

(D) CONVEYANCE OF EASEMENT.—Within 30 days after acquiring any of the lands identified as “National Park Service Wilderness Easement Lands” 29 and “National Park Service Conservation Easement Lands” on the map described in section 305(b), the Commission shall convey to the United States—

(i) conservation easements on the lands described as “National Park Service Wilderness Easement Lands” on the map described in section 305(b), which easements shall provide that the lands shall be managed to protect their wilderness character; and

(ii) conservation easements on the lands described as “National Park Service Conservation Easement Lands” on the map described in section 305(b), which easements shall restrict and limit development and use of the property to that development and use that is—

(I) compatible with the protection of the Appalachian National Scenic Trail; and

(II) consistent with the general management plan prepared pursuant to section 306(b).

(2) MATCHING FUNDS.—Funds may be transferred to the Commission only to the extent that they are matched from funds contributed by non-Federal sources.

#### SEC. 306. MANAGEMENT OF THE RESERVE.

(a) IN GENERAL.—The Commission shall manage the lands acquired within the Reserve in a manner that is consistent with the Commission’s authorities and with the purposes of this title.

(b) GENERAL MANAGEMENT PLAN.—Within 3 years after the date of enactment of this title, the Commission shall prepare a general management plan for the Reserve and submit the plan to the Secretary for approval.

#### SEC. 307. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated such sums as are necessary to carry out this title, to remain available until expended.

(b) LAND ACQUISITION.—Of amounts appropriated pursuant to subsection (a), the Secretary may transfer to the Commission not more than \$17,500,000 for the acquisition of lands and interests in land within the Reserve.

### AUTHORITY FOR COMMITTEES TO MEET

#### COMMITTEE ON FOREIGN RELATIONS

Mr. DOLE. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on Friday, June 30, 1995, at 10:30 a.m.

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

### ADDITIONAL STATEMENTS

#### CONGRATULATIONS TO DANNY McDONNALL

• Mr. BROWN. Mr. President, I rise to congratulate Danny McDonnall of Lamar, CO, for winning a \$10,000 Discover Card Tribute Award scholarship. The scholarship, sponsored by Discover Card Services, Inc., in cooperation with the American Association of School Administrators, are awarded to outstanding high school juniors in the United States.

Danny attends Lamar High School and is 1 of the 9 national winners se-

lected from over 10,000 nominations nationwide. His academic achievement recently earned him his school’s Most Outstanding Sophomore Boy Award. However, the scholarship program recognizes that not every student’s accomplishments can be measured in grade points alone. Achievements in community service, leadership, special talents, unique endeavors, and obstacles overcome are also considered.

Danny is an active member in several student organizations and is an accomplished vocalist. He has performed in three school musicals, with an honor choir and with the National 4-H Choir. He created a Wildlife Club for young people and coordinated a shooting sports safety day attended by more than 60 local sportsmen.

But most impressive is Danny’s fight against Ewing’s sarcoma. His recovery inspired him to present an hour long wildlife program to 450 cancer patients in Denver’s Children’s Hospital and to develop a newsletter and games which he regularly sends to hospitalized children. In addition, he conducted a 3-year science project centered on treatments for chemotherapy-induced mouth sores. Danny intends to study biology in college, and hopes to become a dentist.

Thank you Discover Card Services, Inc., for making a strong commitment to helping our young people reach their dreams and be better prepared for the challenges of tomorrow. Congratulations, once again, to Danny McDonnall. We can all learn from his superb leadership and fortitude.●

### AN IMPORTANT STEP FOR DEMOCRACY IN HAITI

• Mr. LEAHY. Mr. President, last Sunday, the Republic of Haiti held parliamentary and local elections. These were the first elections in Haiti since the United States forced Raoul Cedras and his henchmen to abandon power and allow the return of democratically elected President Jean-Bertrand Aristide last fall.

These elections were the first test of President Aristide’s commitment to establish real democracy in Haiti, and they were watched closely by the international community.

