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. Under the previous order, there will now be an hour debate, equally divided between the Senator from Vermont and the Senator from Missouri or their designees, prior to the cloture vote on the nomination of Dr. David Satcher of Tennessee to be Assistant Secretary of Health and Human Services and to be Surgeon General.

The Senate resumed consideration of the nomination.

The PRESIDING OFFICER. Who yields time? The Senator from Tennessee is recognized.

Mr. THOMPSON. Mr. President, I yield myself 10 minutes.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. THOMPSON. Mr. President, I rise in support of the nomination of Dr. David Satcher of Tennessee. I have listened to the debate. I have talked to Dr. Satcher about the issues involved. I am convinced that this is an outstanding appointment that the President has made. Whether you look at Dr. Satcher's history in terms of his commitment to his family, whether you look in terms of his commitment to his community, or whether you look in terms of his commitment to his profession, I believe he is an outstanding individual. From everyone that I have talked to, I have come away with that conclusion. Clearly there are some policy issues on which we disagree. I think we have one in terms of the debate on partial-birth abortion. Frankly, in looking at the issues and listening to the debate, I think that that is at the crux of the concern as far as Dr. Satcher's confirmation. I think a lot of these other issues are collateral issues.

I have talked to him about this. I am a strong supporter of the ban on partial-birth abortions. I think there is no justification whatsoever for that onerous procedure. And, in response to questions on this issue, Dr. Satcher has said:

> While I support the concept of a ban on late-term abortions, like the President I feel that if there are risks of severe health consequences for the mother then that decision should not be made by the Government, but by the woman in conjunction with her family and her physician.

Again, he supports the concept of a ban on late-term abortions but he believes there should be more thought given to the situation of severe health consequences for the mother. I understand what he is talking about. Personally, I have concerns about that exception and its potential for abuse. Without getting into that whole debate again, I can simply say I disagree with the President's position on that issue. However I have discussed this issue with Dr. Satcher and I have read what he has written in response to questions on this issue. I am satisfied he does not intend to use the position of Surgeon General to advocate or promote abortion in any way. In fact, he said:

> 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 and not divide them.

He went on to say:

> 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.

This is the commitment that he has made. Many of us have been concerned in times past that this particular position of Surgeon General would be used as a bully pulpit by individuals to promote policies that are contrary to the best interests of this country. I think it has been done in the past. I do not feel that Dr. Satcher will do this. I think he has a good concept of the good that can be done in this job. I think he understands the terrible problems that our young people have. I think he sees an opportunity to do some good for these young people. Everything in his history indicates that that would be his attitude in approaching this position, and I believe him when he says that and I respect his position on that.

I believe that, generally speaking, a President has the right and should have the right to appoint the kind of nominees, the kind of people he wants to these positions. I believe that, whether the President is a Democrat or a Republican. There are some situations where the positions or the background is so out of the norm, out of the mainstream, that we as a confirming body have to take a contrary position to that of the President. I think those situations ought to be rare. I have considered Dr. Satcher's record. I do not see anything in his record where that particular result on our part should obtain.

Unfortunately, I think sometimes in these confirmation debates we have a policy problem with the President, or we have a policy problem with the individual who the President nominates. But, instead of concentrating on that policy problem we begin to look for other things that we perhaps could use against this nominee. I think we get into, then, issues sometimes of credibility and veracity and character and things like that that, frankly, I think is unfortunate. I think it has happened on both sides of the aisle with regard to nominees from both sides of the aisle in times past.

I think we would be well served to keep our eye on the ball. Let's look at the history of this particular individual. I don't think anybody can question his character or his veracity or his commitment to his profession. We have a policy issue here. We need to address whether or not the fact that he supports the President, as all the President's nominees for any position that comes up are going to do—whether or not his support for the President in this case is sufficient to disqualify him for this position. I think the answer to that is no. I think he will be a good Surgeon General.

He does happen to be a Tennessean. That does not disqualify him either, in my estimation. And therefore I respectfully submit this gentleman should be confirmed.

I thank the Chair for the opportunity to speak this morning. I yield the floor.

The PRESIDING OFFICER (Mr. GREGG). Who seeks time? The Senator from Missouri.

Mr. ASHCROFT. Mr. President, I suggest the absence of a quorum and ask unanimous consent the time be allotted equally to both sides.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. HUTCHINSON). Without objection, it is so ordered.

Mr. ASHCROFT. Mr. President, I rise to speak against the confirmation of Dr. David Satcher, and I allocate myself so much time as I may consume, but I ask that I be notified when 8 minutes have expired.

The PRESIDING OFFICER. The Chair will notify the Senator at that point.

Mr. ASHCROFT. Thank you very much.

Mr. President, we live in an information age. We have come to a conclusion and an understanding of an important fact, which is that those individuals who control information and have information are in a position to make good decisions. And, as a matter of fact, the basis of good decisions really determines the outcome of arguments and determines the strategy that will be developed, determines the course of a nation. No one is able to make good decisions without good information. In the computer world, it is put this way: Garbage in, garbage out. If you don't have good information going in, you don't get good information coming out. It is that simple and easy to understand.

It works with computers; it also works with the U.S. Senate. If we don't get good information, we can't make good decisions. If we don't get accurate information, we can't make the kinds of decisions the people expect us to make in this office.

There are a variety of issues which have characterized the debate as it relates to the potential confirmation of Dr. David Satcher: issues relating to the New England Journal of Medicine's

conclusion that the African AIDS studies were unethical and that they were improper; issues relating to the study of newborns and the transmission of AIDS from mothers to their children in the United States; the maintenance of an experiment that left the identification of the children unknown long after we had therapy that would have been available to them if we just identified the children by virtue of the blood samples.

We have had the issue of both of those AIDS studies. We have had the issue of partial-birth abortion. We have had the issue about needle exchanges. We have had issues raised in this Chamber about the Accident Prevention Center at the Centers for Disease Control, that center which is so focused, in some respects, on guns and their impact on the lives of Americans. It has been an issue because there has been a suggestion that guns, in some respects, qualify as a disease and has become something that we should address in the Congress. I personally don't believe that the second amendment to the United States Constitution, which guarantees the opportunities of individuals to have guns, is a disease. I think it is a valuable right for this country, and it is one we ought to cherish.

But in all of these issues, the ability of the Congress to make good decisions, the ability of the Senate, specifically, to make decisions about a confirmation depends on the reliability and availability of the information.

There are some troubling aspects about the unavailability and the unreliability of information that have characterized the information flow in this confirmation proceeding. The Centers for Disease Control seems to have felt that it could selectively provide information regarding the controversial AIDS study in Africa, the study which the New England Journal of Medicine criticized because people were given sugar pills, or placebos, at a time when there was a known therapy. And it is pretty clear that when there is a known therapy, medical ethics say you are not allowed to give people just sugar pills and send them on their way, watching them die.

