missouri has already touched on some of those, as have others. Each of those matters could be potentially disqualifying. The accumulation of those matters could be disqualifying. But for me ultimately my opposition to the nominee is based on his support for a practice that I consider indefensible, partial-birth abortion, a practice which we now know is brutal killing of a living child who has been partially delivered from the mother.

Some have claimed that the nominee has not in fact stated that he opposes legislation to ban this practice, and he made that statement to me. But I need to read from the following exchange of the nominee with my office as was printed in the hearing record and available on the committee's web site.

Mr. COATS. Please indicate, Dr. Satcher, whether you support the President's recent veto of legislation regulating partial-birth abortion.

Dr. Satcher's brief but critical reply:

I support the President's position.

Mr. President, I cannot support someone who supports that position. Some have claimed that they expect the nominee won't do anything to further advance the President's position on this question. But it is precisely on a matter so crucial to defining who we are as a nation and who we are as a people that I expect, and the qualifying criteria for me, is that our Nation's doctor show some independence and integrity on this question. I can understand why a nominee feels compelled to ''support the President's position.'' But this is a matter of such fundamental importance, of such defining importance that I believe each has to speak

their own moral conscience on the matter and come to their own conclusion regardless of the political consequences or any other implications.

Whether or not you will be an advocate or not an advocate for a position is not the criteria. The question is, what is your position on this, the most critical of all and the most defining of all issues, the issue of life itself. By supporting a procedure that I personally consider infanticide, this nominee has in fact joined forces with those who would create questions about whether or not that is the case, who supports without qualification a radical procedure that is not justifiable in any case except to save the life of the mother, and we have heard testimony from witness after witness, medical provider after medical provider, expert after expert, that it has never been the case that it is necessary to utilize the procedure of partial-birth abortion to save the life of the mother.

It is a grotesque practice. It has been described in this Chamber. It is not justifiable for any medical reasons, and yet that is the reason why it is defined here.

Mr. President, we need a Nation's doctor who unequivocally stands for, speaks for, advocates life itself, the sacredness of life itself and who will not hedge that qualification with an answer that simply says, I support the position of the President. Whether that person privately supports that position or not is irrelevant. That person is a public figure. The Surgeon General is the doctor to whom the Nation looks for advice and counsel on medical matters. He speaks, he advocates for those issues, and that someone says on this issue, I simply support the President's position, is unacceptable to this Senator because the President's position is unacceptable to this Senator.

So for that reason, Mr. President, I oppose this nomination and intend to do so when we vote tomorrow.

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 in the past, on past days, in opposition to the nomination of Dr. David Satcher.

The PRESIDING OFFICER. If the Senator will withhold for a moment, I would like to find out who yields time to the Senator?

Mr. HATCH. I am sorry. Will the Senator from Massachusetts yield some time to me?

Mr. KENNEDY. Could I ask how much time remains?

The PRESIDING OFFICER. The Senator from Massachusetts has 1 hour and 58 minutes remaining.

Mr. KENNEDY. Yes, I yield such time as the Senator requires, and then could I ask consent that the Senator from South Dakota be recognized after the Senator from Utah, for whatever time he requires?

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.

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 Public Health Service 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 Dr. Satcher's positions. 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 know that others, like my friend from Missouri, Senator ASHCROFT, and Senator COATS and others earnestly believe that Dr. Satcher should not be confirmed as Surgeon General. I respect their point of view, especially Senator ASHCROFT's and Senator COATS' point of view. I believe they have raised some necessary questions for the nominee to answer.

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 conduct of clinical trials in the Third World.

These are indeed serious issues worthy of debate 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—and I think we should because each day 3,000 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 these officials have played 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 the risks of tobacco use.

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 use efforts.

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.

I think 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 sexual behaviors and 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 a 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.

Under 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 debates pounds and 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 strongly 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 butressed 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 FDA 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:

> Part of the problem 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.

Questions have also been raised about his role in the HIV-blinded Surveys of Childbearing Women which started in 1988 and was suspended in 1995. As a biomedical scientist, former Secretary of 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 write to respectfully 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 Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) that these studies were ethical, appropriate and critical for the health of babies in developing countries. I also agreed which public health leaders at every level of government that the HIV-blinded survey which was started five years before Dr. Satcher entered government were ethical, appropriate and critical during the early phase of the AIDS epidemic. More importantly, I agree with those who, while questioning the AZI trials in Africa, strongly attest to the ethics and leadership of Dr. Satcher and strongly support his nomination for Surgeon General.

In 1994 scientists in the United States found a regimen using the drug AZT that dramatically reduces the transmission of the HIV virus from mothers to newborns. As a result of this breakdown, perinatal AIDS transmission in the United States has dropped by almost half since 1992. Naturally, such an advance raises hopes of making dramatic reductions not only in the developed world, but in developing nations, where 100 babies were born each day infected with HIV.

Unfortunately, it is generally agreed that the regimen that has worked so well in the United States is not suitable for these developing nations. Part of the problem is that the cost of the drugs involved is beyond the resources of developing nations. In Malawi, for example, the regimen for one women and her child is more is more than 600 times the annual per capita allocation for health care.

Just as important, developing nations lack the medical infrastructure or facilities required to administer the regimen, which requires (1) that women undergo HIV testing and counseling early in their pregnancy, (2) that they comply with a lengthy therapeutic oral regimen, and (3) that the anti-HIV drugs be administered intravenously at the time of birth. In addition, mothers must refrain from breast feeding; the newborns must receive six weeks of oral drugs; and both mothers and newborns must be closely monitored for adverse effects of drugs.

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 compare a shorter drug regimen with a placebo—that is, no medicine at all.

After the New England Journal of Medicine (NEJM) published its editorial criticizing the AZT trials in developing countries, two of the three AIDS experts on this editorial board resigned in protest because they disagreed. Many other outstanding biomedical scientists and ethicists have since taken issue with the NEJM editorial.

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. These surveys, which started in 1988, five years before Dr. Satcher came to government, were supported by public health leaders at every level. They were considered to be the best way to monitor the evolving epidemic during that very difficult period when we knew so little of the nature of the problem and virtually no treatment was available. These surveys use discarded 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. But, I believe that Dr. Satcher's 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.

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 AZT treatment 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. This meeting concluded that the best way to determine efficacy and safety could be to conduct research studies that compare 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.

Dr. Sullivan is joined in his opinion by many health experts such as the American Medical Association and the American Academy of Pediatrics, that support Dr. Satcher.

Let me just conclude that I respect the views of those who have raised issues about this nominee. I certainly respect 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 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 1995 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 50;

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

cause of death for African-Americans between 15 and 24. These statistics, along with a teenage suicide rate that has tripled since 1950, are a problem our Nation's physicians and leading public health authorities have stated they cannot ignore any longer;

Dr. Satcher has also developed a much-needed comprehensive approach to detecting and combating infections emerging in both the U.S. and around the world. The possibility that world travel could quickly result in an epidemic underscores the need for a rapid detection system.

All of these are tremendous accomplishments in a relatively short period of time by a man who had just one small agency under his control.

I do not agree with all of Dr. Satcher's views. But I didn't agree with all of Dr. Koop's views or all of Dr. Novello's views either, but probably more with them than I do with Dr. Satcher. But I believe this good American merits our votes.

President Clinton did win the election. He should have the right to have a Surgeon General of his choice, so long as that person is within the mainstream and so long as that person will not advocate a radical agenda that divides America. This man has indicated that he will encourage an agenda that will bring America together, an agenda that will help our youth to abstain from promiscuous sexual activity. He has indicated he will be sensitive in so many other areas that will bring America together. I think Dr. Satcher is 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 our 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 role, a critical role, 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 children at risk for immunization-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 women throughout 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 E. 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 mainstream in our Nation. He is endorsed by 133 organizations, including the American Medical Association and many physicians groups, the American Hospital Association and most hospital organizations, the American Nurses Association and many others, including prominent pharmaceutical companies.

Dr. Satcher has indicated very clearly to this Senate that he sees his role as providing a focus on issues that unite Americans and not divide them; that he wants to strongly promote a message of abstinence and responsibility to our youth.

In a recent letter Dr. Satcher wrote:

> If I'm confirmed by the Senate, I will work to ensure that every child has a healthy start in life. I will encourage the American people to adopt healthy lifestyles, including physical activity and diet, and I will try to help the American people make sense of a changing health care system so that they can maximize their access to and the quality of the health care they receive.

I believe, Madam President, that Dr. Satcher's goals are squarely on target. Our Nation will be well served by a public health leader who could help us foster healthy lifestyles, a consumer advocate who recognizes that strengthening our health care system means empowering individuals to make informed decisions of their own about the care that they receive. I am confident that Dr. Satcher, a man of experience, proven integrity and great insight will help us make these goals a reality. I am confident that my colleagues on both sides of the aisle will join me in confirming this important nomination. I yield back my time.

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 is recognized.

Mr. ASHCROFT. Madam President, may I ask how much time remains on each side?

The PRESIDING OFFICER. The Senator from Missouri has 1 hour and 42 minutes; the Senator from Massachusetts has 1½ hours remaining.

Mr. ASHCROFT. The Senator from Missouri thanks the Chair.

Madam President, I rise to oppose this nomination because this nominee has an approach to America's drug crisis which is an approach of tolerance—in many respects—rather than an approach of eradication. That is clear by the fact that this nominee has shown a clear willingness to encourage needle exchange programs and to groups of individuals that want to sponsor needle exchange programs and to embrace a concept waiving State laws in America that are against drug paraphernalia that accommodates the problem of drug abuse.

This afternoon, I would like to take some time to review evidence that shows where we are in this debate in our culture. We can then juxtapose that with the views of the current nominees.

To begin the discussion, we must understand that the Surgeon General of the United States has a very important responsibility, not only to the people of America—advising you and me and families across America on our health concerns—but also in advising the Secretary of Health and Human Services and advising the President of the United States in terms of health policy the Nation should be following.

In that role, the Surgeon General—''America's Doctor''—should not only value life, but also should value the quality of life in this great land.

Drugs in America impact not only the quality of life of those addicted to the illegal narcotics, but also the children in our schools and the citizens of our cities. If you look carefully, it is pretty clear that of the number of people in our prisons—the majority of them have been involved with some substance abuse in the commission of their crimes.

The Nation's drug policy should be one of zero tolerance. It should not be a policy of accommodation. Drugs are turning our once vibrant cities into centers of despair and hopelessness. We need a Surgeon General who rejects and fights the drug culture—who has no tolerance for the drug culture. A Surgeon General who says that America can be called to a higher standard rather than accommodated in a culture of consuming drugs.

Many special interest groups are calling on Congress and the administration to turn our drug policy into a policy of accommodation and tolerance. Let me just sort of try to help you understand what kind of an approach that would be.

Rather than treating drug addiction as the problem— understanding that it is a criminal act and that it should not

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 more 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 people 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 what we really want to be able to do is say we want fewer people to be involved in drug use, and 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 his time be taken—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.

The PRESIDING OFFICER. The Senator from New Mexico.

Mr. DOMENICI. I note the presence of Senator BINGAMAN, my colleague from New Mexico. He wanted to speak for 2 or 3 minutes on the same subject. I am not sure if 4:30 will accommodate that. I ask unanimous consent that Senators DOMENICI and BINGAMAN have 15 minutes together at 4:30, and that for part of that 15 minutes we be permitted to speak on a resolution regarding the 400th anniversary of the commemoration of the first permanent Spanish settlement in New Mexico.

The PRESIDING OFFICER. Is there objection to the unanimous consent request?

Mr. ASHCROFT. Reserving the right to object, let me say, to the extent the time is expended in favor of the nomination, that I ask unanimous consent that it be taken from the time allotted to the side favoring the nomination.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

Mr. DOMENICI. Madam President, has time for every Republican in favor of the nominee been taken out that way? If that is the case, I want to be treated that way.

The PRESIDING OFFICER. That is correct.

Mr. DOMENICI. Thank you very much, I say to Senator ASHCROFT.

I yield the floor.

Mr. ASHCROFT addressed the Chair.

The PRESIDING OFFICER. The Senator from Missouri is recognized.

Mr. ASHCROFT. Thank you very much.

As I said, there was a stream of thought in this country that says, we ought to begin accepting drug use as a way of life. It is known as the ''harm reduction'' school of thought. It is a philosophy that tries to limit some of the harm and to provide as much support as is necessary to drug users in the culture.

Now, this is the philosophy behind the needle exchange programs which have gained the favor of the nominee, Dr. Satcher. By giving addicts clean needles, the argument goes, you reduce their chance of becoming infected with HIV, therefore, you improve their quality of life.

I, along with a majority of Americans, believe that such policies are nothing more than a subsidy for drug use—providing equipment for drug users to administer illegal drugs to themselves, and hoping somehow that in this safer environment for them and somehow that they have fewer infections.

I indicate that that is not the view of most Americans. And I do not think it is the view of many sensible individuals, including Gen. Barry McCaffrey, who is the director of the Office of National Drug Control Policy. We frequently refer to General McCaffrey as the ''Drug Czar.'' These are the words of General McCaffrey:

> The problem is not dirty needles, the problem is heroin addiction. . . The focus should be on bringing help to this suffering population—not give them more effective means to continue their addiction. One does not want to facilitate this dreadful scourge on mankind.

Well, I couldn't agree more with General McCaffrey. We do not want to facilitate the dreadful scourge of drugs on mankind. We do not want to accept drug use as a way of life. Furthermore, it is crucial that we understand whatever we do in Government—we teach—we send signals to young people.

What are young people to think when they encounter a junkie who wants to convince them to use IV drugs, and young people say, ''Oh, I don't know. I've been told that's wrong. And I've been told that's dangerous.'' But the junkie says, ''Oh, don't worry about that. The Government gives us needles. And we can do this without risk or harm. You don't think the Government would provide us with the tools if this was something that's really wrong, do you?''

I think it would be hard, as a young person who was otherwise tempted, to understand that the government would not be endorsing drug use. What does this do to our children? What kind of message does it send to America in terms of that to which we aspire? Does it carry us to our highest and best or does it accommodate us at our lowest and least?

