

genuinely pleased with many aspects of the Coopers & Lybrand recommendations for redesigning the process. I hope the administration will take those recommendations seriously. For far too long, the naturalization process has been characterized by intolerable backlogs, very poor customer service, and, of course, unfortunate examples of outright fraud and mismanagement.

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

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

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

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

As a proponent of legal immigration and the value of naturalization, I do not come at this in any way trying to undercut the naturalization system. Yet recent information suggests such a complete breakdown that the process has to be redesigned to eradicate the fraud and the mismanagement that has characterized this system.

What we need to do is strike the right balance, Mr. President, so that the people who deserve and have the

right to be naturalized and become citizens have the opportunity to do so in a timely manner, and so that everyone, both the people who are waiting in those lines who ultimately will become naturalized and those who are already citizens, will have confidence that the people who are becoming citizens have met the standards and the criteria which the Congress has established for doing so. That means, Mr. President, close scrutiny of the current system, close scrutiny of the proposed recommendations by Coopers & Lybrand, and action, I believe, ultimately by the INS and Congress to move us in the right direction.

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

I yield the floor.

#### EXECUTIVE SESSION

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

The Senate continued with the consideration of the nomination.

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

I want to speak about Dr. Satcher's qualifications for these important jobs, but first I want to quickly comment on the circumstances that have led to the delay of our consideration of his nomination. I think the course of events that have taken place is very unfortunate. I think whenever we let certain political views interfere with the public health, we are doing the American people a great disservice. It has been 3 years since we have had a Surgeon General. That has not been good for this country. It has created a vacuum of leadership on public health issues. I hope that once everyone has had a chance to voice his or her opinion on his nomination we can quickly move ahead and fill the longstanding vacancy.

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

and preventing disease, injury, and premature death.

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

In 1992, I worked with former CDC Director William Roper to change the name of the CDC from the Centers for Disease Control to the Centers for Disease Control and Prevention. We added the word "prevention" to the name. Now, Dr. Roper has moved on, but under Dr. Satcher's direction the CDCP has truly lived up to its new name.

Since he took the helm, Dr. Satcher has spearheaded a child immunization initiative, upgraded the Nation's ability to detect and respond to emerging infectious diseases, and he has expanded the participation in the agency's breast and cervical cancer screening program.

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

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

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

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

Most recently, Dr. Satcher has received the James D. Bruce Memorial Award for distinguished contributions in preventative medicine from the American College of Physicians. He has received the John Stearns Award for Lifetime Achievement in Medicine