The New England Journal of Medicine took the Centers for Disease Control to task over this. The Centers for Disease Control was asked about it by my office and by others, and a meager stream of information came out.

I hold in my hand today a report of May 22, 1997. This report has yet to be delivered to me by the Centers for Disease Control but came into my possession from a third party who had gotten this report through a Freedom of Information Act demand last year. It seems to me that when we ask for information like this, the Members of the Senate ought to be accorded at least the courtesy of the information being provided, but when we read the report, it may well be that it is the nature of the report, it is the content of the report that makes it difficult for them to want to share it with the Senate.

Paragraph No. 3 says:

> Whether the use of a placebo in this study is ethical.

So they are still debating 3 or 4 years after the start of this study serious questions at CDC about whether what they are doing is ethical, the way they are treating individuals in these African trials. I personally agree with the New England Journal of Medicine that to treat people as if they are laboratory subjects and not as human beings, to give them placebos when it is known that the HIV virus ultimately is fatal is unethical.

But what is important here is, and I quote the language:

> This concern is because a placebo-controlled trial in the United States would be unethical.

Here you have a document from the Centers for Disease Control admitting that for us to do this in the United States to the citizens of the United States would be unethical. I think that is substantial. For me, human beings are indivisible. It says in our Declaration of Independence, we are endowed by the Creator with certain inalienable rights. We don't have superior standing in terms of ethics and expectation because we happen to live in the United States. This flat statement by those in authority at the Centers for Disease Control reporting on this randomized placebo-controlled study in Africa flatly states that a placebo-controlled trial in the United States would be unethical.

I find the unavailability of this kind of report to the U.S. Senate in a confirmation process to be troublesome. I think we have a right to be asking for good information. I think absent good information we won't make good decisions.

If this were the singular situation in which there had been the absence of information in this confirmation hearing, I might say, ''Well, gee, they have a lot of things and perhaps this is to be overlooked. This must have been an error.'' But early in the debate, needle exchange programs and the support by Dr. Satcher of such programs were raised. Several Senators came to the floor saying he has never supported a needle exchange program; he would never support federally funded needle exchange programs.

We asked for information from the CDC about that. We only got the information, frankly, after we had the leader intercede to give us information. When it came, it did show that there was a report from CDC that said that they approved of and thought reasonable and appropriate substantial Federal funding for needle exchange programs.

But even—I thank the Chair for the 8-minute warning. I allocate myself 5 minutes additional.

So there was a report that said the CDC itself supported substantial Federal funding for needle exchange programs. That is where you give dope addicts needles so that they can shoot up the dope and have less opportunity to be contaminated by a dirty needle.

But what was strangely missing, uniquely missing, was the fact that Dr. Satcher had written a cover letter to the report endorsing the report. When I asked for the information, it wasn't forthcoming. Finally, when we insisted, they sent the report, but they didn't send the cover letter of Dr. Satcher. That had to come from collateral sources that we were able to generate.

Stonewalling is a problem in Washington, and it is inappropriate to think that we can fail to tell the truth in this city and have the kind of Government that Americans deserve. It is a problem in a variety of settings, but it is a problem as it relates to the U.S. Senate and to this confirmation hearing.

Additionally, I asked in my exchanges with the CDC whether or not they ever funded conferences that promoted clean needles, and they said no. They even sent documents showing that there were certain conferences devoted to clean needles which they declined to fund. But then later we find that there are documents, as the agenda of conferences, that reveal the cosponsorship of the Centers for Disease Control and other so-called health agencies that are designed exclusively for the purpose of clean needles. The name of the conference was ''Getting the Point''—the needle point.

We can debate needle exchange programs. There are very serious ethical problems in providing dope addicts with clean needles. What is a young person to think when the junkie comes up and says, ''The Government provides us with these clean needles.'' Must be OK to use dope, to have tax dollars spent by Americans to provide clean needles to dope addicts so that they can focus their activities and operate safely to inject drugs. The folks who pay taxes in those neighborhoods where the clean needles are distributed must wonder about the commitment of their Government to protect them rather than to provide a safe haven for drug users.

But this is a disturbing set of circumstances, where we simply have an absence of information as a result of a stonewall on the part of the administration, and I believe that those who provide that approach are not the kind of individuals who ought to be trusted with the responsibilities of Government.

I believe an individual who supports needle exchange programs, who would accommodate drug use instead of seeking to curtail drug use, who thinks that the problem is dirty needles instead of the addiction to heroin, is not the type of person who ought to be leading our culture as it relates to drug policy or health policy.

I believe that the absence of information and the willingness to stonewall and not provide information does not

characterize the way in which we would want to deal with our own doctors, our family doctors, and certainly would not characterize the way we would expect the family doctor of the United States of America to deal with us.

It is in that respect that I think we understand that the absence of information keeps us from making good decisions—garbage in, garbage out. And when the agency decides to provide to the U.S. Senate, selectively, information which reinforces what it wants us to know, but withhold information about things that it hopes we do not find out, we should not reward that kind of behavior, that stonewalling, if you will, that absence of truth, that selective revelation of what they want us to know but not what we need to know. We should not reward that with confirmation.

There is an epidemic in Washington, DC, of bureaucracy that feels like it can tell people only what they think the people want to know. It is because there are those in the bureaucracy who feel they know so much better than the people. But that is contrary to the values of America.

The real value of America is not that the values of Washington, DC, be imposed on the people. The genius of this democratic republic is that the values of the people would be imposed on Washington, DC. For the values of the people to be understood, they have to be recognized and accorded dignity and respect, and they have to be formed in the context of information which is complete and thorough.

Mr. President, I reserve the remainder of my time.

Mr. FRIST addressed the Chair.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. FRIST. How much time is remaining on this side?

The PRESIDING OFFICER. The Senator from Tennessee has 18 minutes remaining. The Senator from Missouri has 10 minutes 41 seconds.

Mr. FRIST. Mr. President, I rise in strong support of the nomination of Dr. David Satcher for the positions of Surgeon General and Assistant Secretary for Health. Dr. Koop called the position of Surgeon General ''a high calling, with an obligation to interpret health and medical facts for the public.'' ''A high calling''—a high calling because one subjects oneself to all sorts of accusations, in portraits painted that may not quite be accurate. In fact, sometimes they may be false and sometimes misguided and certainly misleading. Therefore, I would like to focus my comments over the next several minutes on debunking some of the accusations we have heard on the floor over the past week, one by one.

No. 1, Dr. Satcher's position regarding abortion. Let me say at the outset that I strongly support the ban on partial-birth abortions passed by this Congress, vetoed by the President. I questioned Dr. Satcher about his agreement with the President's position. Let me say that in talking with him, the issues of partial-birth abortion deeply trouble Dr. Satcher. He has said both to me and in writing to this committee that he supports the ban of this procedure in concept, but he stops short of Federal legislation when the health of the mother is involved.