Mr. President, the elections were far from perfect. The selection of candidates leading up to the election was not as open, well-organized, and impartial as many of us would have liked. Some voting stations opened late. Some station workers were not paid their promised salaries and did not execute their responsibilities conscientiously. Some voters were not given full privacy in voting and there were some reports of voter intimidation. Some ballots were lost or miscounted.

These irregularities were unfortunate, although given Haiti’s tragic history, not unexpected. But the fact that these elections were imperfect in no way confirms, as some would suggest, that President Aristide and his government are insincere in their expressions

of commitment to true democracy, or that the administration’s policy there has failed. Far from it.

Let us be realistic. Haiti is the poorest country in this hemisphere. So many people are illiterate that the ballots had to carry symbols to identify the different parties. Many villages cannot be reached by road at all. The only highway across the country is literally impassible except by 4-wheel-drive. Most of the people have had no experience at all with democracy and have only the vaguest notion of what it means and how it should work.

In a country like Haiti today, the conduct of elections cannot possibly be perfect. Some mistakes and malpractice are inevitable.

But one must start somewhere, and the fact that these elections were held at all is an important achievement. Even more important, indeed historic, is that fact that there was practically no violence. We should remember past elections in that country, where the Government and its armed thugs intimidated, beat, and murdered in cold blood people waiting in line to vote.

The real question, Mr. President, is whether the Haitian people are satisfied. My perception is that the vast majority of the Haitian people feel that they took an important step forward with this election, and one more step away from the atrocities of the past. We owe it to those people now to help them get to work on the next step.

I want to commend President Clinton, General Shalikashvili, who has been to Haiti many times over the past couple of years, Secretary Christopher and others, who had the patience and sense of history to devote the attention and effort that they have to the cause of democracy in Haiti.

In a hemisphere where the trend is decidedly in favor of elected civilian government, I do not believe the United States could ignore the brutality in Haiti. Our resolve there in support of the Haitian people’s yearning for a better life, has sent a strong signal in support of democratic government throughout the hemisphere.●

### NOMINATION OF DR. HENRY FOSTER TO BE SURGEON GENERAL

• Mr. ABRAHAM. Mr. President, last week the Senate conducted two cloture votes on the nomination of Dr. Henry Foster to be Surgeon General of the United States. As a member of the Senate Committee on Labor and Human Resources, I was already on record in opposition to the nomination. However, for the benefit of my colleagues and my constituents, I wanted to once again outline my reasons for opposing Dr. Foster and why I voted against cloture.

At the outset of this nomination, I chose to reserve final judgment on Dr. Foster’s qualifications to serve as Surgeon General until he had an opportunity to appear before the Labor Committee and address my concerns and

the concerns of other Senators and until I had an opportunity to review the entire record.

After careful thought and consideration during the Labor Committee's deliberations, I decided that I could not support Dr. Foster's nomination. I came to this conclusion for three reasons: First, I have serious doubts about whether Dr. Foster can unify the American people behind important national health policies. Second, I am troubled about where Dr. Foster comes down on the continuum which places parents' rights and responsibilities on one end and the State on the other. And third, I believe serious credibility questions regarding this nomination continued to exist. And for reasons I shall elaborate upon later, I ultimately came to believe that in this instance, extended debate of this nomination was necessary and appropriate.

Now let me just add that Dr. Foster obviously is dedicated to serving others. He tended the health care needs of thousands of poor, rural women in the still segregated Deep South of the late 1960's and early 1970's. He taught at and helped run a historically black medical school which provides 40 percent of the black doctors in America. And he helped the youth of Nashville bridge the sometimes cavernous gap between a life of poverty and a life of education, economic advancement and social accomplishment. In all these endeavors, Dr. Foster has exhibited the finest qualities of civic duty and selfless public service. On that basis alone, one has to admire him. Nevertheless, in each of the areas I cited earlier, Dr. Foster was unable to allay my concerns.