Is this harm reduction a means, by saying that we will tolerate this, that we are willing to embrace it, and not only embrace it but to subsidize it? And in so doing, are we willing to corrupt the next generation because we are trying to provide a clean needle? Besides—there are real questions about whether clean needles reduce drug use or not.

Obviously, the Congress has rejected this policy of facilitating, in the words of General McCaffrey, the ''dreadful scourge on mankind.''

In 1988, the U.S. Congress began banning the use of Federal funds for needle exchange programs. The representatives of the people of the United States of America said, ''My taxpayers, the people who send me here, don't want to spend their money buying needles for drug addicts.''

I keep thinking to myself, I will bet you they don't want to buy bulletproof vests for bank robbers either. You could improve the health condition of bank robbers, if you wanted to, and make it safer for them. Under those circumstances, they would less likely die in the commission of a robbery if you would strap a bulletproof vest on them. But I don't think we want to do that because we don't want to participate, with Federal money or State money or any money, in the commission of a crime. It is something we are against doing.

I do not think we want to participate in the commission of the drug crimes which spawn the robberies, spawn the assaults in our cities by saying, ''We're going to make this easier for you.

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 try 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 they do 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 California study 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 [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 that 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 saying, 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 they are to say 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 or drug 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 in favor of 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 from the report 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 report and not include the cover letter from this nominee. I can understand why this nominee would not want the cover letter to accompany the review because he has sought to lead Members of the Senate and committees of the Senate that he has not endorsed, not participated in programs that would promote needle exchange or clean needles for drug addicts. But I think it is beneath the dignity of the CDC and beneath the integrity of the Senate of the United States to send out the review without having the letter of endorsement on the review that is signed on behalf of David Satcher.

In 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 prior statements 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 compliance 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 agencies in 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 by saying 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

sought to promote illegal drug use, statements were made in the Chamber that he has never advocated taxpayer funded needle exchange programs for drug users.

Well, I think you can tell from the report I just quoted, which was sent to us finally, begrudgingly—minus the cover letter from Dr. Satcher—that directly contradicts ''Dr. Satcher has never advocated taxpayer funded needle exchange programs.'' No question about it.

Let's look at the record. In addition to this, although it is difficult to find since the CDC consistently has withheld and delayed getting requested information to my office, Dr. Satcher has not been forthright in addressing his view on public funding for needle exchange programs. He has embraced the lawyer speak, Clinton speak that we have all heard too much of in the last 6 years. When asked the question about his position on the Federal funding of needle exchange programs, he talks about quality science or the administration's position. He does not simply answer the question.

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 and 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 the CDC decided not to fund. This was a Harm Reduction Action Coalition conference that was supposed to be funded by the CDC but the funding was terminated because the CDC could not approve the final agenda. The CDC is forthright in giving me information about a needle exchange conference finding—it is relevant to the request when they terminated funding but not when the funding for the conference actually went through.

Let me go over it. We asked them if they had ever funded a conference that regarded needle exchange and whether they would fund such a conference and they sent us documentation that said here is a conference which we're going to fund—which happens to be the needle exchange advocacy group we already have talked about today—but the funding was terminated because we could not agree on the final agenda. They understood that they wanted to support Dr. Satcher's representations 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 recommending the end 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 research conference on needle exchange, although CDC has, of course, participated in several conferences and other activities designed to reduce the spread of AIDS.

What you have here is I have asked them if they ever support conferences on needle exchange. They say no. They say we can show you a document of a conference we denied because it had needle exchange in it. And then outside of their own response with documents we get this logo from a conference sponsored by CDC ''Getting the Point.'' I do not think it takes a rocket scientist to know that this is a needle. ''A conference about clean needle programs sponsored by the Chicago Department of Public Health and the Centers for Disease Control and Prevention.''

Now, it may be a coincidence that the Centers for Disease Control provided me information about a conference which they were going to fund but then terminated the funding, but when I have asked for information from them about conferences which they did sponsor and they omit those carefully—but I doubt it.

It may be a coincidence that they omitted the cover letter which provided Dr. Satcher's direct connection to the assessment of the Centers for Disease Control for Federal funding for clean needles and for the conclusions of the California study—which—incidentally are not based on good science—but I doubt it.

It seems like it is all too convenient that this agency—in pursuit of this nomination—selectively has provided to the Senate those things which reinforce the stated position, the public position of the nominee and has then deleted from the record those things which do not comport with the position of the nominee.

It not only happened as it related to the cover letter on the evaluation of the California study; it happened when we wanted to know whether we really find ourselves sponsoring clean needle conferences and agendas around the country. And conveniently enough the cover letter was deleted and conveniently enough the conference that was funded was deleted, but the conference which was not funded was included in the evidence.

I quote from a letter from the Illinois Drug Education Alliance—who attended this Chicago—''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 money is to 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.'' This Illinois Department of Public Health conference 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, does not advocate 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 the report saying it's reasonable and appropriate to have substantial Federal funding for clean-needle programs. No. 2, he 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 material 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 material was 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 the accuracy or 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 Sponsored by the Chicago Department of Public Health and Centers for Disease Control and Prevention; Monday, June 30, 1997, Harold Washington Library Center, Chicago, Illinois)

SPONSORS

Sponsored by the Chicago Department of Public Health and The Centers for Disease Control and Prevention (CDC)

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/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 IDU; (2) treatment availability and harm-reduction for IDU; (3) evaluations of current clean-needle programs; (4) related legal/legislative issues; and (5) 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.

KEYNOTE 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 Global AIDS Policy Coalition. 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/ADIS epidemic and clean needle programs.

SPECIAL PRESENTATION

Connecticut Representative William Dyson in 1992, the Connecticut legislature legalized the sale and possession of up to ten clean syringes/needles. State 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 authoritative speakers and opportunity for audience participation. Indicate your preference on the attached form.

Workshop A: Needle Programs. Place: Video Theater: What does research say about the effectiveness of needle exchange programs? Does access to clean needles reduce disease? Will easier access increase the use of drugs and encourage drug injection? *Moderator:* 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:* Theordora 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: Legal and 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

''GETTING THE POINT'' A CONFERENCE ABOUT CLEAN NEEDLE PROGRAMS (MONDAY, JUNE 30, 1997 8:30 A.M.–4:30 P.M.—HAROLD WASHINGTON LIBRARY, LOWER-LEVEL CONFERENCE CENTER, 400 SOUTH STATE STREET, CHICAGO IL 60603)

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:

''The HIV/AIDS Epidemic: Public Health Lessons and Challenges.'' Jonathan Mann, M.D., M.P.H., Harvard School of Public Health.

9:30–9:50 Legislative Issues:

State Representative William Dyson, Connecticut General Assembly.

9:50–10:10 Treatment Dilemmas:

Andrea Barthwell, M.D., Encounter Medical Group, Chicago.

10:10–10:30 Community Perspectives:

Sydney Thomas, M.S.W., Woodlawn Adult Health Clinic.

10:30–10:45 Questions and Answers

10:45–11:00 Break

11:00–12:30 Concurrent Workshops A, B, C

12:30–1:30 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 material was 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 designed 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 controlled health 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.

FRIDAY, MARCH 22, 1996

8:30–9:30 a.m.—Registration and Coffee

Rita Anne Rollins Room—8th Floor

9:30–10:00 a.m.—Welcoming Remarks by Sponsoring Agencies:

Jim Curran, MD, MPH, Dean, Rollins School of Public Health.

Ariane Kraus, Coordinator, Atlanta Harm Reduction Coalition.

Sara Kershnar, Program Director, Harm Reduction Coalition.

Ethan Nadelmann, JD, Director, The Lindesmith Center.

David C. Condliffe, Exec. Director, The Drug Policy Foundation.

10:00–11:00 a.m.—Introduction and Keynote Address:

Jim Curran, MD, MPH, Dean, Rollins School of Public Health.

Steven Jones, MD, U.S. Centers for Disease Control and Prevention.

11:15 a.m.–12:30 p.m.—What Is Harm Reduction?

Michael Poulson, MPH, Atlanta Harm Reduction Coalition.

Imani Woods, Training Specialist, Progressive Solutions.

Jon Paul Hammond, Harm Reduction Coalition.

Margaret Kadree, MD, Morehouse School of Medicine.

Cheryl Simmons, SISTERS.

SATURDAY, MARCH 23, 1996

9:30–10:00 a.m.—Coffee.

Rollins School of Public Health

10:00 a.m.—12:00 p.m.—Working Groups-Repeated

12:09—1:30 p.m.—Lunch

Rita Anne Rollins Room-8th Floor

1:30–3:30 p.m.—Where Do We Go From Here? Community Organizing and Grass-Roots Policy Change:

Sara Kershnar, 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 Cafe 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; Rollins School of Public Health of Emory University.

12:30–1:45 p.m.—Lunch

Rollins School of Public Health-Working Groups

2:00–3:45 p.m.—Drug Treatment, Twelve-Step and Harm Reduction: How They Best Relate:

Imani Woods, Training Specialist, Progressive Solutions.

Nana Nyarko, Nyarko and Associates.

Bruce Stepherson, NDRI.

George Kenney, AIDS Action Committee.

2:00–3:45 p.m.—Harm Reduction in the Black Community: Key Challenges and Effective Techniques:

Michael Poulson, 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.

Cheryl 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:

Davd Purchase, North American Syringe Exchange Network.

Ariane Kraus, Atlanta Harm Reduction Coalition.

Mark Kinzly, Bridgeport, CT, Department of Health.

Jon 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 Project.

Rosa Colon, Lower East Side Harm Reduction Center.

Abeni Bloodworth, Summerhill One-to-One.

Gwen Alford, MPH, Acupuncturist.

Rita Anne Rollins Room—8th Floor

4:15–6:00 p.m.—Harm Reduction: The New Paradigm for Public Health:

Jim Curran, MD, MPH, Rollins School of Public Health.

Bob Fullove, Assoc. Dean, Columbia University School of Public Health.

Margaret Kadree, MD, Morehouse School of Medicine.

Claire Sterk-Elifson, PhD, Women's and Children's Center.

Mr. ASHCROFT. Madam President, the CDC claims it does not sponsor needle exchange conferences. Two times during the confirmation process, Dr. Satcher was given the opportunity to make his position on Federal funding for needle exchange programs known. Both times, in response to written questions, he wrote:

I believe that, as a nation, we must remain open to the input of quality science. Secretary Shalala's 1997 report to Congress 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.'' At the same time, the administration's position on Federal funding of needle exchange programs is that we do not have adequate science to conclude that such programs do not encourage drug use in communities. Thus, we have not asked that the ban on Federal funding for these programs be lifted.

Dr. Satcher was asked and given the opportunity to state clearly, in writing, what his position was, and it is pretty clear that this answer is consistent with the way they responded to my request for documents. Asked about his commitment to a clean-needle program, he said that he believed we must remain open to the input of quality science, and then he cited the administration's position. Well, quality science without values can be dangerous.

The Surgeon General of the United States should reject such policies as an acceptance of defeat and an embrace of hopelessness. We should not decide we are going to accept drugs as a way of life in the United States. We should not spend resources providing clean needles to drug addicts or for conferences that promote the distribution of clean needles.

In theory, there are those who really think clean needles would help. In practice it doesn't work that way. Let me just give you some information about needle exchange programs.

First, needles are not always exchanged. Therefore, they do not keep dirty needles out of our communities. The New York Times' reporter went into a needle exchange center and received 20 syringes without exchanging any needles. His companion received 40 syringes. They serve them up by the dozen. According to the Associated Press, in Willimantic, CT, ''More than 350 discarded hypodermic needles were collected from the city's streets, lots and alleys'' in a single week.

Now, there's a great environment for children in America—to have used hypodermic needles from drug addicts discarded under the guise of a ''clean-needle program,'' protecting the drug addicts, but exposing the children of America. It is obvious that we are teaching the wrong things to children when we teach them that we will provide them with clean needles so that they can involve themselves in drugs, but in one week in a small town in Connecticut, there were 350 discarded syringes. You know, of all the clean-needle studies I have heard about, they don't talk about the discarded syringes. Frankly, I suppose it is supposed to be laid at the feet of the Congress because we said it would cut down on HIV infections in drug users and would not increase drug use. Well, it doesn't ask about what happens to the children of the country. I think maybe we ought to think a little more carefully about what happens to the children.

Here is an article from USA Today, September 17, 1997:

Ms. Fiske says the exchange gets back one-third to one-half of the needles it gives out. That's not ideal, she says, but ''one-for-one exchange does not fit the reality of how injection drug users live. Some of them are homeless. What are they going to do—put the dirty needles in their pockets for a week?

So the clean-needle advocates say, if we have 50 percent of the needles tossed on the road or available as sort of medical waste, contaminated with perhaps the deadly virus of HIV, that is a sacrifice we are willing to make in order to be able to accept drug use as a way of life. I don't think that is leadership or where we want to lead this country. That is not the kind of health to which we want the Surgeon General of the United States to summon us. We don't want to be summoned to an environment of drug use and dirty needles laying around.

It goes on:

It is 1:30 p.m., time for the exchange to close. Within minutes, the tables and leftover supplies are wedged back inside Acker's car. But she isn't done yet. Now she drives about a mile back to the neighborhood near the old exchange site and pulls up in front of a row house.

Out comes Kellie Jones, a sometime drug user who has spent a rough 45 years on the streets. Acker gives her a garbage bag full of 900 boxed, sterile syringes. By 10 that night, Jones says, the bag will be empty and the clean needles will be in neighborhood shooting galleries.

She distributes the needles, she says, because ''AIDS is such a horrible death,'' one she has seen. ''The public should know that this isn't about condoning drug use. This is about stopping the madness.''

I think if you are going to give out 900 needles in one night, 450 will come back and the rest will be found somewhere in the culture, it is about the madness. I think it injures the quality of life in our communities.

From the Pittsburgh Post Gazette, a letter to the editor:

. . . Aside from my personal aversion to the destruction needle exchange undeniably perpetuates in the life of the addicts, there are several other key issues that . . . are of concern to myself and my neighbors.

Our community has worked hard to battle the drug problem that plagues our neighborhoods at many levels. But the needle exchange program gives dealers and users one more reason to stay here. In addition, drug users from outside our community now find reasons to frequent our neighborhood.