I do not agree with the President's position or Dr. Satcher's agreement with the President. In a letter of October 28, he wrote me the following, which is reassuring to me. It says:

> Let me state unequivocally that I have no intention of using the positions of the Assistant Secretary for Health and Surgeon General to promote issues related to abortion.

He continues:

> 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.

He continues:

> 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.

If you look over Dr. Satcher's past—not an agenda we want to impose on him, but his past—over the last 25 years, he has never made abortion a part of his agenda in promoting the public health. And, as you look forward, using the words that I just quoted, he has made the statement that abortion is not going to be a part of his agenda in the future.

No. 2, AZT trials in Africa and Asia. I have talked about this on the floor, but let me just very briefly say that today, actually over the course of the day, 1,000 HIV-infected babies will be born in developing countries. These babies will go ahead and, unfortunately, die.

The goal of the studies that have been carried out, proposed, and are under discussion, was to find a way to stop transmission of that HIV virus from HIV-infected pregnant women to their children. You do not do that—you do not do that—by studying Western-style, prohibitively expensive technology impractical in developing countries, Western-style medicine that requires intravenous administration, repeated visits back to the physician or to the clinic, because there is absolutely no chance that that sort of therapy can be applied in the developing countries where the goal is to prevent transmission.

That is the goal of the study—not to make us feel good, not to prove that the therapy works for the United States or England or France—but to decrease transmission in those countries. And you do not do that by eliminating an arm of the study that includes the current standard of care. We are blessed in this country where the standard of care is not a placebo or doing nothing. Unfortunately, in Africa—and I was just there 3 weeks ago—the current standard of care is no therapy. That has to be an arm of the trial when you are looking at a new intervention.

I am absolutely convinced, as a physician, as a clinical researcher, that the trials in Africa met the institutional, the national, and the international ethical standards as defined today.

These studies came in 1994. The World Health Organization recommended that studies be done to test the safety and efficacy of this short-term AZT therapy which had the potential of helping developing countries. In fact, I would argue that it would be unethical to take a Western-style therapy that can only be applied in countries that have the technological advances, that can have repeated visits, that have the money, it would be unethical to take that and experiment on a population that could not potentially benefit from that in the future.

Third issue. Federal funding of needle exchange programs and educational conferences has come up again and again and again. Dr. Satcher will very simply—talking about the man; no programs and documents coming from here and there; talking about the man—Dr. Satcher, the man nominated, has never advocated, has never supported taxpayer-funded needle exchange programs for drug abusers. Let me repeat, Dr. Satcher has never advocated or supported taxpayer-funded needle exchange programs for drug abusers.

Dr. Satcher, furthermore, in both written and oral conversations, believes strongly that we should never do anything to advocate the use of illegal drugs.

Mr. ASHCROFT. Would the Senator yield?

Mr. FRIST. Let me run through this in the interest of time.

No. 4, research on guns. The CDC National Center for Injury Prevention and Control has been criticized by some for supporting grantees with an alleged bias against guns as we look at violence. These studies have been carried out.

Again, I have talked to Dr. Satcher personally and discussed, in my office, this issue. I brought up at that time the fact that raw data had not been made available from a study published in the New England Journal of Medicine, that it should be made public. And I am actually very pleased that the raw data is now available on the Internet for everybody to see. I appreciate his rapid response.

Fifth issue. Dr. Satcher has been accused of secretly conducting blind HIV studies on newborn babies and sending them home infected without treatment. Not true. Not true. It makes for great sound bites, and it catches the people's imagination, but it is simply not true.

Again, look at what happens. The big issue is what is the incidence at the time? What is the incidence? What is the prevalence of HIV infection in your

community? How would you find that out today?

Well, the study that was actually carried out was that samples were obtained that had been discarded, set aside from clinics and from hospitals, all done once again with ethical standards of the time, and tests were done on that blood to see what the underlying incidence was. Yes, they were not labeled. In fact, all of the personal labeling had been stripped from the discarded samples. Why? Because of the privacy of those individuals.

Another point that has not been mentioned is that each of these clinics, each of these hospitals who participated in this baseline study to see what the incidence of HIV infection is, had at the time offered voluntary HIV counseling and testing at every site where this study took place. Therefore, each and every woman did have the opportunity to learn her HIV status.

Those are the issues that have come forward. Let me just briefly say, in Dr. Satcher's own words, because we have tended to look at all these other issues—I think we need to look at his past, his principles, and his agenda. What is his agenda? His agenda is—and I quote—

> As Surgeon General, I would strive to provide our citizens with cutting-edge technology in plain old-fashioned, straight talk. Whether we are talking about smoking or poor diets, I want to send the message of good health to the American people.

He continued, as he looked forward in his vision:

> My goals as Assistant Secretary for Health and Surgeon General are to be an effective adviser to the Secretary by providing sound medical, public health and scientific advice as appropriate. I want to bring more attention, awareness and clarity to the opportunities for disease prevention and health promotion that are available to individuals, to families, to communities in this country. I want to help make the health of children and youth a greater priority for the Nation and serve as a positive and inspirational role model to them.

Personal responsibility and prevention, that is Dr. Satcher's agenda for the future.

Dr. Satcher has dedicated his career to public health. He is well qualified to lead the U.S. Public Health Service and its commissioned officers to meet these worthy goals. I urge my colleagues to support the vote which will take place in a few minutes, the cloture vote, and to support Dr. Satcher as the next Surgeon General.

I yield the floor.

Ms. MOSELEY-BRAUN. Mr. President, the position of Surgeon General was created in 1870 and played a vital role in fighting infectious diseases and other threats to public safety. Communicating with the American public about the health of their families and communities is probably the most important responsibility of a Surgeon General. This person serves as our nation's chief spokesperson for public health. This is the bully pulpit from which we may be lead down the path to a strong, healthy, and productive society.

After nearly eight years of dormancy, President Reagan recognized the importance of a national health leader in 1981 and revived the position of Surgeon General with the nomination of Dr. C. Everett Koop. At the time, this too was a very controversial nominee, but the Congress and nation grew to deeply respect his leadership. Dr. Koop and his successors made tremendous strides in educating the public about the spread of AIDS, the prevalence of domestic violence, and the need to control out-of-wedlock births. There should be no doubt that Dr. David Satcher will continue this legacy.

This critically important post has been vacant for three years and our nation does not have anymore time to spare. The longer the Senate delays this appointment, the greater the lost opportunity to improve public health. For example, there is a developing consensus across the nation about the need to reduce teen smoking. Three thousand children become permanent smokers every day. We need a Surgeon General in place to spearhead a national strategy to meet the challenge of teen smoking.

Mr. President, I have listened to a lot of the debate on this nomination. I want to offer my support to Dr. Satcher and highlight some the experiences and qualities that make him the right person for this position.