Mr. President, the first concern I have relates to what I perceive as this nominee's inability to serve as a unifier, bringing Americans together behind key public health principles. I have repeatedly expressed my worry regarding Dr. Foster's suitability to replace Dr. Joycelyn Elders. Given the extremely turbulent and divisive nature of Dr. Elders' service as Surgeon General, it came somewhat as a shock to me—and I think to many others as well—that the administration would select someone to replace her whose background would create anxiety among many Americans. I have never felt that Dr. Foster's background as an ob-gyn or his pro-choice views disqualify him for serving as Surgeon General. However, I believe that the fact that Dr. Foster personally has performed abortions creates a different sort of burden on his nomination.

Dr. Foster has said that he wants to be seen as the Nation's doctor, but his past actions will cause many Americans to shrink from thinking of him in that role. This would not matter if the position involved were managerial or technical; but it is not.

The Surgeon General's role is almost exclusively that of a public educator. He has a bully pulpit that must be used to bring Americans together behind improved medical and health practices.

As I have said, following our experience with Dr. Elders, I think most Americans believe we should find someone for this position who can serve as a unifying force on the critical health care issues confronting our Nation. I was concerned that, because of his past practices, many would not at first blush choose Dr. Foster to be their physician. Therefore, at the confirmation hearings I asked Dr. Foster how he would try to restore this confidence in his ability to serve as the Nation's doctor and how he would do it. Regrettably, Dr. Foster could not seem to relate to this request; his response bordered on the dismissive.

Mr. President, I did not expect Dr. Foster to change his views. But I did expect, or at least hope, that he would have a plan to unify people and reach out to those who—at the outset—were worried about his selection, but he did not. Indeed, he did not offer a single idea concerning how he might address his challenge—not speeches, not meetings, nothing. I feel in a position as sensitive as this we need someone who would work hard to bring people together. Dr. Foster offered no commitment or dedication to pursue such an objective. I believe that was a mistake.

Mr. President, this brings me to another area of concern that I have specifically expressed from the outset: I have been worried about where Dr. Foster comes down on the continuum which places parents' rights and responsibilities on one end and the State on the other. Traveling throughout Michigan during my campaign I repeatedly heard parents strongly expressed two messages: They were concerned about the breakdown of the family unit and the consequences they viewed as emanating from that trend: teenage pregnancy, drug and alcohol abuse, and crime. And they were concerned about the degree to which Government's attempts to solve these problems, often exacerbating them in the process, pushed more traditional support systems such as families, relatives, and community out of the equation.

Now I realize that some will say this is a little old-fashioned in the generation X world of post-modern morality, but I want the Federal Government's chief health spokesman out in front on this issue, leading the fight to involve parents more directly in their children's lives and resisting further Government usurpation of parents' responsibilities. Regrettably, Dr. Foster's actions and positions have led me to conclude that he could not fulfill this role.

For example, Dr. Foster stated during the hearing that he opposed laws requiring parental notification when contraceptives are provided to minors. And Dr. Foster has a history of opposition to parental consent laws in the case of minors seeking an abortion, even those with judicial bypass provisions.

Mr. President, I share Dr. Foster's view on the importance of preventing

teen pregnancy, and on other crucial health and social issues as well. Where I believe we differ is on the level of responsibility we think parents should have in these areas and the steps each of us is prepared to take to achieve parental involvement. The question is: Would Dr. Foster, as Surgeon General, throw the moral authority of his office behind such initiatives?

By most accounts, Dr. Joycelyn Elders dismissed parents altogether from playing any role in the sexual education and development of their children. Dr. Foster, it appears, believes that parental involvement is something to be desired and encouraged, but because of the positions he has taken and will presumably continue to advocate, he will send a different, contradictory signal.

We need a Surgeon General who recognizes that parents must become very involved and will take positions that are consistent with that philosophy.