Drug addiction is not a victimless crime. Not only does it kill the addict, but also, 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 do not die from 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 population of working poor, our community has witnessed drug abuse not seen since Operation Pressure Point cleared the area of drugs in the 1980's. Needle exchange is a link in a chain called ''one-stop shopping.'' You can receive your Government-sponsored clean needles (there is no limit to the number), rob 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, glycine bags, alcohol swabs, and bottle caps—the debris of a depraved 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 legitimate.

And by a tacit approval has invited a population of predators into our community. Statistics on the spread of AIDS cannot be the only criterion 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 you 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, a station house, a house divided.

From South Tucson, the Arizona Daily Star News:

When the unmarked police car pulled behind the Wagon Wheel Bar yesterday afternoon, a young woman in a black hat was squatting by the back wall with both hands on one ankle. ''She is shooting,'' said Gerald Brewer, South Tucson Police Chief. Brewer was checking areas frequented by intravenous drug users when he happened upon the woman who stood and walked over toward South 6th Avenue when the police car stopped. ''Police, stop,'' 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 to buy heroin. 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—at least outside your body and in your bloodstream —you are no longer subject to arrest, you end up 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 light trousers. She has been on drugs for 5 years, and sleeps in an abandoned warehouse with her boyfriend, Michael, 26. Both had spent the equivalent of $800 Canadian on two days of heroin. Michelle isn't sure if she has 17 or 25 convictions for shoplifting. Michael has spent all but six months of the past 10 years in prison for two serious assaults. ''I was out of it, stoned, both times'', and has been on drugs for longer. Before Michael, Michelle lived with another junkie who repeatedly beat her up. She lost the baby she was carrying. ''I'd rather be dead than to live like this,'' she says. The unemotional delivery convinces you she means it. And, as she walks away in the rain, you realize that she is almost certainly moving toward it.

Yes. ''The drug injection capital of the world,'' fueled by a clean needle program.

As teen drug use continues to rise, as the use of heroin, cocaine, and marijuana continues to rise, the Federal Government should not be sending the message that drug use should be accepted. The Federal Government should not embrace drug use as a way of life. The Federal Government should not subsidize illegal drug use through clean needle programs. And the Centers for Disease Control should not advocate spending taxpayer dollars to provide clean needles which will find their way into the alleys and playgrounds and streets of American cities discarded by irresponsible IV drug users. And people who run the programs now that are privately funded or otherwise locally funded say that the 50 percent return is all you can expect.

Teen drug use is up 105 percent from 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 and 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 shooting up for 15 years. The woman, who asked not to be identified, has lived in heroin shooting galleries, and worked as a prostitute to support her addiction that costs more than $100 a day. 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 daughter's godmother. Next to it is 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 farfetched. It helps me 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 also taken in about 600,000 needles, not in the exchange program necessarily, many of which would have littered the city neighborhoods in the exchange program.

Needle exchange programs are not always as effective as their advocats suggest to the public. Connecticut has six needle exchange programs, and repealed its syringe prescription law in

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. It is pretty clear, at least, I think 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—defeatist—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 an 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 General McCaffrey; that 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 relates directly. 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 doctor is the idea 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 that is 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 the values of the 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 or access of citizens 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. I thought that one of 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 need for us to look more carefully 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 continents 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 don't want to pretend 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 advise of ethics boards 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 we 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 that 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 quality insurance programs. The content of the conferences is determined locally, according to the needs of the community. However, CDC reserves the right to review the conference agenda.

The only documents CDC located that were determined to be at all responsive to Senator ASHCROFT's request on needle exchanges were documents related to an HIV conference in Denver, Colorado. After reviewing the agenda, which focused on the transmission of HIV through drug use and included sessions on needle exchange, CDC found it inappropriate for funding. CDC withdrew its award of $4,719 to the conference in October 1997.

In March of 1996, CDC was incorrectly listed as a cosponsor of a conference held in Atlanta which included sessions on needle exchange. CDC did not fund the conference, which was held at the Rollins School of Public Health at Emory University, and Dr. Satcher did not participate in it. A CDC scientist participated in the conference to discuss the HIV epidemic among intravenous drug abusers. The scientist was unaware that Dr. Satcher had declined to participate in or sponsor the conference. Following the conference, one of the participating organizations released information listing CDC as a cosponsor. When the error was discovered the organization withdrew the materials.

Dr. Satcher is opposed to illegal drug use, and would never do anything to encourage the use of illegal drugs. He agrees with the Administration's position. While the studies summarized in Secretary Shalala's February, 1997 report showed that needle exchange programs can be an effective HIV prevention strategy, the Administration has not yet found a similar degree of evidence on the question of whether such programs encourage drug use. Therefore, both tests—as mandated by Congress—have not been met.

Senator ASHCROFT has charged that HHS inappropriately withheld a copy

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 CDC's 1993 and 1994 written reviews of the California Study'', which he received with all the other materials.

The transmittal memo in question, which was prepared subsequent to the CDC staff review as a cover note to a non-CDC official, was supplied to Senator ASHCROFT several hours later when HHS realized that his staff was interested in additional material beyond his original request.

The charge that this transmittal memo was inappropriately withheld is untrue. The memo is an innocuous six sentence cover note to the Deputy Assistant Secretary for Health that summarizes the subject of the CDC 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:

DEPARTMENT OF HEALTH AND HUMAN SERVICES,
December 10, 1993.

Note to Jo Ivey Boufford

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, the Health Services and Resources 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).

(For David Satcher.)

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. David Satcher joined CDC.

The CDC staff analysis was not intended to reflect scientific consensus within the Department of Health and Human Services, which must include 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 program 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:
[ ] Construction
[X] Non-Construction
Preapplication:
[ ] Construction
[ ] Non-Construction
2. Date Submitted: 9/3/91.
Applicant identifier: U62/CCU706241–01.
3. Date Received by State:
State Application identifier:
4. Date Received by Federal Agency:
Federal identifier: U62/CCU706241–02.
5. Applicant Information:
Legal Name: Missouri Department of Health.
Address (*give city, county, state, and zip code*): 1730 E. Elm, P.O. Box 570, Jefferson City, MO 65102.
Organizational Unit: Bureau of AIDS Prevention.
Name and telephone number of the person to be contacted on matters involving this application (*give area code*): Theodore D. Northup, Chief, Bureau of AIDS Prevention, (314) 751–6438.
6. Employer Identification Number (EIN): 44–6000987.
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:
[ ] New
[X] Continuation
[ ] Revision

If Revision, enter Appropriate Letter(s) in box(es) [ ] [ ]
A Increase Award
B Decrease Award
C Increase Duration
D Decrease Duration
Other (*specify*) _____
9. Name of Federal Agency. Centers for Disease Control.
10. Catalog of Federal Domestic Assistance Number: 13–118.
Title: HIV/AIDS Surveillance Announcement #103.
11. Descriptive Title of Applicant's Project: FY 1992—Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS) Surveillance.
12. Areas Affected by Project (*Cities counties, states, etc.*): Statewide.
13. Proposed Project:
Start Date: 1/1/92.
Ending Date: 12/31/92.
14. Congressional Districts of:
a. Applicant: Fourth.
b. Project: Statewide.
15. Estimated Funding:
a. Federal: $1,367,876.00.
b. Applicant:
c. State:
d. Local
e. Other:
f. Program Income:
g. Total: $1,367,876.00.
16. Is Application Subject to Review by State Executive Order 12372 Process?
a. Yes, this preapplication/application was made available to the state executive order 12372 process for review on (date) 9/3/91.
b. No [ ] Program is not covered by E.O. 12372.
[ ] or program has not been selected by state for review.
17. Is the applicant delinquent on any federal debt?
[ ] Yes. If ''Yes.'' attach an explanation.
[X] No.
18. To the best of my knowledge and belief all data in this application/preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.
a. Typed Name of Authorized Representative: John R. Bagby.
b. Title: Director.
c. Telephone number: (314) 751–6002.
d. Signature of Authorized Representative: H. Douglas Adams, Director of Administration, Missouri Department of Health.
e. Date Signed: 9/3/91.

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission:
Application:
[ ] Construction
[X] Non-Construction
Preapplication:
[ ] Construction
[ ] Non-Construction
2. Date Submitted: 9/14/90.
Applicant identifier: U62/CCU702028–06.
3. Date Received by State:
State Application identifier:
4. Date Received by Federal Agency: 9/17/90.
Federal identifier: U62/CCU706241–01.
5. Applicant Information:
Legal Name: Missouri Department of Health.
Address (*give city, county, state, and zip code*): 1730 E. Elm, P.O. Box 570, Jefferson City, MO 65102.
Organizational Unit: Bureau of AIDS Prevention.
Name and telephone number of the person to be contacted on matters involving this application (*give area code*): Todd Baumgartner, Bureau of AIDS Prevention, (314) 751–6438.
6. Employer Identification Number (EIN): 44–6000987.
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:
[ ] New
[X] Continuation
[ ] Revision
If Revision, enter Appropriate Letter(s) in box(es) [ ] [ ]
A Increase Award
B Decrease Award
C Increase Duration
D Decrease Duration
Other (*specify*) _____
9. Name of Federal Agency. Centers for Disease Control.
10. Catalog of Federal Domestic Assistance Number: 13–118.
Title: HIV/AIDS Surveillance Announcement #103.
11. Descriptive Title of Applicant's Project: FY 1992—Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS) Surveillance.
12. Areas Affected by Project (*Cities counties, states, etc.*): Statewide.
13. Proposed Project:
Start Date: 1/1/91.
Ending Date: 12/31/91.
14. Congressional Districts of:
a. Applicant: Eighth.
b. Project: Statewide.
15. Estimated Funding:
a. Federal: $1,312,383.00.
b. Applicant:
c. State:
d. Local
e. Other:
f. Program Income:
g. Total: $1,312,383.00.
16. Is Application Subject to Review by State Executive Order 12372 Process?
a. Yes, this preapplication/application was made available to the state executive order 12372 process for review on (date) 9/3/91.
b. No [ ] Program is not covered by E.O. 12372.
[ ] or program has not been selected by state for review.
17. Is the applicant delinquent on any federal debt?
[ ] Yes. If ''Yes.'' attach an explanation.
[X] No.
18. To the best of my knowledge and belief all data in this application/preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.
a. Typed Name of Authorized Representative: John R. Bagby.
b. Title: Director.
c. Telephone number: (314) 751–6002.
d. Signature of Authorized Representative: H. Douglas Adams, Director of Administration, Missouri Department of Health.
e. Date Signed: 9/14/90.

Mr. KENNEDY. 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. ASHCROFT. 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. ASHCROFT. Madam President, I ask unanimous consent that for any quorum call made, time be reduced on the different sides in the debate equally.

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

Mr. ASHCROFT. 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. CHAFEE. 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. CHAFEE. Madam President, last week I put into the RECORD a statement expressing my support for the nomination of Dr. David Satcher for U.S. Surgeon General and Assistant Secretary for Health. As I indicated then, I believe in his qualifications and achievements, and think he would serve well as the Nation's top physician. Dr. Satcher has excelled in many aspects of the health care system. He has been a provider, a scientist, a teacher, an administrator, in both the private and the public sector.

I must say I was impressed that the American College of Physicians, which is a very prestigious organization, awarded Dr. Satcher its James D. Bruce Memorial Award for distinguished contributions in preventive medicine. Dr. Satcher has dedicated his career to improving public health.

The United States has been without a Surgeon General for a little over 3 years. This is unfortunate, I believe. Just last week, Dr. C. Everett Koop, former Surgeon General of the United States, spoke at a press conference which I had the privilege of attending. In that press conference Dr. Koop spoke forcefully about the grave health risks posed by tobacco use, lack of exercise, and poor diet. He did not pull any punches. He gave a stern lecture to all those who were present and hopefully beyond that, about the dangers in America to American young people and to all our citizens from the so-called couch potato lifestyle.

I have reviewed the statements that Dr. Satcher has made before the Senate Labor Committee and he is clearly anxious to follow in the footsteps of Dr. Koop and his successor, Antonia Novello. At his confirmation hearing Dr. Satcher stressed the importance of disease prevention and health promotion. This is what he said: ''Whether we are talking about smoking or poor diets, I want to send the message of good health to the American people.''

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 they proceed in their elder 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 apparently 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—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 is it 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 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 have a wonderful doctor 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 various 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 excellent advice.

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 $150 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 CUARTOCENTENARIO—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 first 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 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 Washington (Mr. GORTON); 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 Indiana (Mr. COATS); 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 (Mrs. FEINSTEIN); the Senator from New York (Mr. MOYNIHAN); the Senator from Illinois (Mrs. 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. KERREY); 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 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. JEFFORDS); the Senator from New Jersey (Mr. TORRICELLI); the Senator from Alaska (Mr. STEVENS) 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.

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

Mr. DOMENICI. As we know, we have some procedural rules requiring 51 Senators to support a resolution, before it can be considered by the full Senate. I thank Senators from both sides of the aisle. We now have 57 Senators on this resolution and this number assures Senate passage. Our resolution declares 1998 as the ''Oñate Cuartocentenario'', the 400th Anniversary of the Oñate settlement at San Juan Pueblo, New Mexico, and asks the President to issue a proclamation of similar intent. Besides the historical event, this resolution acknowledges the cultural, economic, and political contributions that these Hispanic settlers of 400 years ago started in northern New Mexico. So I thank the majority leader, Senator LOTT, Senator DASCHLE the minority leader, and the long list of cosponsors for helping us with this.

I guess right off the bat, it gives me a great deal of pride to remind Americans, especially here in the east where this Capitol lies, that the first Spanish settlement in New Mexico occurred in 1598, when Don Juan de Oñate settled at San Juan Pueblo in the Valley of Española in northern New Mexico. I might say, if one just remembers the dates, this event precedes Plymouth Rock, which landing there occurred in 1620. The Spanish settlers arrived in northern New Mexico 22 years before Plymouth Rock. And they were also settlers who came from Europe. They just happened to come from the Spanish part of Europe rather than that part where our rather famous and much talked about pilgrims came from.

So this year we commemorate the brave and adventurous Hispanic families who first set roots in this beautiful land of New Mexico. By commemorating these early events we are also honoring the important cultural, political, and economic contributions that those families and their descendants have made to enrich our State, and actually our Nation.