Dr. Satcher is a physician, a scholar, and a public health leader of national stature. His almost uniform endorsement by the medical, business, and education communities are a testament to the respect which Dr. Satcher's work has earned him. I ask unanimous consent that a list of more than 120 of the nation's medical associations, allied health groups, businesses, and educational institutions that have also endorsed Dr. Satcher be printed in the RECORD.

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

ENDORSEMENTS OF DR. DAVID SATCHER

(as of November 24, 1997)

MEDICAL ASSOCIATIONS

American Medical Association.
American Academy of Family Physicians.
National Medical Association.
National Hispanic Medical Association.
Tennessee Medical Association.
American Academy of Child and Adolescent Psychiatry.
American Academy of Pediatrics.
American Association of Clinical Endocrinologists.
American Association of Neurological Surgeons.
American Association of Public Health Physicians.
American College of Chest Physicians.
American College of Emergency Physicians.
American College of Gastroenterology.
American College of Nuclear Physicians.
American College of Obstetricians and Gynecologists.
American College of Occupational & Environmental Medicine.
American College of Physicians.
American College of Preventative Medicine.
American Dental Association.
American Gastroenterological Association.
American Medical Group Association.
American Medical Women's Association.
American Osteopathic Association.
American Psychiatric Association.
American Society of Cataract and Refractive Surgery.
American Society of Clinical Pathologists.
American Society of Internal Medicine.
American Society of Pediatric Nephrology.
American Society for Reproductive Medicine.
American Society for Transplant Physicians.
California Medical Association.
College of American Pathologists.
Congress of Neurological Surgeons.
Interamerican College of Physicians and Surgeons.
Mississippi State Medical Association.
Society of Nuclear Medicine.
Society of Thoracic Surgeons.

NURSES

American Nurses Association.
American Association of Nurse Anesthetists.
National Black Nurses Association.
Emergency Nurses Association.

HOSPITALS

American Hospital Association.
InterHealth.
National Association of Public Hospital and Health Systems.
National Association of Children's Hospitals.
The Hospital and Health System Association of Pennsylvania.

PHARMACEUTICAL COMPANIES

Merck.
Smith Kline Beecham Pharmaceuticals.
Zenecca Inc.
Wyeth-Lederle Vaccines and Pediatrics.

BUSINESSES

American Airlines.
American Association of Health Plans.
American Greetings.
Avon.
Community Health Resources, Inc.
Ford.
National Pharmaceutical Association.
Phoenix Healthcare Corporation.

ACADEMIC HEALTH CENTERS

Association of American Medical Colleges.
Charles R. Drew University of Medicine & Science, Los Angeles, CA, Dr. W. Benton Boone.
Harvard University Medical School, Cambridge, Massachusetts, Dr. Julius B. Richmond.
Meharry Medical College.
Morehouse School of Medicine, Dr. Louis W. Sullivan.
Rollins School of Public Health of Emory University.
Vanderbilt University Medical Center.
University of California, School of Medicine, San Francisco, California, Dr. Phil Lee.
University of Washington School of Public Health and Community Medicine.
University of Pittsburgh Graduate School of Public Health.
University of North Carolina School of Public Health, Chapel Hill, NC, Dr. William L. Roper.

CHILDREN'S GROUPS

Children's Defense Fund.
The Children's Health Fund.

ALLIED HEALTH GROUP

AIDS Action Council.
American Cancer Society.

American Diabetes Association.
American Dietetic Association.
American Lung Association.
American Public Health Association.
Association of Schools of Public Health.
Association of Maternal and Child Health Programs.
Association of State and Territorial Health Officials.
Coalition for Health Funding.
Council of State and Territorial Epidemiologist.
Intercultural Cancer Council.
National Association of County and City Health Officials.
National Association for Public Health Policy.
National Family Planning and Reproductive Health Association.
National Black Child Development Institute.
National Association of People With AIDS.
National Mental Health Association.
National Osteoporosis Foundation.
National Task Force on AIDS Prevention.
Partnership For Prevention.
Society for Public Health Education.
U.S. Department of Health and Human Services Hispanic Employee Organization.

EDUCATION

Bethune-Cookman College, Daytona Beach, Florida.
Claflin College, Orangeburg, South Carolina.
National Alliance of Black School Educators.
Voorhees College, Denmark, South Carolina.
West Virginia State College, Institute, West Virginia.
Mississippi Valley State University, Itta Bena, Mississippi.
Coppin State College, Baltimore, Maryland.
St. Paul's College, Lawrenceville, Virginia.
South Carolina State University, Orangeburg, South Carolina.
Langston University, Langston, Oklahoma.
Paine College, Augusta, Georgia.
Texas Southern University, Houston, Texas.
Tuskegee University, Tuskegee, Alabama.
University of the District of Columbia, Washington, DC.

DISABILITY GROUPS

March of Dimes Birth Defects Foundation.
National Multiple Sclerosis Society.

YOUTH GROUPS

College Democrats of America.

FRATERNITIES AND SORORITIES

Alpha Phi Alpha Fraternity, Inc.
Phi Beta Sigma Fraternity, Inc.
Zeta Phi Beta Sorority, Inc.
Delta Sigma Theta Sorority, Inc.

WOMEN'S ORGANIZATIONS

Joint Action Committee for Political Affairs.
National Black Women's Health Project.
National Asian Women's Health Organization.
National Breast Cancer Coalition.
Women's Legal Defense Fund.

SENIOR GROUPS

National Council of Senior Citizens.

RELIGIOUS GROUPS

Ray of Hope Christian Church.
Shiloh Baptist Church of Washington.
Southern Christian Leadership Conference, Joseph Lowery.

CIVIL RIGHTS GROUPS

Dr. Martin Luther King, Jr., Commemoration Commission.
National Association for the Advancement of Colored People.
National Urban Coalition.

LAW ENFORCEMENT GROUPS

American Correctional Association.
National Association of Blacks in Criminal Justice.
National Organization of Black Law Enforcement Executives.

OTHER

Family Violence Prevention Fund.

INDIVIDUALS

Sister Mary Alice Chineworth, OSP.

Ms. MOSELEY-BRAUN. There can be no doubt that Dr. Satcher is eminently qualified to be Surgeon General. He has spearheaded successful public health improvements at each stage of his career. As director of the Centers for Disease Control, he lead four important advancements in public health which distinguished his tenure there.

Under his leadership, childhood immunization rates have risen to a record 78 percent. Vaccines have become more affordable and vaccine-preventable childhood illnesses have fallen to the lowest level in history.

All states now participate in the special breast and cervical cancer screening program due to Dr. Satcher's leadership. When he became CDC director in 1993, only 18 states were participating in this program. In almost two-thirds of the nation, women were excluded from this early outreach and cancer detection program. Today, more than one million women are receiving cancer screening tests and 21,000 cases of treatable cervical cancer have been identified. This is the result of Dr. Satcher's leadership.