Mr. President, the final concern I have, and the one which not only leads me to oppose this nomination but to vote against cutting off debate, is the issue of Dr. Foster's credibility. In order to succeed, a surgeon general requires one asset above all others: utmost credibility. But Dr. Foster's credibility has been seriously compromised in several ways. A major credibility problem arose from Dr. Foster's stewardship of the "I Have a Future" Program. When announcing the selection of Dr. Foster as his nominee, President Clinton spoke of the doctor's work in this program and its emphasis on reducing teen pregnancy. The President cited these as primary reasons for selecting Dr. Foster. The H.H.S. press release sent out that same day stated, "The program stresses abstinence \* \* \*."

Dr. Foster himself, during a February 8 "Nightline" broadcast, proclaimed, "I favor abstinence. Abstinence, that's what I favor. That's the bedrock of our program." But there has been no concrete evidence presented to support that assertion.

It came as a great surprise to everyone on the committee, I think, when neither the administration, the nominee, nor the "I Have A Future" Program could produce the much-heralded abstinence brochures supposedly distributed during Dr. Foster's service as director. Nor was any other evidence forthcoming that abstinence was the bedrock principle of the program.

After repeated requests to the administration and to Dr. Foster for those materials, the only abstinence brochures which were ever produced were those which Senator DODD distributed at the hearing. And, as everybody knows, those brochures turned out to have been published earlier this year—long after Dr. Foster had ended his direct supervision of the "I Have A Future" Program. There are other reasons to doubt assertions that the "I Have A Future" Program had abstinence as its "bedrock" principle.

In an article written by Dr. Foster and two of his colleagues for the summer 1990 issue of the "Journal of Health Care for the Poor and Underserved," entitled "A Model for Increasing Access: Teenage Pregnancy Prevention," the authors clearly stated that the "I Have A Future" Program places considerable emphasis on widespread distribution of contraceptives to teenagers. This article and other "I Have A Future" materials make clear that reducing pregnancy among sexually active teens was the primary focus of the program, not promoting abstinence.

Mr. President, I find it difficult to believe that Dr. Foster and the administration would fail to provide documentation for their crucial claim, that abstinence was the dominant feature of the program, if such documentation existed. Considering the emphasis placed by Dr. Foster and the administration on the role abstinence and the "I Have A Future" Program played in this nomination, this was a devastating revelation and comment on the credibility of the nomination. The critical question here to me was not whether abstinence was the "bedrock" principle behind the program. What I found most disturbing was the apparent attempt to deceive people regarding the degree to which the program was based upon abstinence. Another credibility problem, Mr. President, exists with respect to Dr. Foster's position on the issue of parental consent in the area of abortion.

During the hearings, Senator MIKULSKI and I each queried Dr. Foster about whether he supported requiring parental consent in cases where minors seek abortions. In the end, Dr. Foster maintained that he supported parental consent laws as long as a judicial bypass provision was included. However, in a speech before a 1984 Planned Parenthood conference, Dr. Foster expressed strong opposition to consent statutes, including a Tennessee statute which included judicial bypass language. In that speech, Dr. Foster stated, "However, the [Supreme] Court upheld consent laws for minors; hence our opponents can still create abortion deterrents by seeking legislation which will necessitate such an approval." And, moments later, Dr. Foster repeated this sentiment. "The Supreme Court \* \* \* upheld by a single vote margin the constitutionality of minority consent requirements, but in doing so, it did not examine how such laws work in actual practice. Hence, an opening has been left for those who would like to see such laws invalidated."

Those are pretty definitive statements. And they are in direct conflict with the support Dr. Foster professed for consent legislation at the hearing in response to my questions. This lack of consistency was troubling, Mr. President, and further buttressed my concerns about Dr. Foster's credibility. Furthermore, this nomination has from the very beginning been dogged by another credibility issue: the question of how many abortions Dr. Foster

actually performed over the years. The White House originally told the chairman of the Labor Committee that Dr. Foster had only performed one abortion. Then Dr. Foster issued a written statement claiming he had performed less than a dozen abortions. Days later, on "Nightline," Dr. Foster changed his position and stated that he had performed 39 abortions since 1973. During the Labor Committee hearings he admitted that he had performed a 40th—albeit a "pregnancy termination"—performed before 1973. During the same "Nightline" broadcast, Dr. Foster also was asked whether he was including in this count the 59 abortions obtained by women participating in a clinical trial he supervised for the drug prostaglandin.

