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);