This expedition was part of a very large effort to expand the Spanish empire, convert more people to Christianity, and find great wealth in the new world. There was great excitement at the beginning of the 16th century about these prospects. Spaniards like Hernan Cortes and Francisco Pizzaro, cousins from Medellin and Ciudad Trujillo, left Spain in the early 1600s to seek their fortune and spread the glory of Spain. When the Mayan gold was taken back to Spain from the Yucatan Peninsula of Mexico in 1517, it fueled the fires of enthusiasm for finding the legendary Seven Cities of Gold in the New World.

Spanish explorers like Ponce de Leon, Francisco Coronado, and Don Juan de Oñate explored modern-day America, believe it or not, from Florida to California.

Some 400 Spanish settlers led by Oñate from Santa Barbara, Mexico, through El Paso, Texas, to San Juan Pueblo, named by Oñate for John the Baptist. The soldiers, priests, laymen, families, servants and their 83 wagons and 7,000 animals formed a 2- to 4-mile long caravan as they journeyed up the Rio Grande.

I spoke about this the other night at a very large gathering in our State for the Hispanic Chamber of Commerce. Sitting at a table with our archbishop, one of my staff people said, as Senator 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 or not. There probably were no intersecting roads in those days.

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 Española 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 Gabriel mission served as the first Spanish Capital of New Mexico, beginning in 1598. San Gabriel is at San Juan Pueblo where the Rio Chama meets the Rio Grande. Its Indian name was Yunge Oweenge. The designation and renaming of this site by its first Governor, Don Juan de Oñate, as San Gabriel del Yunge Oweenge marks the first permanent Spanish settlement in the west.

1998 marks the 400th Anniversary of the founding of San Gabriel del Yunge Oweenge in the Española 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, with 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 opening a Jubilee year in January. Among other events, he will hold an encuentro 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 such special events as fiestas, 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 Oñate Cuartocentenario 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 ''Oñate Cuartocentenario'' to commemorate the 400th 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 ''Onate Cuatro-centenario,'' the anniversary commemoration of 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 co-sponsoring the 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, 1598 stands out in history because it was on that day, almost 180 years before 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 North-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 history of this continent 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 have 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 and our Nation celebrate that history. Thank you, Madam President.

Mr. DOMENICI. I yield the floor.

The PRESIDING OFFICER. Who yields time?

Mr. KENNEDY. I suggest the absence of a quorum, with the time to be charged equally.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. WELLSTONE. 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. WELLSTONE. Madam President, I ask unanimous consent that I be able to speak for 15 minutes as in morning business.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

Mr. WELLSTONE. I thank the Chair.

WHAT IS HAPPENING WITH WELFARE REFORM?

Mr. WELLSTONE. Madam President, there were two articles today, one article in the New York Times, a front page story: ''Pessimism Retains Grip on Region Shaped by War on Poverty,'' Booneville, KY, eastern Kentucky, Appalachia. At the same time, there was also an editorial in the Minnesota Star Tribune. I ask unanimous consent that both the New York Times piece and this editorial be printed in the RECORD.

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

(From the Minneapolis Star Tribune)

STATES MUST ASK THE RIGHT QUESTIONS

From Maine to California, governors are celebrating a plunge in the nation's welfare rolls. Some 2 million families have gone off benefits since 1994, and caseloads have fallen to their lowest level in 27 years. But few officials are asking what seems an obvious question: What became of these families after they left public assistance?

That's exactly the question posed by seven Midwestern welfare administrators who have banded together in implementing the landmark 1996 federal welfare-reform law. The seven, including Ann Sessoms of Minnesota's Department of Human Services, recently traveled to Washington, D.C., to unveil a new framework for measuring the success of state welfare experiments. They're asking the right questions, and they deserve support 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 self-regulating, in 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 Act of 1996, better known as welfare reform, that self-regulating feature has vanished. States can kick families off assistance for many reasons—failing to find work, breaking 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, if they're finding safe day care, whether their children are seeing a doctor and attending school, whether marriages are

holding together or breaking apart. Minnesota's Department of Human Services has decided to track many of these questions for its own clients. But the nation needs comparable measurements, so that governors have the right incentives and so Washington can compare results of the 50 state welfare experiments.

This is an ambitious, even intrusive, list of questions. But then, these were the very questions that prompted welfare reform in the first place. It's worth remembering that Congress didn't tackle welfare reform because caseloads were rising—they were already falling by 1996. It wasn't because assistance costs were climbing—cash welfare to families has been stable at less than 2 percent of the federal budget since Richard Nixon was in office. It was because welfare was seen as a failed program that fostered other social pathologies: idleness, drug use, broken marriages and neglected children. Having blamed welfare for these problems, it seems only fair to find out whether welfare reform is solving them.

[From the New York Times, Feb. 9, 1998]

PESSIMISM RETAINS GRIP ON APPALACHIAN POOR

(By Michael Janofsky)

There is an area of Booneville that some residents call Ho Chi Minh City for its third world appearance. It is not large, just a few winding 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.

In many respects, this little corner of Appalachia looks much as it did 30 years ago, when President Lyndon B. Johnson declared a war on poverty, taking special aim at the rural decay in places like Owsley County, here in eastern Kentucky, and other distressed areas in the 399 counties of 13 states that make up Appalachia.

Federal and state agencies have plowed billions of dollars into Appalachia through economic development programs, highway construction and job-creation initiatives to help residents overcome the economic and psychological isolation caused by poverty and the rugged terrain.

But a tour of Booneville offers ample evidence that money and countless programs have had only marginal effects on breaking a cycle of poverty and despair that continues throughout many parts of Appalachia. And conditions could grow worse before they improve.

With state welfare regulations forcing recipients to find work and with the Federal Government reviewing the eligibility of children who receive disability benefits, many Owsley County residents could lose vital monthly checks that they have relied on for years. More than half of the people in the county who receive those benefits are children.

Viewing those prospects, some residents sound much like people who have criticized entitlement programs for stagnating inner cities.

''The war on poverty was the worst thing that ever happened to Appalachia,'' said Denise Hoffman, 46, who runs a small farm here with her husband, Neil. ''It gave people a way to get by without having to do any work.''

By many measures, Appalachia remains mired in poverty. In about one-quarter of the highland region's counties, according to data from the 1990 census, 25 percent or more of residents live below the poverty level as defined by the Federal Government. That rate is nearly double the national average.

Owsley County, with a population of 5,400, is one of the most distressed areas. To many residents, the booming national economy is something they hear about only on television.

More than 46 percent live in poverty, as defined by the Government. The median household income of $8,595 is one of the lowest in Appalachia. Almost half of the adults are unemployed. About two-thirds of the people in the county receive Federal assistance, 30 percent of county families do not have telephones, and 20 percent do not have cars.

More than half the adult population is illiterate.

But perhaps most critical of all, with the coal industry long gone as a major employer and job creation minimal and sporadic, feelings of hopelessness have become so deeply entrenched that many residents have long forsaken any expectation of bettering themselves.

Even a generous new program to encourage savings is struggling to win participants. Through a foundation grant to finance a $6-to-$1 match, residents can deposit up to $15 a month for two years, a total of $360, and receive back $2,520. The program began in May to encourage low-income people to set aside money for home improvements, a new business or school.

Eight people are participating.

''The overriding theory of the program works against the mentality that is deeply set within people who live in poverty,'' said the program administrator, Jennifer Hart. ''They don't think they have a future. If they did, they would think about it and delay instant gratification. But they have no reason to. And they can't. They can only think about how they are going to feed the children this week and pay the rent this month.''

Even many of the 70 seniors at Owsley County High School this year sense the inevitability of spending their lives in poverty, unchanged from their parents' situations.

The Hoffmans' 17-year-old daughter, Megan, a top student and an athlete who has been accepted to four state colleges, thinks of her classmates with chagrin.

''Many of them think things are never going to get any better,'' she said. ''It's pretty sad. Kids feel, 'I don't think I can make a difference.' They don't seem to want to change or care.''

When the senior class voted on the message to print on their T-shirts this year, an annual custom, they chose: ''I came, I slept. I graduated.'' Megan said fewer than 25 percent plan to attend college.

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 around the state.

In Owsley it provides a ray of hope through self-help programs like job-training classes, courses on starting a business and agencies that make low-interest loans. It also aids in recruiting companies into the area, a mighty challenge in Booneville, with its remote location and lack of services. The town has two restaurants, three groceries and one dentist. And while it has three doctors the nearest hospital is an hour away.

To attack the worse of rural poverty, the association created ''action teams'' six years ago for the most distressed counties, Owsley and Letcher. In each, officials work closely with local leaders to convince residents that they can lead more productive lives.

The efforts take many forms. In Booneville, the team helped bring Image Entry, a data-entry company that created 58 jobs, onto a site that local leaders hope will become an industrial park. Team members helped start associations for goat breeders and vegetable growers, to increase their profits. The team also helped set up a secondhand shop that employs welfare recipients so that they can fulfill new state regulations that require them to find a job in two years or lose benefits. Next to the shop is 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.

Yet every initiative pits the action team and Government agencies against an intractable pessimism built on decades of depressed conditions that are visible everywhere: piles of garbage heaped into creeks and ravings because people cannot afford the $12 monthly fee for trash removal; landscapes of rusting cars, some from the 1950's, and the crumbling shell of the Seale theater, which last showed a movie, ''Silver Bullet,'' in 1985.

But many residents say the prevailing attitude in the county, particularly among those receiving state and Federal entitlement benefits, is that no amount of help and instruction is going to make a difference. According to the most recent state statistics, 14.3 percent of Owsley residents receive welfare benefits, 20 percent receive benefits through the Federal assistance program for disabled people known as Supplemental Security Income and almost half receive food stamps.

Mr. Hoffman, 47, a member of the action team, grew almost angry, talking about the conditions in much of Appalachia. ''Poverty is not about money,'' he said. ''It's in the mind. 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 think that way, but 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 Jeanne Gage, the director of the sustainable communities initiative for the Mountain Association. ''You learn how to work the system.''

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 beginning to feel the pinch. Living with her 38-year-old former husband, who receives $438 a month in disability benefits for bad nerves and a spine injury, she began working 20 hours a week at the secondhand shop two months ago. She plans to use some of the money for her daughter, Jennifer, who expects to receive an athletic scholarship and start college in the fall.

''She has the chance I passed up to have three young'uns,'' Ms. Barrett said. ''I quit school in the eighth grade to get married. I was 15. He 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 enduring another anxiety, waiting to see how the litigation between cigarette companies and Federal and state governments might affect small growers.

Action team members and government officials working to turn around the fortunes of Owsley County all say their efforts are paying off, even against an enormous tide of negativism that now touches some of those who are succeeding.

Megan Hoffman said, ''I have really enjoyed growing up here.'' But asked whether

she planned to return after college, she said: ''No. There is nothing here. There is nothing to come back to.''

The president of the Mountain Association, Don Harker, said that attitude would be difficult to change any time soon.

''We have an immense amount of work to do to bring up the prosperity levels of Appalachia,'' Mr. Harker said. ''To give people hope, we have to change the whole dynamic. To give people a reason to believe things can be different than they are, we have to change their expectations.

''I know we can do it,'' he said. ''But I don't think it will be done in my lifetime.''

Mr. WELLSTONE. Madam President, I just want to read one part of the editorial today in the Star Tribune:

But since Congress passed the Personal Responsibility and Work Opportunity Act, better known as welfare reform, that self-regulated feature has vanished. States can kick families off assistance for many reasons—failing to find work, breaking administrative rules, or simply exhausting their benefits ''clock,'' a time as short as 18 months in some states.

The context for this piece was that seven Midwestern welfare administrators have banded together, and they want us to ask questions about what is happening with the welfare bill in the country.

I just want to say to colleagues that we would be making a mistake if we assumed that 2 million fewer families on welfare meant also that we had 2 million fewer families that were poor in America. What the New York Times front page article points to—and I had a chance to visit Letcher County, KY, this summer—what this editorial speaks to, I think, is a really important question.

I am going to have an amendment that I am going to offer on the first bill that is appropriate which essentially says this: We cannot automatically equate reduction in caseload with reduction in poverty, and what we need to know as responsible policymakers is what is happening with these families.

When I say ''these families,'' I am really talking about, in the main, women and children. I know that in my travels around the country—and I do no damage to the truth, I don't think I exaggerate at all—I met too many families where, as it turns out, 3- and 4-year-olds were home alone. The single parent is working now, but the child care has not been worked out. Or it is a very ad hoc child care arrangement, hardly what any of us would like for our own children, not really good developmental child care.

In addition, too many first and second graders, I said before on the floor of the Senate, are now going home alone because their single parent, the mother, is working, but there is nobody there to take care of them when they are home. First and second graders are going home sometimes in some very dangerous neighborhoods.

It is also true, Madam President, that wherever I travel, when I am told in any given State we have reduced the welfare rolls by X number of families, the question I have is, where are they? 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 the 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 to 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, important. Around the country, 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 student exemption. It will say, 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 best way to get this conversation going, which is 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 all demanding that their voices 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, and many 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.

So 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 part of the 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 oppose the dump. But you don't need a poll to tell you that. 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 us 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 engineering consultants, Dames & Moore, concluded that the Sierra Blanca site was unsuitable for a nuclear dump because of its complex

geology. But, lo and behold, that was the site that was chosen.

You will hear again and again from colleagues on the other side that this siting decision is a purely local matter. It is not. The most obvious reason is that it is up to the Congress to ratify this Compact between Texas, Maine, and Vermont. Without the Compact, it is unlikely there will be a dump. Without the upfront payments from the other States, where is the construction money going to come from? And by the Texas Waste Authority's own projections, the dump will not be economically viable if Maine and Vermont do not sign up in advance. Texas does not generate enough waste.

There are other reasons why this debate rises above the purely local level. If the Texas Compact passes the Senate, it is entirely possible that Sierra Blanca will become the low-level radioactive waste dump for the entire country. Backers of the Compact say that that is not their plan. They say no other States besides Maine and Vermont will ship waste to Texas. If that is the case, then I propose a solution. And I am hoping there will be support for this.