Further, he led the development of a comprehensive strategy to combat infectious diseases. Recent outbreaks of *e. coli* and other bacterial infections, as well as the reemergence of malaria and cholera, have raised national awareness. Dr. Satcher brought networks of physicians and clinics together to monitor emerging diseases and formed an innovative seven-state surveillance program.

Finally, Dr. Satcher also developed an early warning system to respond to outbreaks of food-borne illnesses. Food safety is clearly one of our nation's most important issues, particularly so given the increasing globalization of trade. As more imported foods products find their way to Americans' dinner tables, having a strong food safety systems in place will be vital. Thankfully, the early warning system established by Dr. Satcher was in place last year to catch salmonella contaminated alfalfa sprouts and *e. coli* contaminated lettuce and apple cider which might have caused a public health tragedy.

These are just four examples of improvements in public health Dr. Satcher has achieved during his tenure as CDC director. These are the types of results and initiatives that Dr. Satcher would continue to work towards in his role as Surgeon General and Assistant Secretary of Health.

Concerns have been raised during this debate about Dr. Satcher's limited involvement in controversial HIV/AIDS studies in Africa, Asia, and the Caribbean. I share many of these concerns and wrote to the President in this regard in April of last year. Subsequently, I discussed these concerns at length with Dr. Satcher and others in the scientific community. They advised me that, useful medical research and clinical trials in developing countries often pose special challenges. The resources available to people of developing worlds are not comparable to resources available to individuals in this country. Even though I strongly disagree with their conclusions, I understand scientists' belief that we may need to balance our research standards in this country with the public health needs in developing nations.

This issue poses a debate concerning medical ethics which is yet unresolved in the scientific community. We can certainly not expect to resolve it with this nomination process. Dr. Satcher's position on these studies is not central to whether he would serve the nation well as Surgeon General. We can have the professional disagreement over the merits of the HIV studies, but the defining question should be whether this individual, is qualified for the challenges of the position. I believe unequivocally, that Dr. Satcher has that ability, the experience, and commitment to be an excellent Surgeon General.

It is reasonable for many of us to have various disagreements with nominees for executive branch posts. This ability to voice opposition and debate ideas is what makes our democracy great. At the end of the day, however, reason should prevail. The President has done the country a service by nominating such an outstanding candidate. Dr. Satcher is qualified to be Surgeon General and would be the first family physician to hold the post. What better person to be the nation's doctor? I hope that my colleagues will join me in supporting his confirmation.

Mr. BOND. Mr. President, I have observed the debate over the nomination of Dr. David Satcher over the past couple weeks. It has been a very productive, yet intense, discussion which has raised some critical questions.

Today, there is an unmistakable need for a capable individual to fill the position of United States Surgeon General—a position which has been vacant for over three years. Marked increases in smoking and substance abuse by our nation's youth, combined with the continuing plague of disease such as heart disease, cancer, diabetes, and others, have made it imperative for the nation to have access to advice that is both scientifically accurate and trustworthy.

The person who occupies the Surgeon General's Office is our Nation's number one doctor and public health leader. Kids around the country will seek and heed the advice of the Surgeon General, and for this reason alone, thorough scrutiny of Dr. Satcher's qualifications and views is well-placed.

Dr. Satcher has proven that he is an effective leader. Under Dr. Satcher's direction of the Centers for Disease Control and Prevention, child immunization rates have increased from 52 percent to a record 78 percent. As a result, vaccine-preventable childhood diseases are at record lows. Dr. Satcher also has led CDC's efforts to strengthen our nation's defenses against infectious diseases and food-borne illnesses. These are just a couple of significant results that have been achieved under Dr. Satcher's guidance.

Despite Dr. Satcher's remarkable credentials and achievements, there have been some questions raised by my colleagues concerning his positions on partial-birth abortion and gun control. I have known and worked with Dr. Satcher on numerous occasions, especially in the area of birth defects prevention. In fact, I just met with him last week to discuss these grave concerns that have arisen since his nomination. Dr. Satcher has personally assured me that he will rely on science, instead of politics, to influence his decisions—thereby preserving the independence of the Office of the Surgeon General.

Let me make it clear. I will continue the battle to ban partial-birth abortion, and have consistently voted to prohibit federal funds for abortion. In addition, I have consistently fought efforts to restrict the ability of law-abiding citizens to purchase and own firearms.

Dr. Satcher has exemplified the utmost dedication, ability, and professionalism throughout his distinguished career. I am satisfied that he will continue to operate in this manner as Surgeon General of the United States. We may not agree on all issues, but I have the utmost confidence in his character and ability to serve with distinction. Dr. Satcher is a strong choice for this position, and I look forward to witnessing Dr. Satcher's efforts to preserve the independence of this office.

With an issue as important as our nation's health, which rises far above partisan politics, I am confident that Dr. Satcher will serve America well.

Mr. KYL. Mr. President, I do not doubt Dr. Satcher's competence as a physician, scholar, and medical researcher. However, serious questions on two important issues have arisen during Senate debate on his nomination to be U.S. Surgeon General.

I am concerned about Dr. Satcher's position on partial birth abortion. The vast majority of Americans (84 percent, according to a 1996 Wirthlin poll), a majority of the Senate and U.S. House, and the American Medical Association support banning partial birth abortion. Former Surgeon General C. Everett Koop has said that there is ''no way to see partial birth abortion as a medical necessity * * *'' It is clear that Dr. Satcher's view on this controversial procedure is out of the mainstream of public and medical opinion. Since Dr. Satcher is apparently willing to subordinate mainstream medical judgment to politics in this instance, I have concerns that he may do so on other important health issues as well.

I am also troubled that, as administrator of the Centers for Disease Control, Dr. Satcher approved a questionable medical research project in Africa and Asia. The researchers gave one group of HIV-infected pregnant women placebos while another group received AZT, a drug known to decrease by 67 percent the probability that the unborn children would be infected by the HIV virus. A September 18, 1997 editorial in the New England Journal of Medicine concluded that this research was ''unethical.''

The editorial explains that the reason the code of medical ethics is unambiguous with regard to the investigators' primary responsibility to care for the human subjects of scientific testing ''is due to the strong temptation to subordinate the subjects' welfare to the objectives of the study.'' The editorial concludes that the ''research community must redouble our commitment to the highest ethical standards, no matter where the research is conducted.''

As the ''nation's doctor,'' the U.S. Surgeon General should embody the highest professional and ethical standards. He or she should clearly reflect the views of a majority of Americans and the medical community. Because Dr. Satcher's views on these two issues raise doubts in my mind—and because, after three years without a Surgeon General, it is unclear whether the position is necessary—I have decided to resolve my doubts against his confirmation. If the president strongly believes the country needs a Surgeon General, I am sure there are thousands of well-qualified candidates whose nominations would not raise these issues.