Dr. Foster said that he did not include those abortions because they were part of a research study performed by a university trying to maintain accreditation. Thus, Dr. Foster, at various times throughout this process, has said that he performed 1 abortion, then 12, then 39, then 40, then another 49. In short, the number has changed with too much frequency and is still somewhat dependent on semantics.

The issue here is no longer the actual number, but, again, one of credibility. Knowing that the issue of abortion was going to be of great concern, I believe it was Dr. Foster's responsibility from the start to provide a complete and accurate accounting so that the Labor Committee and the American people would have reliable information with which to judge his qualifications.

Finally, Mr. President, Dr. Foster's credibility has been undermined by his characterization of the transcript from the 1978 HEW Ethics Board meeting, a meeting at which he was an active participant, and at which he is specifically reported to have said that he performed "perhaps" 700 abortions. The White House's initial response to news of the transcript's existence was to suggest that Dr. Foster had not even been at the meeting. The White House then shifted its approach and began issuing statements calling the transcript a fraud. That charge later proved to be false as well.

Now, even if the White House issued these false statements without Dr. Foster's knowledge, I believe he had a responsibility—to the White House, to Congress and to the American people—to correct the errors once they appeared. To my knowledge, no such attempt was made.

Only after others verified that Dr. Foster was at this meeting and that the transcript was, in fact, genuine did the White House and Dr. Foster adopt their current position: They now contend that the remark attributed to Dr. Foster about performing 700 amniocentesis and therapeutic abortions was an error in the transcription.

However, after reviewing the transcript, it was clear to me that there was no transcription error. The only transcription problems occurred during

different portions of the meeting and were corrected on the spot. Additionally, in response to my written questions, Dr. Foster did not deny other remarks about amniocentesis and therapeutic abortions attributed to him in the transcript. In fact, he admitted to having performed "therapeutic abortions" after diagnosing genetic disorders in unborn babies. This revelation conflicted with Dr. Foster's previous assertions about what was said at the meeting and raised even further questions in my mind about Dr. Foster's credibility.

Mr. President, on the matters I have just outlined, I believe Dr. Foster's credibility has been seriously damaged. Because I believe credibility is such an essential quality for any effective Surgeon General, I do not see how, given this liability, I could in good conscience support Dr. Foster's nomination.

Now, Mr. President, let me offer my reasons for voting against cloture in this instance. Generally speaking, it is my intention to vote to confirm qualified individuals that the President nominates. But in those circumstances where the integrity and credibility of a nominee—or the actions of an administration in presenting a nominee—are clearly or seriously in question, I will reserve my right to vote against the President's choice, or against efforts to close off debate on the Senate floor.

In my judgment, this nomination does present clear and serious questions about the nominee's credibility. For that reason, Mr. President, I felt a sincere obligation to vote against invoking cloture on the nomination of Dr. Henry Foster to be Surgeon General. ●

#### THE INTRODUCTION OF THE HISTORIC HOMEOWNERSHIP ASSISTANCE ACT

● Mr. GRAHAM. Mr. President, today I join my colleague Senator CHAFEE in support of the Historic Homeownership Assistance Act, which he introduced yesterday. This will spur growth and preservation of historic neighborhoods across the country by providing a limited tax credit for qualified rehabilitation expenditures to historic homes.

An understanding of the history of the United States serves as one of the cornerstones supporting this great Nation. We find American history reflected not only in books, films, and stories, but also in physical structures, including schools, churches, county courthouses, mills, factories, and personal residences.

The bill that Senators CHAFEE, SIMON, PRYOR, JOHNSTON, and I are co-sponsoring focuses on the preservation of historic residences. The bill will assist Americans who want to safeguard, maintain, and reside in these living museums.

The Historic Homeownership Assistance Act will stimulate rehabilitation