Let the Senate agree to an amendment I want to offer, which is just like the Doggett amendment that passed the House, limiting the Compact to Maine and Vermont. Now, it seems to me, if the argument is being made that the only waste that is going to come to Texas is from Maine and Vermont, then let us just pass that amendment. And let us be clear about it. Then the debate is over.

But we cannot shirk our responsibilities by pretending that this is nothing more than a State or local affair. The Sierra Blanca dump is unlikely to be built if the Senate rejects this Compact. But if the Senate approves this Compact, Sierra Blanca may become the Nation's premier dump site for low-level radioactive waste. It is that simple.

The Senate vote will largely determine whether or not a grave injustice is inflicted on a community that deserves no such thing. It would be easy for all of us to turn our backs and just ignore this issue. But there is no way for the Senate to wash its hands of this business. For good or ill, we bear moral responsibility for what happens to the people of Sierra Blanca. This is a wrong that richly deserves to be righted. And we have the power to do just that.

Mr. President, again, let me just make it clear that this is an issue of environmental justice. It is a David versus Goliath fight. There are lots of big guns in here that are pushing for this waste dump site. But we have one thing on our side. My colleagues have said, ''Rest assured, this will only be waste from Maine and Vermont that will go to Texas.'' I say, if that is the case, please support the Doggett amendment. It has already passed the House of Representatives. Then we can go forward.

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 discriminatory effect on a community of color or low-income people, then they have the right to go to court. If those amendments 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 around 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 give justice a second chance on the floor of the U.S. Senate.

I am hoping that these amendments will be accepted. I believe that would be the right thing to do. I think there should be strong bipartisan support for that. If that does not happen, then I am prepared to use all of the hours on the floor of the U.S. Senate that I have at my disposal as a Senator—and I will use those many hours—to talk about environmental justice in this country.

Over and over and over again, we essentially 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 connected, and this is where we put it.

This happens all across the country. I can bring to the floor of the Senate 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 can only come from Maine and Vermont. 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. WELLSTONE. Finally, Mr. President—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 country. Maybe along with Senator Metzenbaum.

It was Saturday night, and I promised 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 Iron Range in Eveleth, MN, there was at a gathering to honor a man named Frank Strukel who has been one 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. Frank Strukel is that way.

I am hoping and praying he will somehow 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 promised 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 PRESIDING OFFICER (Mr. SESSIONS). Who yields time?

Mr. ABRAHAM addressed the Chair.

The PRESIDING OFFICER. Does the Senator from Missouri yield time or—

Mr. ASHCROFT. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

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

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

Mr. ABRAHAM. Thank you, Mr. President.

Mr. HARKIN. Sorry? What was that request?

Mr. ABRAHAM. To speak as in morning 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 Subcommittee to call my colleagues' attention to some recent developments in the naturalization area, some of which are extremely serious.

As many of you may have read in today's Washington Post or the Los Angeles 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 complete overhaul of that process. Given what we have seen in the past in this area—particularly in the area of criminal background checks—a reworking of the entire process is certainly needed and Congress should be involved in any redesign. Coopers & Lybrand has prepared us with what is essentially a solid outline for a streamlined, more automated and more centralized naturalization 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, very poor customer service, and, of course, unfortunate examples of outright fraud and mismanagement.

Unfortunately, just today we also learned the results of a separate review of the current 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 cases involved 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 extent of the fraud in the testing process and 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 come at this 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 this system.

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 becoming citizens 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 recommendations by Coopers & Lybrand, and action, 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 once everyone has had a chance to voice his or her opinion on his nomination we can quickly move ahead and fill the longstanding vacancy.

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 official 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 measures to address 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 1992, 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 under Dr. Satcher's direction the 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 infectious 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 D. Bruce Memorial Award for distinguished contributions in preventative medicine from the American College of Physicians. He has received the John Stearns Award for Lifetime Achievement in Medicine

from the New York Academy of Medicine, and the Surgeon General's Medallion 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, 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, I, 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. I am talking 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 on the issue of 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 fears among people? Well, I hope not. 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 improve treatments 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 build on this 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 biomedical 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 Seed. Well, he caused quite a sensation a few weeks ago by saying he intends to clone infertile people within the next 2 years. Well, when I first heard this, I said, who is this guy? I never heard of him and I have 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.

Now, again, from all that I have read—and now I have seen him on television—I think that Mr. Seed is more interested in getting his name in the paper than actually carrying out any legitimate scientific research. This is the unfortunate part of it. Why should the irresponsible actions of an individual like Mr. Seed lead to irresponsible actions on our part, because that is exactly what we are doing? Is Mr. Seed irresponsible? I believe so, absolutely. As I said, he doesn't have the expertise, the lab, or the wherewithal to even carry out this research. So he is making very irrational, irresponsible, inflammatory statements. But then why should we respond irresponsibly? I think we should respond responsibly and very carefully to an area of scientific research that can hold so much promise to alleviate pain and suffering and premature death all around the world.

Let's not act irresponsibly because one person in America has spoken irresponsibly. S. 1601, the bill we will be having a cloture vote on tomorrow, bans the use of cloning technology called somatic cell nuclear transfer. To create an unfertilized egg cell, even if this egg cell is for research, is totally unrelated to the cloning of a human being. For example, if the cell is grown under special laboratory conditions, it does not become a child, or a baby, but instead becomes specific tissue such as a muscle, nerve, or skin.

Just think of the potential of this kind of technology. I have looked into this a lot over the last several years. Science makes genetically identical tissues and organs for the treatment of a vast array of diseases.

I gave a sort of off-the-cuff set of comments last summer when this issue came up with Dolly, the sheep that was cloned in Scotland. Dr. Wilmut was at our committee. I talked about the need to continue research into cloning of cells. I said it was going to happen in my lifetime. I certainly stand here and hope that it does.

Shortly after that, I was at a restaurant in a small town in Iowa. A person came up to me, a friend of mine. I went over to their booth to see them. There was a woman there whom I had never met, a rather young woman with her husband. I was introduced to them. Just right out of the clear blue she said, ''Thank you for what you said about cloning and taking the position you did on cloning.'' I don't even think it was in the newspaper. It was on television, I think. CNN may have carried that type of thing. But I was curious as to why this young woman, who, if I am not mistaken, lives on a farm, I believe—I can't quite remember that detail. I asked her, ''Why are you so interested in this?'' She said because she

has a rare kidney disorder. She is hoping 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 replace 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 lifetime if we do not act irresponsibly and irrationally.

This bill, S. 1601, would make it a crime to conduct some research seeking 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 sickle cell anemia, nerve cell therapies for Alzheimer's disease, Parkinson's disease, Lou Gehrig's disease, and multiple sclerosis. It could ban nerve cell therapy for spinal cord injuries, a very promising area of research for cloning. It could ban pancreas cells to treat diabetes, skin cell transplants for severe burns, liver cell transplants for liver damage, muscle cell therapies for muscular dystrophy and heart disease. This bill before us could ban research on cartilage cells for reconstruction of joints damaged by arthritis or injuries. It could ban cells for use of genetic therapy to treat 5,000 different genetic diseases, including cystic fibrosis, Tay-Sachs disease, schizophrenia, depression, and other diseases. S. 1601 could permanently ban all of this type of research.

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 appropriate 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 ethically and openly and with the informed consent of all parties, I do not think Congress should attempt to place limits on the pursuit of knowledge.

To those who suggest that cloning research is an attempt to play God, I invite you to take your ranks alongside Pope Paul V who, in 1616, persecuted the great astronomer Galileo for heresy—for saying that the Earth indeed revolved around the Sun and not otherwise.

But we don't have to go back that far. Not too long ago in our Nation's history, Americans viewed artificial insemination as abhorrent and its use was banned as being morally repugnant—even for animals; even for animals. There was an attempt to ban artificial insemination. Of course, now that is about all we use on the farm these days. Heart transplants were scorned and X-rays were considered witchcraft. But today we don't think twice about test tube babies, in vitro fertilization, or organ transplants.

Throughout the 1950s, whenever we pushed the bounds of human knowledge, there has always been a constant refrain of saying, ''Stop—you are playing God.'' But if a couple did not have a baby and decides to seek artificial insemination, is that playing God? If a patient is dying of kidney disease and a doctor decided to transplant healthy kidneys, is that playing God? If a patient is dying of heart disease and receives a heart transplant, are we playing God?

Others say that human cloning research is demeaning to human nature. I am sorry; I don't think so. I think that any attempt to limit the pursuit of human knowledge is demeaning to human nature. I think it is the very essence of our humanity to ask how and why and if and what. I think it is demeaning to human nature to raise unfounded fears among the people of America. I think that is demeaning to human nature.

As I said, I think the finest part and the very essence of our human nature and our humanity is 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 policymakers to ask how human cloning research is going to affect our Nation. It is right and proper for us to examine the use of public funds for scientific research.

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 further research and appropriate regulations, many people will die and become ill and spend very, very miserable lives when that could otherwise 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 need to take the time to consider what could be the unintended consequences. The U.S. Congress and the Senate should tread very softly before sending scientists to jail for what could be promising 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 material was ordered to be printed in the RECORD, as follows:

[From Time magazine, February 9, 1998]

THE CASE FOR CLONING—THE BENEFITS OF THIS BOLD TECHNIQUE OUTWEIGH THE RISKS, AND THE DANGER IS NOT WHAT YOU THINK

By J. Madeleine Nash

An elderly man develops macular degeneration, a disease that destroys vision. To bolster his failing eyesight, he receives a transplant of health retinal tissue—cloned from his own cells and cultivated in a lab dish.

A baby girl is born free of the gene that causes Tay-Sachs disease, even though both her parents are carriers. The reason? In the embryonic cell from which she was cloned, the flawed gene was replaced with normal DNA.

These futuristic scenarios are not now part of the debate over human cloning, but they should be. Spurred by the fear that maverick physicist Richard Seed, or someone like him, will open a cloning clinic, lawmakers are rushing to enact broad restrictions against human cloning. To date, 19 European nations have signed an anticloning treaty. The Clinton Administration backs a proposal that would impose a five-year moratorium. House majority leader Dick Armey has thrown his weight behind a bill that would ban human cloning permanently, and at least 18 states are contemplating legislative action of their own. ''This is the right thing to do, at the right time, for the sake of human dignity,'' said Armey last week. ''How can you put a statute of limitations on right and wrong?''

But 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. California passed badly worded legislation that temporarily bans not just human cloning but also a procedure that shows promise as a new treatment for infertility.

Most lawmakers are focused on a nightmarish vision in which billionaires and celebrities flood the world with genetic copies of themselves. But scientists say it's unlikely that anyone is going to be churning out limited editions Michael Jordan or Madeleine Albright. ''Oh, it can be done,'' says Dr. Mark Sauer, chief of reproductive endocrinology at Columbia University's College of Physicians and Surgeons. ''It's just that the best people, who could do it, aren't going to be doing it.''

Cloning individual human cells, however, is another matter. Biologists are already talking about harnessing for medical purposes the technique that produced the sheep called Dolly. They might, for example, obtain healthy cells from a patient with leukemia or a burn victim and then transfer the nucleus of each cell 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 cme—would begin to divide.

The cells would not have to grow unto a fetus, however. The addition of powerful growth factors could ensure that the clones develop only into specialized cells and tissue. For the leukemia patient, for example, the cloned cells could provide an infusion of fresh bone morrow, and 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 to take powerful drugs to suppress the immune system. ''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.''

There are dangers, but not the ones everyone's talking about, according to Princeton

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 engineering to humans. First, parents will 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 augument normal traits like intelligence and athletic prowess.

Cloning could be vital 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 in 20 times, making the procedure far 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.

Perhpas now would be a good time to ask ourselves which we fear more: that cloning will produce multiple copies of crazed despots, as in the film The Boys 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.

Burn victims could receive soft, new skin, which would be grown in a laboratory and wrapped around injured areas like a bandage.

Patients with chronic myelogenous leukemia 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 Armey has thrown his weight behind a bill that would ban human cloning permanently. ''This is the right thing to do, at the right time, for the sake of human dignity,'' said Armey. ''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 has been a quadriplegic 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 nerve endings going again so that my nephew can 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 drafter 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 to State 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 for medical purposes the technique that produced a sheep called Dolly. They might, for example, obtain healthy cells from a patient with leukemia or a burn victim and then transfer the nucleus of each cell 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 leukemia patient, for example, the cloned cells could provide an infusion of fresh bone marrow, and 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 to take 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 choose to be on the side of the Galileos, those who want to expand human knowledge, those who will not be constricted by outmoded and outdated ideas, who understand it's the very nature of our humanity to ask how and why and what if. No, not to be 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 needs to be 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 a lot of people 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 bioethicists, 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 will 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

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 from premarital sex 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 safety and efficacy of short-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 am confidant that these 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 scientific and ethical integrity 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 researching 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 a national 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 Dr. Satcher 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 and Human 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. 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 believe they 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 conclude my remarks today. As is 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.

These 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 here. But certainly the cumulative impact of these 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 we should 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, inhumane, 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 side with 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 has 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, he 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 was such a 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.

What is clear 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.

Next, there were CDC studies on HIV-infected newborns in this country. No identification was made of the newborns. The studies were conducted after the blood samples were de-identified. This may have been an appropriate 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 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 ability, once 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, and when you want to go and tell 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 drugs can be used with lowered 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 won't go into the details; 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 once-used free 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 needle 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 absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to 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.

The Alliance for Justice, 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,
Hart Senate Office Building, Washington, DC.

DEAR SENATOR DASCHLE: We write to express our concern over a series of developments that continue to unfold 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, unjustified criticisms 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 nominees who failed to meet certain ultraconservative litmus tests 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 the longest, 12 are women or minorities. 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 white men. For example, Margaret Morrow, a judicial nominee to the United States District Court for the Central District of California, was nominated more than a year and a half 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 background and experience to make her an excellent judge, and in the words of one of her sponsors, she would be ''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 created the Pro Bono Council, the first of its kind in California. During her year as bar president, the Council coordinated the provision of 150,000 hours of previously untapped 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 Sheriff Sherman Block wrote that, ''Margaret Morrow is an extremely hard working individual of impeccable character and integrity. . . . I have no doubt that she would be a distinguished addition to the Court.'' 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 highly respected in the state. Another ''strike'' against her is her concern, expressed in a sentence from a 1988 article, about special interest domination of the ballot initiative process in California. Her opponents view the statement as disdainful of voter initiatives such as California's term limits law; however, they overlook the fact that the article outlines a series of recommended reforms to preserve the process.