Mrs. MURRAY. Mr. President, I come to the Senate floor today to express my frustration and concern with the opposition to the nomination of Dr. Satcher as the new Surgeon General and Assistant Secretary for Health. I will not reiterate what has been said here today about Dr. Satcher's outstanding credentials or his outstanding work as head of the Centers for Disease Control. This has been well documented. I do not wish to lengthen the debate any more than necessary. Dr. Satcher is an ideal candidate who should already be serving the American people as our Surgeon General.

I come here today to unmask some of my Colleagues who are attempting to further delay the nomination of Dr. Satcher to advance their own political agenda. They are not opposing him because his is not qualified, but rather because he stands with the President, and the Supreme Court in defense of a women's right to adequate medical care that protects her life and health.

What my Colleagues on the other side are attempting to do is to ask a nominee for the position of Surgeon General to disregard the law and acceptable medical practice. This is what the debate is about.

I have heard and read other concerns expressed by opponents, but interestingly enough these issues were not debated at any great length during the Committee process. This would have been the opportunity to air these other issues or concerns. Instead they chose to block the nomination on the floor all because Dr. Satcher believes in protecting the health and life of women. They are trying to do what they could not and would not do in the Labor and Human Resources Committee. They did not have the votes.

I have listened to many of my Colleagues come to the floor as champions of women's health care. I see bill after bill being introduced in the Senate, all in the name of protecting or improving women's health. But, when it comes to really protecting women's health many of these same Senators are silent or stand in direct conflict with what is good for women's health.

Women's health is not just about breast cancer or cardiovascular disease. We all know that these are important women's health concerns and issues, but women's health also includes reproductive health. Dr. Satcher recognizes this fact and realizes the importance of standing for women's health.

In addition to the reproductive health issues involved here today, I think I should remind many of my Colleagues that we need a Surgeon General and we need one now. The American people need someone who they can trust and depend on as they try to negotiate through a more complicated and frustrating health care delivery system than any of us ever envisioned. We need someone who will talk to us about health care and access to health care, especially prevention services. While there is little consensus on what reforms or changes need to be made in the way our health care system currently delivers care, the one thing that we all can agree on is consumers need more information that speaks to their needs and concerns. It is no wonder so many of my constituents are concerned about the increasing role of non medical personal in making their health care decisions. Who else is out there talking to consumers, besides insurance companies?

For those of you so concerned about women's health, keep in mind that women are the true health care consumers in most American families. They pick the family doctor; they take care of the sick child; they make the doctors appointments for the aging parent; and they worry the most about lack of information available to make informed decisions.

Let's end this debate and move to vote on the nomination of an outstanding doctor to be our new Surgeon General. We all know that there will be another day to debate the issues surrounding late term abortions. This has become an annual event so we do not need to delay the nomination of Dr. Satcher simply to have yet another debate on late term abortion.

Mr. INHOFE. Mr. President, I rise today in opposition to the nomination of Dr. David Satcher to the position of Surgeon General of the United States. In my view, Dr. Satcher represents many of the problems undercutting the moral fabric of American life. Too many, including myself, Dr. Satcher is outside the mainstream of public opinion.

I understand that Dr. Satcher is a remarkable man, with many years of distinguished service as a doctor. My position on his nomination does not stem from his history of service or his qualifications. Rather, my opposition comes from the ideals that Dr. Satcher represents. It is unfortunate that the office of the Surgeon General, America's family doctor, has become politicized. Due to this increasing political role, Dr. Satcher remains unfit to fulfill the position of Surgeon General. As head of the Center for Disease Control and Prevention, Dr. Satcher's actions and decisions have wandered into the political arena time and again.

Dr. Satcher has publicly supported the President's position on partial-birth abortion. His position is completely at odds with over 80% of the American public and the America Medical Association. The AMA has said that there is never any medical circumstance where this particular procedure should be used to terminate a babies life. I find the elitism and arrogance of Dr. Satcher on this issue completely irresponsible. When asked by the Labor and Human Resources Committee about his support of the President's position, Dr. Satcher re-affirmed his support for this procedure. I need not remind my colleagues the description of this outrageous procedure. Even Senator DANIEL PATRICK MOYNIHAN, an abortion rights supporter, has termed this procedure ''infanticide.'' Continued support for this barbaric procedure borders on the ridiculous.

Dr. Satcher also has apparently adopted the opinions of his predecessor, Dr. Jocelyn Elders, on many sensitive cultural issues as well. As head of the CDC, Dr. Satcher has endorsed the distribution of condoms to our children in public schools. This is Dr. Satcher's way of teaching our kids how to deal with problems like teen pregnancy and AIDS. Mr. President, I must say I am appalled at this blatant attempt at undermining the concept of abstinence as the best form of disease prevention and birth control. Are we truly teaching children responsibility by providing them with condoms in their classrooms?

Dr. Satcher also supports using taxpayer dollars to promote this dangerous agenda. In 1994, Dr. Satcher began an $800,000 national advertising campaign aimed at out nation's youth promoting condom usage. This was all done in the name of AIDS prevention. I find this egregious use of precious resources disturbing. By promoting condom usage, we are simply encouraging our children to become sexually active. I understand the issue of responsibility, however, I have never heard the word abstinence associated with Dr. Satcher. To me, abstinence is truly the responsible way to prevent unwanted pregnancies and AIDS.

It is interesting to that note Dr. Satcher's view of responsibility is convenienent when it conforms with his political beliefs, when in reality his actions often appear to be irresponsible from both a moral and scientific point of view. I say this because much has been made recently of Dr. Satcher's morally questionable African HIV study. As we have all become aware, as head of the CDC, Dr. Satcher approved of research conducted in Africa and Asia that called for a groups of HIV positive pregnant women to receive placebos (sugar pills), without their knowledge, while others knowingly received valuable lifesaving medication (AZT). Those receiving the placebo served as the control group and those receiving the medication the study group. All this, despite the fact that it was known that AZT decreased by ⅔ the likelihood that the disease would be transmitted from the mother to the child.

This experiment is both repulsive and morally questionable. It violates every know protocol from the Hippocratic Oath to the Nuremberg Code and the Declaration of Helsinki which requires doctors to provide any and all lifesaving measures. The Declaration of Helsinki states: ''In a medical study every patient—including those in a control group, if any, should be assured of the best proven diagnostic and therapeutic method.'' Apparently, Dr. Satcher viewed his research outside established international ethical protocols.

A September 1997 New England Medical Journal of Medicine editorial, our most recognized medical journal in the United States, declared Dr. Satcher's actions unethical and likened the study to the Tuskegee Incident, where medication with known benefits was withheld from a control group. Truly, this represents a dark day in American history. However, sadly, one we chose not to learn a lesson from.

In responding to the criticism, Dr. Satcher admitted that this human experiment would not have taken place in the United States because all participants in any clinical trial must be given at least small amounts of AZT. He argued, however, that cost and efficiency dictated that the experiment be done in developing countries. Did he really mean to imply that those childrens' lives are any less of value than our own? As a grandfather, I feel for those grandparents who lost grandchildren and potential grandchildren because of Dr. Satcher's experimentation.

I wish that this was the first and only time Dr. Satcher had promoted blind testing in regard to HIV. Sadly, it is not. Dr. Satcher has also endorsed anonymous testing of domestic newborns.

In 1988, the CDC began collecting anonymous blood samples from newborn children right here in the United States. The results of these blood tests were subsequently withheld from the parents of the children. Mothers of newborns with HIV were sent home without being told that their child was carrying a fatal disease. Because the results were withheld, important life-sustaining treatment was denied.

When this blind testing became public, Dr. Satcher defended the CDC's practices saying the mothers would panic and ultimately leave their health system. These were life and death decisions made by Dr. Satcher. Apparently, he did not appreciate that fact as much as he should have.

With the public enraged over these unethical tests, Congress quickly sprang into action. Representative GARY ACKERMAN introduced legislation to prohibit the continuation of the studies. In response to this legislation, Dr. Satcher personally lobbied Representative ACKERMAN to abandon the bill. Fortunately, Representative ACKERMAN refused. The CDC was eventually forced to abandon the blind testing due to public outcry. Now just imagine for just a second if you will, what would have happened if the public had not become aware of the CDC's activities? How many countless children would have been denied access to health care.

Mr. President, Dr. Satcher's conduct in these cases was not only disturbing, but horrifying. Essentially, depending on which group you were in, Dr. Satcher was playing God. If anything is unethical, this must be. Surely, this sort of behavior cannot and should not be overlooked by this Senate today.

If Dr. Satcher's questionable ethical conduct were not enough, the CDC, under Dr. Satcher, has been attempting to subvert our right to keep and bear arms as guaranteed by the Constitution of the United States. The National Center for Injury Prevention and Control (NCIPC) has begun tracking gun-related injuries and turning the research over to anti-gun liberals with a political agenda. Now, I'm not exactly sure how the NCIPC developed this authority. However, these activities constitute nothing less than an all out political assault on the Second Amendment paid for by the American taxpayer.

The director of the NCIPC, Dr. Rosenberg, is a known anti-gun crusader. He is on record equating gun ownership to cigarette usage. Apparently, Dr. Rosenberg's, and presumably Dr. Satcher's, copy of the Constitution differ greatly from mine. My copy of the Constitution talks openly about the right and the freedom to keep and bear arms. Dr. Rosenberg has openly and repeatedly said that firearms are ''dirty, deadly, and [should be] banned.'' All of this is done with the tacit approval of Dr. Satcher and at taxpayer expense. In fact the very agency Dr. Satcher wishes to head, the

U.S. Public Health Service, has had since 1979 one of its primary goal ''to reduce the number of handguns in private ownership,'' starting with a 25% reduction by the end of this century. Unfortunately, not enough taxpayers are aware of how their money is being used to promote this activist liberal agenda.

In responding to questions about the relevancy of the CDC's work on gun issues, Dr. Satcher predictably defended the agency saying that those who were upset by its work should be more upset about the relationship between firearms and injury. I can assure Dr. Satcher unequivocally, no one is more concerned about gun safety than gun owners. In defending the CDC's practice, Dr. Satcher failed to comment on why the data, collected at taxpayer expense, is not being released to the public. Once again, it is ironic that responsibility has been confused with truthfulness.

In closing, Mr. President, I would like to reiterate my opposition to Dr. Satcher's nomination. The position of Surgeon General should be someone the American people can trust to advise them on important health issues. However, through his deeds and words, Dr. Satcher has demonstrated again and again that his ethics must be questioned and that he carries a biased politically driven agenda into a position that requires non-partisan action. Is Dr. Satcher the man for the position of America's family doctor? I cannot and do not come to this conclusion. I would urge my colleagues to evaluate their positions carefully before elevating someone with such a blatant and aggressive political agenda to such an esteemed position.

Thank you Mr. President. I yield the floor.

The PRESIDING OFFICER. Who yields time?

Mr. KENNEDY. Mr. President, what is the allocation of time that remains?

The PRESIDING OFFICER. The proponents have 7 minutes 49 seconds remaining. The opponents have 10 minutes 41 seconds remaining.

If neither side yields time, time will be charged equally to both sides.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, how much time again do we have?

The PRESIDING OFFICER. The proponents have 7 minutes 19 seconds remaining.

Mr. KENNEDY. Mr. President, I know Senator DASCHLE wants to speak in favor of the nominee, and there are only 7 minutes left. I will take just 2 minutes, and then I hope that those who are opposed to the nominee will take what time they need, and then the time-honored tradition is that those who are in support of the nominee are generally accorded the courtesy of the last response.

Mr. President, as we approach the vote, I want to point out that the various questions, allegations and charges that have been made to try to disqualify Dr. Satcher have been responded to, and none more eloquently than by our friend and colleague, the chairman of the Health Subcommittee of the Human Resources Committee, Senator FRIST.

I hope that those Members who have some questions in their mind have listened very carefully to those responses, because I think they accurately respond to the various allegations and charges.

Finally, I just want to say that Dr. Satcher is uniquely well qualified. His life has been a life of service. He was one of 3 out of 70 students who graduated from his high school to go on to college. He graduated magna cum laude from his college. He was at the top of his class at Case Western Reserve University where he pursued a medical degree and a Ph.D.

Dr. Satcher is a respected family doctor, researcher, teacher, and administrator, affiliated with some of the great universities of this country. He is an individual who has looked out for fairness and decency in the service to families in this country. Dr. Satcher has a unique background and it is due to this background that every single health organization, without exception, has endorsed Dr. Satcher. Every single one of them has endorsed him. The past Secretary of HEW, the very distinguished Dr. Louis Sullivan, has endorsed him as well.

We are very fortunate to have Dr. Satcher as a nominee. I commend the President and look forward to a vote of cloture so we can get on with the business of getting him in place to serve the American public.

Mr. President, I ask unanimous consent that letters of endorsement of Dr. Satcher from the head of the Office of National Drug Control Policy, Barry McCaffrey, and the Director of the National Institutes of Health, Dr. Harold Varmus, be printed in the RECORD.

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

EXECUTIVE OFFICE OF THE PRESIDENT, OFFICE OF NATIONAL DRUG CONTROL POLICY,
Washington, DC, February 10, 1998.

Hon. EDWARD M. KENNEDY,
Committee on Labor and Human Resources, U.S. Senate, Washington, DC.