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

Morrow's confirmation has been delayed by the Senate beyond any reasonable bounds. Originally selected over nineteen months ago in May 1996, her nomination was unanimously approved by the Judiciary Committee that year, only to languish on the Senate floor. Morrow was again nominated at the beginning of 1997, subjected 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 1st Session of 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: Phil Baum, Executive Director; Americans for Democratic Action: Amy Isaacs, National Director; Bazelon Center for Mental Health Law: Robert Bernstein, Executive Law; Brennan Center for Justice: E. Joshua Rosenkrantz, Executive Director; Black Women Lawyers Association of Los Angeles: Eulanda Matthews, President; California Women Lawyers: Grace E. Emery, President; Center for Law and Social Policy: Alan W. 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 award 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

FIRST AWARD

MARINE CORPS

Mr. Marcus F. Daley, Davis, CA
Mr. John F. Digney, Lakewood, OH
Mr. William N. Green, Kilmarnock, VA
Mr. Victor V. Hall, Lincoln, NB
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, Casselbury, FL
Mr. Louis A. Sombati, Redlands, CA
Mr. Robert R. Stecker, Cedarbury, WI
Mr. William T. Terlecki, Parlin, NJ
Mr. Bernard E. Vanden-Brandon, Westlake, OH
Mr. James Q. Yawn, Alice, TX
Mr. Harry C. Tyler, Jr., Clinton Township, MI
Mr. Gerald J. Slack, Danvers, MA
Mr. Charles L. Jones, Corcoran, CA
Mr. Dewey H. Jackson, York, SC
Mr. Richard D. Blomgren, Lake Isabella, CA
Mr. Leland G. Anderson, Mountain Home, AR
Mr. James A. Foerster, Homosassa, FL
Mr. Alfred F. Ueckert, Jr., Dallas, TX
Mr. Robert M. Stone, Nashville, TN
Mr. Ralph E. Dickson, Irvine, CA
Mr. James T. Doswell, II, Jacksonville, 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. Barber, Johnstown, PA
Mr. John R. Doyle, Shrasoth, FL
Mr. Varlock M. Gardner, Westland, MI
Mr. Michael P. McDonnell, Farmington Hills, MI
Mr. William R. Peterson, Livonia, MI
Mr. John J. Reardon, Grosse 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. Degroote, West Bloomfield, MI
Mr. Andrew W. Yancy, Memphis, TN
Mr. Stanley W. Kern, Kutztown, PA
Mr. Walter R. Irey, Poway, CA
Mr. Frederick G. Fox, Lower Lake, CA
Mr. Elmer E. Lore, Thousand Oaks, CA
Mr. Harlan Day, Ironton, OH
Mr. Lawrence K. Kotecki, Bigfork, MT
Mr. Robert W. Carey, Round Rock, TX
Mr. Floyd C. Bradley Jr., Plainview, TX
Mr. Gordon C. Ostwall, Berwyn, IL
Mr. Lawrence H. Cool, Jr., Platte, SD
Mr. Charles E. Hill, Jr., Clinton, MI
Mr. Paul A. Gerrior, Covina, CA
Mr. Darwin T. Johnston, Manteca, CA
Mr. William E. Anderson, Jr., Pioneer, CA
Mr. Nicholas Antonelli, West Long Branch, NJ
Mr. Maurice W. Birchmeyer, Liverpool, NJ
Dr. Albert E. P. Bozic, Williamsport, PA
Mr. James G. Cockrell, Milwaukie, OR
Mr. Edward T. Gaines, Lexington, KY
Mr. Leslie D. Demott, Rancho Palos Verdes, CA
Mr. Ralph V. Elwin, Santa Barbara, CA
Mr. Morris E. Ford, Jr., Tacoma, WA
Mr. Louis J. Gavalyas, Massapequa Park, NY
Mr. Andy Glosecki, Springfield, IL
Mr. Frederick L. Gordon, Marietta, GA
Mr. Roger J. Gawer, Hermann, MO
Mr. John Gregory, Lecanto, FL
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. Ritchey, Sacramento, CA
Mr. Charles W. Scranyon, Jr., Dorset, UT
Mr. Evan W. Pickrel, Alexandria, VA
Mr. Vincent J. Panzarella, Fairport Harbor, OH
Mr. Robert W. Fillion, Littleton, NH

SECOND AWARD

MARINE CORPS

Mr. Thomas A. Clemente, Loudonville, NY
Mr. Hoyt C. Johnson, Jr., Columbus, MS
Mr. Donald P. Callahan, Rensselaer, NY
Mr. Harold J. Derr, Hamburg, PA
Mr. Glenn Dunning, Zion, IL
Mr. James J. Fisher, Camp Hill, PA
Mr. Adolph B. Hugo, Jr., Tulsa, OK
Mr. Harold M. Kerber, South Holland, IL
Mr. Beverly W. Landstreet, Nashville, TN
Mr. Robert J. Moreo, Mechanicsburg, PA
Mr. Raymond G. Neal, Waxahachie, TX
Mr. Dominic A. Panasiti, 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. Albin J. Prisby, Rockland, IL
Mr. James Padick, Banning, CA
Mr. Russell Smith, Jr., Charleston, WV

NAVY

Mr. J.D. Barber, Johnstown, PA
Mr. James H. Keating, Anacortes, WA
Mr. Vincent A. Kozole, Philadelphia, PA
Mr. Charles S. Williams, Palm Beach Gardens, FL
Mr. Garland Collett, Richardson, TX

THIRD AWARD

MARINE CORPS

Mr. Ralph P. Jones, Albany, GA
Mr. Felix S. Cecot, Portland, OR
Mr. John A. Blackstock, San Diego, CA
Mr. Harold C. Bauer, Beavercreek, OR
Mr. Warren W. Hills, Fresno, CA
Mr. Dayton A. Swickard, Muncie, IN

FOURTH AWARD

MARINE CORPS

Mr. James E. Smurr, Columbus, OH
Mr. Harry D. Ross, Zanesville, OH
Mr. Wilton C. Fleming, Maulden, SC

FIFTH AWARD

MARINE CORPS

Mr. Walter V. Ross, Jr., Garden City, SC
Mr. Stephen G. Warren, Marshall, TX
Mr. Harding H. Holloway, Hilltop Lakes, TX
Mr. Reinholdt Deines, Garden City, KS

SIXTH AWARD

MARINE CORPS

Mr. William F. Degan, Squantum, MA
Mr. John J. Demet, Ocala, FL
Mr. Delbert R. Nash, Dunwoody, GA
Mr. Richard M. Seamon, Annapolis, MD
Mr. Paul M. Tollefsrud, Richlands, NC
Mr. Sterling F. Price, Ballwin, MO
Mr. James H. Magill, Port St. Lucie, FL
Mr. Frederick R. Scharnhorst, Richland, WA
Mr. Charles S. Scruggs, Augusta, GA

SEVENTH AWARD

MARINE CORPS

Mr. George J. Brennan, Jr., Westwood, MA
Mr. William H. Boodro, Columbus, OH

TENTH AWARD
MARINE CORPS
Mr. Archie D. Simpson, Alexandria, VA

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 from reproducing themselves at will in an unscrupulous and unethical attempt to achieve a kind of immortality. Instead, this legislation bans the actual technology used in human cloning research—the technology that could be used to create cures for 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 directing a prompt response to 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, 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 does not support passage of the bill in its 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:

EXECUTIVE OFFICE OF THE PRESIDENT, OFFICE OF MANAGEMENT AND BUDGET,
Washington, DC, February 9, 1998.

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 technology. The sunset provision would 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 specific cells and tissue) technology to prevent and treat serious and life-threatening diseases and other medical conditions, including the treatment of cancer, diabetes, genetic diseases, and spinal cord injuries and for basic research that could lead to such treatments.

Strike the bill's criminal penalties and instead make any property, real or personal, derived from or used to commit violations of the Act subject to forfeiture to the United States.

Strike the bill's provisions establishing a new Commission to Promote a National Dialogue on Bioethics. The new Commission would needlessly duplicate the mission of the President's National Bioethics Advisory Commission.

The President's proposal, which in many ways is reflected in S. 1602 sponsored by Senators Feinstein and Kennedy, would prohibit any attempt to create a human being using somatic cell nuclear transfer, provide for further review of the ethical and scientific issues associated with the use of somatic cell nuclear transfer, and protect important biomedical research.

Mr. KENNEDY. Mr. President, as the scientific and medical community learns more about this legislation, almost universal opposition is developing. The American Association of Medical Colleges has circulated a letter to other scientific and medical organizations asking that this legislation not go forward.

The letter states,

The current opportunities in biomedical research are unparalleled in our nation's history. To ensure that these continue, 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 '70's.

They state,

Like the recombinant DNA debate, the scientific techniques involved in cloning research hold great promise for our ability to treat and manage myriad diseases and disorders—from cancer and heart disease, to Parkinson's and Alzheimer's, to infertility and HIV/AIDS.

As of this morning, the letter had been signed by 71 distinguished organizations, from the American Academy of Allergy, Asthma, and Immunology, to the Association of American Cancer Institutes to the Parkinson's Action Network—and the list continues to grow.

A letter from Dr. Gerald R. Fink, the Director of the Whitehead Institute of the American Cancer Society—one of the pre-eminent 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 any such law protects 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 progress 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 is 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.

The Majority Leader tried to bring it to the floor on Thursday and filed an immediate cloture petition when he was unsuccessful.

The Senate was not in session Friday—and few of 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.

The telephones 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.

The authors of 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 men and 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 regenerate brain 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 because research and progress into their illness cannot proceed.

Let us 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. Firearms homicides have plummeted, 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 and 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 was ordered to be printed in the RECORD, as follows:

BOSTON POLICE DEPARTMENT,
January 30, 1998.

Hon. EDWARD M. KENNEDY,
U.S. Senate,
Washington, DC.

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 over the past 18–24 months. I offer the following.

The keys to our effort in Boston have been prevention, intervention and enforcement conducted 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 question of effective juvenile crime control policy, I would strongly recommend federal spending that requires collaboration, that requires communities to support a balance of prevention along with enforcement, and the directs these funds in the most crime-impacted 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 $5,472,049,936,751.15 (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 $5,307,084,000,000 (Five trillion, three hundred seven billion, eighty-four million).

Twenty-five years ago, February 6, 1973, the Federal debt stood at $445,600,000,000 (Four hundred forty-five billion, six hundred million) which reflects a debt increase of more than $5 trillion—$5,026,449,936,751.15 (Five trillion, twenty-six billion, four hundred forty-nine million, nine hundred thirty-six thousand, seven hundred fifty-one dollars and fifteen cents) during the past 25 years.

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mr. Williams, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the Committee on Commerce, Science, and Transportation.

REPORT OF AN AGREEMENT BETWEEN THE GOVERNMENTS OF THE UNITED STATES AND THE REPUBLIC OF POLAND—MESSAGE 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.

THE WHITE HOUSE, *February 5, 1998.*

REPORT OF THE NATIONAL ENDOWMENT 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 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.

THE WHITE HOUSE, *February 5, 1998.*

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 806, 80th Congress (15 U.S.C. 714k), I transmit herewith the report of the Commodity Credit Corporation for fiscal year 1995.

WILLIAM J. CLINTON.

THE WHITE HOUSE, *February 5, 1998.*

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 having proceeded to reconsider the bill (H.R. 2631) disapproving the cancellations transmitted by President on October 6, 1997, regarding Public Law 105–45, returned by the President of the United States with his objections, to the House of Representatives, in which it originated, it was resolved, that the said bill, pass, two-thirds of the House of Representatives agreeing to pass the same.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, which were referred as indicated:

EC–3932. A communication from the Director of the Office of the Secretary of Defense, transmitting, pursuant to law, the reports of three rules received on January 27, 1997; to the Select Committee on Intelligence.

EC–3933. A communication from the Director of the Congressional Budget Office, transmitting, pursuant to law, the sequestration preview report for fiscal year 1999; referred jointly, pursuant to the order of August 4, 1977, to the Committee on the Budget, and to the Committee on Governmental Affairs.

EC–3934. 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.

EC–3935. 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, 1998; to the Committee on Banking, Housing, and Urban Affairs.

EC–3936. 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.

EC–3937. A communication from the Secretary of the U.S. Securities and Exchange Commission, transmitting, pursuant to law, the report of a rule received on February 2, 1998; to the Committee on Banking, Housing, and Urban Affairs.

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. McCAIN (for himself, Mr. HOLLINGS, Ms. SNOWE, Mr. FRIST, 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. HOLLINGS, Mr. COATS, and Mrs. MURRAY):

S. 1619. A bill to direct the Federal Communications Commission to study systems for filtering or blocking matter on the Internet, to require the installation of such a system on computers in schools and libraries with Internet access, 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. ROTH (for himself, Mr. BAUCUS, Mr. THOMAS, and Mr. LUGAR):

S. Res. 174. A resolution to state the sense of the Senate that Thailand is a key partner and friend of the United States, has committed itself to executing its responsibilities under its arrangements with the International Monetary Fund, and that the United States should be prepared to take appropriate steps to ensure continued close bilateral relations; to the Committee on Foreign Relations.

By Mr. ROBB:

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 F. 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 he served. He 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. In Anthony Lewis' December 22, 1997 column in the New York Times, Mr. SMITH remarked that Jesus Collado's case ''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.''

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 establish that his misdemeanor is not grounds for inadmissibility, deportation or denial of citizenship. Representative NYDIA VELÁZQUEZ, 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 CRIMINAL OFFENSE FOR IMMIGRATION PURPOSES FOR JESUS M. COLLADO-MUÑOZ.

Notwithstanding sections 212(a) and 237(a) of the Immigration and Nationality Act, Jesus M. Collado-Muñoz 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 to find that Jesus M. Collado-Muñoz lacks good moral character for any purpose under that Act, including eligibility for naturalization.

[From the New York Times, Dec. 22, 1997]

A GENEROUS COUNTRY

(By Anthony Lewis)

WASHINGTON.—The immigration law passed by Congress in 1996 has had harsh effects on some individuals: visitors barred at our borders, aliens marked for deportation after living here legally for many years. I discussed the issues with the principal House sponsor of the law, Representative Lamar S. Smith, Republican of Texas.

''America should continue to be the most generous country in the world toward immigrants,'' Mr. Smith said, ''I thing they have much to contribute to this country.''

The 1996 act, he said, was designed to deal with people who do not deserve to be here, such as those who enter illegally. But it was not intended to deny anyone fair treatment.

''There is not excuse for anybody being treated unjustly,'' he said ''Justice is one of the things that makes this country great, and rightly attracts people here, along with economic opportunity and freedom.''

What about instances, I asked, where the Immigration and Naturalization Service has admitted that its officers mistreated individuals at the border? The Commissioner of Immigration, Doris Messner, has said that about several cases described in this column in recent months.

''It's not the fault of the law,'' Mr. Smith replied. ''It's the fault of the I.N.S.

''When you have hundreds of millions of entries every year, and you have human nature involved, there are inevitably going to be some lapses. That doesn't excuse them, I hope it won't be interpreted as rationalizing any kind of insensitivity. It is simply a comment on what is a fact of life.''

One provision of the 1996 act, called ''expedited removal,'' allows I.N.S. agents to keep out anyone they think is trying to enter the country improperly, even if the person has a U.S. visa, and bar him for five years. I asked whether that, didn't encourage hasty, sometimes unfair decisions.

Mr. Smith said he had been to two border checkpoints in the last several months and found the border patrol agents ''enthusiastic'' about the provision. ''I think on the whole it's reducing the abuses,'' he said, ''the gaming of the system.''

The new law's process for dealing with applicants for political asylum is also working well, he said. It requires someone who claims to be fleeing persecution first to persuade an asylum officer at the border that he or she has a ''credible fear,'' then to have an asylum hearing before an immigration judge.

''The asylum officers are getting some good training,'' Mr. Smith said. ''Almost 90 percent of people asking for asylum are being found to have a credible fear. When you have that high a level of initial acceptance of their claims, clearly the officers are giving people the benefit of the doubt.''

Since it was human nature for the I.N.S. to make some mistakes, I asked, why had the new statute in many areas stripped away the right to judicial review of the agency's decisions?

''Judicial review,'' he said, ''encouraged many of the people who are in this country illegally'' by allowing them to contest their deportation endlessly. He said there were about five million, with the number growing by 300,000 a year.

The 1996 law also made legal immigrants deportable because of minor crimes committed years ago, and removed their right to

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 probation for contributing to the 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 currently in prison 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. 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.

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 cosponsor of this legislation are Senator FRITZ 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 high fines and compensatory and punitive damages.

The bill takes a straightforward approach. It prohibits a telephone company from changing a consumer's telephone 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 at the FCC, requiring the Commission to 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, and it empowers the FCC to prosecute slammers who refuse to pay their fines. The bill also enables consumers to go after slammers in court instead of at the FCC through a state class-action suit. These alternatives—consumer action at the FCC and state action in court, backed up by stiff monetary penalties—will provide both a sword against past slamming and a shield against future slamming.

Finally, Mr. President, the bill assures that the FCC will detect and deter other problems that might result in slamming. It requires the Commission to report to Congress on telephone companies' telemarketing practices, to recommend whether it would be in the public interest to levy penalties directly on telemarketers or on other entities not currently subject to the bill's provisions, and to promptly adopt rules proscribing any deliberately deceptive or misleading telemarketing practices disclosed by the report.

The bottom line here, Mr. President, 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 Representatives 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) section 258 of the communications Act of 1934 (47 U.S.C. 258) is amended to read as follows:

''(a) PROHIBITION.—

''(1) IN GENERAL.—No telecommunications carrier shall submit or execute a change in 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 affirm 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 providers 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.—This 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:

''(c) NOTICE TO SUBSCRIBER.—Whenever there is a change in a subscriber's selection of a provider of telephone exchange service or telephone toll service, the telecommunication carrier selected shall notify the subscriber in writing, not more than 15 days after the change is executed, of the change, the date on which the change was effected, and the name of the individual who authorized the change.

''(d) RESOLUTION OF COMPLAINTS.—

''(1) PROMPT RESOLUTION.—

''(A) IN GENERAL.—The Commission shall prescribe a period of time, not in excess of 120 days, for a telecommunications carrier to resolve a complaint by a subscriber concerning an unauthorized change in the subscriber's selection of a provider of telephone exchange service or telephone toll service.

''(B) UNRESOLVED COMPLAINTS.—If a telecommunications carrier fails to resolve a complaint within the time period prescribed by the Commission, then, within 10 days after the end of that period, the telecommunications carrier shall—

''(i) notify the subscriber in writing of the subscriber's right to file a complaint with the Commission concerning the unresolved complaint, the subscriber's rights under this section, and all other remedies available to the subscriber concerning unauthorized changes;

''(ii) inform the subscriber in writing of the procedures prescribed by the Commission for filing such a complaint; and

''(iii) provide the subscriber a copy of any evidence in the carrier's possession showing that the change in the subscriber's provider of telephone exchange service or telephone toll service was submitted or executed in accordance with the verification procedures prescribed under subsection (a).

''(2) RESOLUTION BY COMMISSION.—The Commission shall provide a simplified process for resolving complaints under paragraph (1)(B). The simplified procedure shall preclude the use of interrogatories, depositions, discovery, or other procedural techniques that might unduly increase the expense, formality, and time involved in the process. The Commission shall issue an order resolving any such complaint at the earliest date practicable, but in no event later than—

''(A) 150 days after the date on which it received the complaint, with respect to liability issues; and

''(B) 90 days after the date on which it resolves a complaint, with respect to damages issues, if such additional time is necessary.

''(3) DAMAGES AWARDED BY COMMISSION.—In resolving a complaint under paragraph (1)(B), the Commission may award damages equal to the greater of $500 or the amount of actual damages. The Commission may, in its discretion, increase the amount of the award to an amount equal to not more than 3 times the amount available under the preceding sentence.

''(e) PENALTY.—

''(1) IN GENERAL.—Unless the Commission determines that there are mitigating circumstances, violation of subsection (a) is punishable by a fine of not less than $40,000 for the first offense, and not less than $150,000 for each subsequent offense.

''(2) FAILURE TO NOTIFY TREATED AS VIOLATION OF SUBSECTION (A).—If a telecommunications carrier fails to comply with the requirements of subsection (d)(1)(B), then that failure shall be treated as a violation of subsection (a).

''(f) RECOVERY OF FINES.—The Commission may take such action as may be necessary—

''(1) to collect any fines it imposes under this section; and

''(2) on behalf of any subscriber, any damages awarded the subscriber under this section.''.

(c) STATE RIGHT-OF-ACTION.—Section 258 of the Communications Act of 1934 (47 U.S.C. 258), as amended by subsection (b), is amended by adding at the end thereof the following:

''(g) ACTIONS BY STATES.—

''(1) AUTHORITY OF STATES.—Whenever the attorney general of a State, or an official or agency designated by a State, has reason to believe that a telecommunications carrier has engaged or is engaging in a pattern or practice of changing telephone exchange service or telephone toll service provider without authority from subscribers in that State in violation of this section or the regulations prescribed under this section, the State may bring a civil action on behalf of its residents to enjoin such unauthorized changes, an action to recover for actual monetary loss or receive $500 in damages for each violation, or both such actions. If the court finds the defendant willfully or knowingly violated such regulations, the court may, in its discretion, increase the amount of the award to an amount equal to not more than 3 times the amount available under the preceding sentence.

''(2) EXCLUSIVE JURISDICTION OF FEDERAL COURTS.—The district courts of the United States, the United States courts of any territory, and the District Court of the United States for the District of Columbia shall have exclusive jurisdiction over all civil actions brought under this subsection. Upon proper application, such courts shall also have jurisdiction to issue writs of mandamus, or orders affording like relief, commanding the defendant to comply with the provisions of this section or regulations prescribed under this section, including the requirement that the defendant take such action as is necessary to remove the danger of such violation. Upon a proper showing, a permanent or temporary injunction or restraining order shall be granted without bond.

''(3) RIGHTS OF COMMISSION.—The State shall serve prior written notice of any such civil action upon the Commission and provide the Commission with a copy of its complaint, except in any case where such prior notice is not feasible, in which case the State shall serve such notice immediately upon instituting such action. The Commission shall have the right—

''(A) to intervene in the action;

''(B) upon so intervening, to be heard on all matters arising therein; and

''(C) to file petitions for appeal.

''(4) VENUE; SERVICE OF PROCESS.—Any civil action brought under this subsection in a district court of the United States may be brought in the district wherein the defendant is found or is an inhabitant or transacts business or wherein the violation occurred or is occurring, and process in such cases may be served in any district in which the defendant is an inhabitant or where the defendant may be found.

''(5) INVESTIGATORY POWERS.—For purposes of bringing any civil action under this subsection, nothing in this section shall prevent the attorney general of a State, or an official or agency designated by a State, from exercising the powers conferred on the attorney general or such official by the laws of such State to conduct investigations or to administer oaths or affirmations or to compel the attendance of witnesses or the production of documentary and other evidence.

''(6) EFFECT ON STATE COURT PROCEEDINGS.—Nothing contained in this subsection shall be construed to prohibit an authorized State official from proceeding in State court on the basis of an alleged violation of any general civil or criminal statute of such State.

''(7) LIMITATION.—Whenever the Commission has instituted a civil action for violation of regulations prescribed under this section, no State may, during the tendency of such action instituted by the Commission, subsequently institute a civil action against any defendant named in the Commission's complaint for any violation as alleged in the Commission's complaint.

''(8) DEFINITION.—As used in this subsection, the term 'attorney general' means the chief legal officer of a State.

''(h) STATE LAW NOT PREEMPTED.—Nothing in this section or in the regulations prescribed under this section shall preempt any State law that imposes more restrictive intrastate requirements or regulations on, or which prohibits unauthorized changes in, a subscriber's selection of a provider of telephone exchange service or telephone toll service.''.

SEC. 2. REPORT ON TELEMARKETING PRACTICES.

(a) IN GENERAL.—The Federal Communications Commission shall issue a report within 180 days after the date of enactment of this Act on the telemarketing practices used by telecommunications carriers or their agents or employees for the purpose of soliciting changes by subscribers of their telephone exchange service or telephone toll service provider.

(b) SPECIFIC ISSUES.—As part of the report required under subsection (a), the Commission shall include findings on—

(1) the extent to which imposing penalties on telemarketers would deter unauthorized changes in a subscriber's selection of a provider of telephone exchange service or telephone toll service;

(2) the need for rules requiring third-party verification of changes in a subcriber's selection of such a provider; and

(3) whether wireless carriers should continue to be exempt from the verification and retention requirements imposed by section 258(a)(2)(B)(iii) of the Communications Act of 1934 (47 U.S.C. 258(a)(2)(B)(iii)).

(c) RULEMAKING.—If the Commission determines that particular telemarketing practices are being used with the intention to mislead, deceive, or confuse subscribers and that they are likely to mislead, deceive, or confuse subscribers, then the Commission shall initiate a rulemaking to prohibit the use of such practices within 120 days after the completion of its report.

By Mr. MCCAIN (For himself, Mr. HOLLINGS, Mr. COATS, and Mrs. MURRAY):

S. 1619. A bill to direct the Federal Communications Commission to study systems for filtering or blocking matter on the Internet, to require the installation of such a system on computers in schools and libraries with Internet access, and for other purposes; to the Committee on Commerce, Science, and Transportation.

THE INTERNET SCHOOL FILTERING ACT

Mr. MCCAIN. Mr. President, I rise today to introduce The Internet School Filtering Act, which is designed to protect children from exposure to sexually explicit and other harmful material when they access the Internet in school and in the library. I am pleased to be joined by Senators HOLLINGS, COATS, and MURRAY as cosponsors of this legislation, and I thank them for their assistance in this important effort.

This legislation comes to grips with a regrettable but unavoidable problem. Today, pornography is widely available on the Internet. According to Wired

magazine, today there are approximately 28,000 adult Web sites promoting hard and soft-core pornography. Together, these sites register many millions of ''hits'' by websurfers per day.

Mr. President, there is no question that some of the websurfers 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 or industry self-regulation could ever 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 onto the Internet, 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 even 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 this reason, school and library administrators who accept univeral 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 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 universal service discounts 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 at least one computer 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 insofar as other sexually-explicit material is concerned, the bill will not affect an adult's ability to access this information on the Internet outside the school environment, and it will in no way impose any filtering requirement on Internet use in the home. 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, 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 millennium. 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 dangers 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. 1619

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

SECTION 1. NO UNIVERSAL SERVICE FOR SCHOOLS OR LIBRARIES THAT FAIL TO IMPLEMENT A FILTERING OR BLOCKING SYSTEM FOR COMPUTERS WITH INTERNET ACCESS.

(a) IN GENERAL.—Section 254 of the Communications Act of 1934 (47 U.S.C. 254) is amended by adding at the end thereof the following:

''(l) IMPLEMENTATION OF A FILTERING OR BLOCKING SYSTEM.—

''(1) IN GENERAL.—No services may be provided under subsection (h)(1)(B) to any elementary or secondary school, or any library, unless it provides the certification required by paragraph (2) or (3), respectively.

''(2) CERTIFICATION FOR SCHOOLS.—Before receiving universal service assistance under subsection (h)(1)(B), an elementary or secondary school (or the school board or other authority with responsibility for administration of that school) shall certify to the Commission that it has—

''(A) selected a system for computers with Internet access to filter or block matter deemed to be inappropriate for minors; and

''(B) installed, or will install as soon as it obtains computers with Internet access, a system to filter or block such matter.

''(3) CERTIFICATION FOR LIBRARIES.—Before receiving universal service assistance under subsection (h)(1)(B), a library that has a computer with Internet access shall certify to the Commission that, on one or more of its computers with Internet access, it employs a system to filter or block matter deemed to be inappropriate for minors. If a library that makes a certification under this paragraph changes the system it employs or ceases to employ any such system, it shall notify the Commission within 10 days after implementing the change or ceasing to employ the system.''.

''(4) LOCAL DETERMINATION OF CONTENT.—For purposes of paragraphs (2) and (3), the determination of what matter is inappropriate for minors shall be made by the school, school board, library or other authority responsible for making the required certification. No agency or instrumentality of the United States Government may—

''(A) establish criteria for making that determination;

''(B) review the determination made by the certifying school, school board, library, or other authority; or

''(C) consider the criteria employed by the certifying school, school board, library, or other authority in the administration of subsection (h)(1)(B).''.

(b) CONFORMING CHANGE.—Section 254(h)(1)(B) of the Communications Act of 1934 (47 U.S.C. 254(h)(1)(B)) is amended by striking ''All telecommunications'' and inserting ''Except as provided by subsection (l), all telecommunications''.

ADDITIONAL COSPONSORS

S. 61

At the request of Mr. LOTT, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of S. 61, a bill to amend title 46, United States Code, to extend eligibility for veterans' burial benefits, funeral benefits, and related benefits for veterans of certain service in the United States merchant marine during World War II.

S. 71

At the request of Mr. DASCHLE, the name of the Senator from Louisiana (Mr. BREAUX) was added as a cosponsor of S. 71, a bill to amend the Fair Labor Standards Act of 1938 and the Civil

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. 887

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. 887, a bill to establish in the National Service the National Underground Railroad Network to Freedom program, and for other purposes.

S. 980

At the request of Mr. DURBIN, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. 980, a bill to require the Secretary of the Army to close the United States Army School of the Americas.

S. 1045

At the request of Mr. DASCHLE, the name of the Senator from Hawaii (Mr. INOUYE) was added as a cosponsor of S. 1045, a bill to prohibit discrimination in employment on the basis of genetic information, and for other purposes.

S. 1151

At the request of Mr. DODD, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 1151, a bill to amend subpart 8 of part A of title IV of the Higher Education Act of 1965 to support the participation of low-income parents in postsecondary education through the provision of campus-based child care.

S. 1283

At the request of Mr. BUMPERS, the name of the Senator from New Mexico (Mr. BINGAMAN) was added as a cosponsor of S. 1283, a bill to award Congressional gold medals to Jean Brown Trickey, Carlotta Walls LaNier, Melba Patillo Beals, Terrence Roberts, Gloria Ray Karlmark, Thelma Mothershed Wair, Ernest Green, Elizabeth Eckford, and Jefferson Thomas, commonly referred collectively as the ''Little Rock Nine'' on the occasion of the 40th anniversary of the integration of the Central High School in Little Rock, Arkansas.

S. 1334

At the request of Mr. BOND, the names of the Senator from Maine (Ms. SNOWE) and the Senator from North Dakota (Mr. DORGAN) were added as cosponsors of S. 1334, a bill to amend title 10, United States Code, to establish a demonstration project to evaluate the feasibility of using the Federal Employees Health Benefits program to ensure the availability of adequate health care for Medicare-eligible beneficiaries under the military health care system.

S. 1422

At the request of Mr. MCCAIN, the name of the Senator from Nevada (Mr. BRYAN) was added as a cosponsor of S. 1422, a bill to amend the Communications Act of 1934 to promote competition in the market for delivery of multichannel video programming and for other purposes.

S. 1580

At the request of Mr. SHELBY, the names of the Senator from Kentucky (Mr. FORD) and the Senator from South Carolina (Mr. HOLLINGS) were added as cosponsors of S. 1580, 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. 1582

At the request of Mr. ROBB, the name of the Senator from Virginia (Mr. WARNER) was added as a cosponsor of S. 1582, 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 and marketing and ensure the quality of tobacco in the United States, and for other purposes.

S. 1615

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. 1615, 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 Memorial Service Board of Directors to honor emergency medical services personnel to be the ''National Emergency Medical Services Memorial Service.''

SENATE RESOLUTION 148

At the request of Mr. DOMENICI, 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 Washington (Mr. GORTON), 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 Indiana (Mr. COATS), 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 (Mrs. 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. KERREY), 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 Nevada (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 anniversay 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 cosponsor 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. MIKULSKI), 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), the Senator from Virginia (Mr. WARNER), 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''.

SENATE RESOLUTION 173

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 174—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 from the United States for the measures it has implemented to resolve its financial problems.

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, 1977, Asia's regional 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 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 and initiative, 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.'' The President is authorized and requested to issue a proclamation calling upon the people of the United States to observe such week with appropriate ceremonies and activities.

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 incarcerated 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.'' The 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 hearing: Senate Committee on Small Business meets cyberspace; 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. This 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 4 civilians and burning a portion of a home.

In 1996, a U–2 spy plane crashed in the parking lot of the Mercury-Register newspaper, killing one and injury 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 few years to shore up 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—the 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 nest egg 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—counting the Social Security surplus 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 funds—that is, after mixing Social Security 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 because he devotes the bulk of 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 designed to come from the proposed tobacco settlement. But if President Clinton is sincere in his desire to reserve 100 percent 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 President 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 clearly spends the surplus, so what hidden meaning could there possibly be in his apparently very carefully crafted words?

Treasury Secretary Rubin explained to the Budget Committee that the President was merely declaring his opposition 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 are also confused and mistakenly assume 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 important 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 truth, and the American people 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 addition, 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, including food purchases with food stamps and vouchers for the Women, Infants and Children's program. The statistic also includes away-from-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 want to salute these Americans and thank them.●

70TH BIRTHDAY OF PRESIDENT EDUARD SHEVARDNADZE

● 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 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. As the 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 force 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 trappings of the elite political 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 ideal. . .''.

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, at any cost, the rights and freedoms 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 and cherish about the United 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 carries American ideas, American history and American feelings. Beginning with the Colonies, and coming down to our time, in its sacred heraldry, in its glorious insignia, it has gathered and stored chiefly this supreme idea: divine 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 year. The Republicans have said after they took control in the '94 elections, that is when we really saw the deficits reduce.

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, or estimated to be $207 billion; in 1997, $224 billion; $222 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 Congress. That was the change. This already takes 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 did it 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—actually, there was one passed in '95, 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 that. Frankly, it is not very large. 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 over that same period of time, between the year 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. Again, I am not even trying to offer a lot of my own opinion. I am just 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 yet in the budget that we agreed upon 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 $124 billion in new spending. He also has tax cuts that really also would 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 this 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 those tax cuts the President 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.

So I just make mention of that, 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 anyway, 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—$150 billion over 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

	104th Congress		105th Congress		106th Congress		107th Congress		
	1995	1996	1997	1998	1999	2000	2001	2002	TOTAL
CBO DEFICIT BASELINE (January 1995)	**(176)**	**(207)**	**(224)**	**(222)**	**(253)**	**(284)**	**(297)**	**(322)**	**(1,985)**
Tax Cuts	0	0	4	(9)	(7)	(22)	(24)	(17)	(75)
Spending Cuts	0	16	22	(2)	22	57	50	111	276
Reestimates (technical & economic)	12	84	180	228	235	246	285	297	1,567
CBO DEFICIT BASELINE (January 1998)	**(164)**	**(107)**	**(22)**	**(5)**	**(2)**	**(3)**	**14**	**69**	**(220)**

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)

	1998	1999	2000	2001	2002	2003	Total, 1999-2003
OMB BASELINE (DEFICIT) / SURPLUS	(9.9)	5.6	5.2	27.8	90.3	89.1	218.0
PROPOSALS WHICH INCREASE THE DEFICIT							
Discretionary (includes user fee spending)	(0.0)	6.4	10.5	12.4	17.7	23.9	70.9
Mandatory							
Activities authorized in tobacco legislation	0.0	3.4	3.9	4.6	5.0	5.4	22.3
Child care block grant	0.0	0.8	1.1	1.3	1.5	1.9	6.6
Teachers	0.0	0.1	0.8	1.2	1.4	1.6	5.1
Early learning fund	0.0	0.4	0.5	0.6	0.6	0.6	2.7
Student loans	0.3	0.3	0.5	0.6	0.7	0.9	3.1
Legal immigrants	0.1	0.5	0.5	0.5	0.5	0.5	2.5
Medicare	0.0	0.1	0.5	0.5	0.5	0.5	2.1
Other mandatory	*	1.5	1.7	2.1	1.9	1.7	8.8
Subtotal, New Spending	**0.4**	**13.5**	**20.0**	**23.8**	**29.8**	**37.0**	**124.1**
School construction & education tax incentives	0.0	0.4	1.2	1.7	1.4	1.3	6.0
Child care tax credits	0.0	0.3	1.3	1.3	1.3	1.4	5.6
Climate change tax incentives	(0.0)	0.4	0.6	0.6	0.8	1.2	3.6
Extension of expiring provisions (R&D, etc)	0.4	1.1	1.0	0.6	0.4	0.3	3.4
Increase low income housing tax credit	0.0	0.0	0.2	0.3	0.4	0.6	1.6
Other tax cuts	0.1	0.9	0.9	1.0	0.6	0.6	4.0
Subtotal, Tax Cuts	**0.5**	**3.2**	**5.1**	**5.5**	**5.0**	**5.4**	**24.2**
TOTAL PROPOSALS WHICH INCREASE THE DEFICIT	**0.8**	**16.8**	**25.1**	**29.3**	**34.8**	**42.3**	**148.3**
PROPOSALS WHICH DECREASE THE DEFICIT							
Tobacco revenues	0.0	(9.8)	(11.8)	(13.3)	(14.5)	(16.0)	(65.5)
Other tax increases	(0.5)	(6.2)	(8.0)	(8.9)	(9.0)	(8.0)	(40.1)
User fees	0.0	(1.7)	(2.1)	(2.1)	(2.1)	(2.2)	(10.2)
Subtotal, Tax Increases & User Fees	**(0.5)**	**(17.7)**	**(21.9)**	**(24.2)**	**(25.6)**	**(26.2)**	**(115.8)**
VA tobacco reform	0.0	(0.8)	(1.3)	(2.3)	(6.3)	(6.4)	(17.0)
Medicare	0.0	(0.2)	(0.4)	(0.5)	(0.6)	(0.7)	(2.4)
Other mandatory	(0.4)	(1.7)	(2.5)	(2.5)	(2.6)	(2.5)	(11.8)
Debt service	0.0	(0.1)	(0.3)	(0.4)	(0.4)	(0.3)	(1.5)
Spectrum & other items	-*	(0.3)	(2.2)	0.2	1.0	(0.2)	(1.5)
Subtotal, Spending Cuts	**(0.4)**	**(3.1)**	**(6.7)**	**(5.5)**	**(8.9)**	**(10.1)**	**(34.2)**
TOTAL PROPOSALS WHICH DECREASE THE DEFICIT	**(0.9)**	**(20.8)**	**(28.6)**	**(29.7)**	**(34.5)**	**(36.3)**	**(150.0)**
CLINTON BUDGET (DEFICIT) / SURPLUS	(10.0)	9.5	8.5	28.2	89.7	82.8	218.8

TAXES & USER FEES
President Clinton's FY99 Budget
(In millions of dollars)

	Total 1999-2003
Education incentives	(6,046)
Child care tax credits	(5,591)
Environment & climate change tax credits	(3,635)
Expiring provisions	(3,392)
Low-income housing tax credit per capita cap	(1,559)
Trade provisions	(1,409)
Promote expanded retirement savings	(915)
Other tax incentives	(813)
Simplify the tax laws	(631)
Enhance taxpayers' rights	(188)
Tax Cuts	**(24,179)**
Replace sales-source rules with activity-based rules	6,571
Convert aviation taxes to user fee system	5,950
Modify reserve rules for annuity contracts	4,641
Reinstate environmental tax imposed on corporate taxable income	3,841
Reinstate Superfund excise taxes	3,606
Modify corporate-owned life insurance (COLI) rules	2,204
Repeal lower-of-cost-or-market inventory accounting method	1,647
Extend excise taxes on gasoline, diesel fuel and special motor fuels	1,547
Reinstate oil spill excise tax	1,221
Eliminate non-business valuation discounts	1,008
Other tax increases	7,906
Tax Increases (non-tobacco)	**40,142**
User Fees	**10,183**
Tobacco Tax Increases	**65,494**
NET TAX INCREASES & USER FEES	**115,819**
TOTAL, ALL TAX INCREASES & USER FEES	**91,640**

PRESIDENT CLINTON'S BUDGET

BILLIONS OF DOLLARS	1997	1998	1999	2000	2001	2002	2003	Total 1999-2003
Defense	272	265	267	270	271	273	290	1,370
Domestic	276	288	300	304	304	304	306	1,518
DISCRETIONARY	549	553	566	574	575	577	595	2,887
Social Security	362	378	393	409	427	447	468	2,144
Medicare	208	216	226	238	256	261	285	1,266
Medicaid	96	101	108	115	123	133	143	622
Other Mandatory	143	177	198	213	220	215	234	1,079
MANDATORY	809	872	925	975	1,026	1,056	1,129	5,111
INTEREST	244	243	242	236	234	227	221	1,160
NET OUTLAYS	1,601	1,668	1,733	1,785	1,834	1,860	1,945	9,158
NET REVENUES	1,579	1,658	1,743	1,794	1,863	1,949	2,028	9,376
DEFICIT/SURPLUS	(22)	(10)	10	9	28	90	83	219

PERCENTAGE CHANGE	1997	1998	1999	2000	2001	2002	2003
Defense		-3%	1%	1%	0%	1%	6%
Domestic		4%	4%	2%	0%	-0%	1%
DISCRETIONARY		1%	2%	1%	0%	0%	3%
Social Security		4%	4%	4%	4%	5%	5%
Medicare		4%	5%	5%	8%	2%	9%
Medicaid		5%	7%	6%	7%	8%	8%
Other Mandatory		24%	12%	7%	3%	-2%	9%
MANDATORY		8%	6%	5%	5%	3%	7%
INTEREST		-0%	-0%	-2%	-1%	-3%	-3%
NET OUTLAYS		4%	4%	3%	3%	1%	5%
NET REVENUES		5%	5%	3%	4%	5%	4%

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.

ORDERS FOR TUESDAY, FEBRUARY 10, 1998

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.

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. On Tuesday, at 11 a.m. 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 rollcall 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 leaders'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 Senatae, 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 LESLEE B. ALEXANDER, TERM EXPIRED.