DEAR SENATOR KENNEDY: Dr. David Satcher's written response to a question for the record from his confirmation hearing clearly indicates that he supports the Administration's needle exchange position. We do not have clear scientific evidence to conclude that needle exchange programs do not encourage drug use. His statements is fully consistent with federal law which requires the Secretary of HHS to make two science-based findings before lifting the ban on use of federal funds for needle exchange programs. Specifically, the Secretary must demonstrate that: (1) needle exchange programs reduce the transmission of the HIV virus and (2) do not encourage drug use.

Dr. Satcher has a distinguished background as the President of Meharry Medical College for eleven years, as a faculty member of the UCLA School of Medicine and the King/Drew Medical Center in Los Angeles, and outstanding service as the Director of the Centers for Disease Control since 1993. He is eminently qualified to serve as the nation's Surgeon General. Dr. Satcher will bring enormous expertise to bear on our efforts to reduce drug abuse and its consequences in America.

I fully support Dr. Satcher's nomination for Surgeon General.

Respectfully,

BARRY R. MCCAFFREY,
Director.

DEPARTMENT OF HEALTH & HUMAN SERVICES, NATIONAL INSTITUTES OF HEALTH,
Bethesda, Maryland, February 9, 1998.

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

DEAR SENATOR KENNEDY: I am writing to support the nomination of David Satcher, M.D., Ph.D., currently the Director of the Centers for Disease Control and Prevention, to be Surgeon General of the United States and Assistant Secretary for Health in the Department of Health and Human Services. Dr. Satcher is a medical scientist of outstanding ability, a leader of great energy and vision, and a public servant of the highest integrity.

As Director of the Centers for Disease Control and Prevention, Dr. Satcher has led the Federal Government's primary programs for promoting health and preventing disease, injury, and premature death. He has directed a revamping of Federal efforts in AIDS prevention and led Federal actions to revitalize our attack on emerging infectious diseases. Dr. Satcher's accomplishments in his medical career, which has included work in sickle cell research and family medicine at King-Drew Medical Center in Los Angeles, earned him election to the Institute of Medicine of the National Academy of Sciences as well as selection to receive the 1978 Watts Grassroots Award for Community Leadership. His academic career has included positions on the faculty of the Morehouse School of Medicine and the King-Drew Medical Center and UCLA School of Medicine. During a distinguished tenure as president of Meharry Medical College from 1982 through 1993, Dr. Satcher's leadership and public service were recognized with the National Conference of Christians and Jews Award in 1985 and the ''Nashvillian of the Year'' Award in 1992. His expertise and background, as well as the outstanding personal qualities obvious to anyone fortunate enough to work closely with him—as I have—qualify Dr. Satcher exceptionally well to serve as Surgeon General and Assistant Secretary for Health and to be the single, clear voice in communicating to the Nation on issues that affect public health.

Sincerely,

HAROLD VARMUS, M.D.,
Director.

The PRESIDING OFFICER. The distinguished Democratic leader.

Mr. DASCHLE. Let me commend the distinguished senior Senator from Massachusetts for his summary comments with regard to the Satcher nomination. I don't think anyone could have said it more persuasively or more succinctly. As he noted, every single organization in this country with any standing, with any credibility in regard to health care, has said this is an extraordinary individual, a leader in health care.

The Senate ought to confirm him today. Nothing else really needs to be said.

I commend the Senator from Tennessee for his leadership and his advocacy of Dr. Satcher. I, secondly, join with all of my colleagues in supporting very strongly the nomination today. I hope that we can pass his nomination on an overwhelming vote, Republicans and Democrats, given the circumstances that we have now faced over the last 3 years.

We ought to be saying to the country, unequivocally: ''We need leadership in health care. We can no longer tolerate a void in that leadership by not having a Surgeon General in the United States of America.'' That is what this is about, acknowledging that void, recognizing the need for leadership, recognizing the need for a strong agenda in health care, spearheading efforts to place greater emphasis on children's health, to intensify the youth antismoking campaign and the array of responsibilities that the Surgeon General takes on as the Nation's top public health advocate.

There shouldn't be any doubt about what this is all about. It is at long last acknowledging the need for leadership, acknowledging the tremendous contribution Dr. Satcher has made in an array of different roles, especially in the Centers for Disease Control, and acknowledging the opportunity that we now have to ask him to take on the nation's most important public health role. I believe Dr. Satcher's nomination deserves broad-based Republican and Democratic support.

I hope, Mr. President, that the people will listen to the words of Senator KENNEDY, Senator FRIST and others as they have so eloquently argued for his nomination over the last several days.

Mr. President, I fully support the nomination of Dr. David Satcher 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 to take on this important role.

Dr. Satcher has served the American people as a family practice physician, an educator and 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 the nation's public health structure. He tackled the national problem of lagging childhood immunization rates, increasing the number of children immunized by nearly 25 percent.

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 fatal.

Dr. Satcher also spearheaded a highly successful program to provide breast and cervical cancer screening to women throughout the nation, and launched an early warning system to detect and prevent food-borne illnesses such as *e-coli*.

I have received an unprecedented number of letters and calls in support of Dr. Satcher's nomination: physicians, nurses, hospital administrators, public health organizations, individuals from my state and others. Clearly, Dr. Satcher is already recognized as a guiding force in our health care system. I believe the nation can only benefit from asking him to serve as the nation's leading voice for public health, science and medical education.

In a recent letter, Dr. Satcher wrote: ''If I am 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 they can maximize their access to—and quality of—the health care they receive.''

I believe Dr. Satcher's goals are on target. The nation will be well served by a public health leader who can help us foster healthy lifestyles, a consumer advocate who recognizes that strengthening our health care system means empowering individuals to make informed decisions about the care they receive.

I am confident that Dr. Satcher, a man of experience, integrity and insight, will help us make these goals a reality. I hope that my colleagues on both sides of the aisle will join me in confirming his nomination.

I ask unanimous consent that a letter I received from the Director of the Office of National Drug Control Policy, Barry McCaffrey, be printed in the RECORD.

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

EXECUTIVE OFFICE OF THE PRESIDENT, OFFICE OF NATIONAL DRUG CONTROL POLICY,
Washington, DC, February 10, 1998.

Hon. THOMAS A. DASCHLE,
Democratic Leader,
U.S. Senate, Washington, DC.

DEAR MR. LEADER: Dr. David Satcher's written response to a question for the record from his confirmation hearing clearly indicates that he supports the Administration's needle exchange position. We do not have clear scientific evidence to conclude that needle exchange programs do not encourage drug use. His statement is fully consistent with federal law which requires the Secretary of HHS to make two science-based findings before lifting the ban on use of federal funds for needle exchange programs. Specifically, the Secretary must demonstrate that: (1) needle exchange programs reduce the transmission of the HIV virus and (2) do not encourage drug use.

Dr. Satcher has a distinguished background as the President of Meharry Medical College for eleven years, as a faculty member of the UCLA School of Medicine and the King/Drew Medical Center in Los Angeles, and outstanding service as the Director of the Centers for Disease Control since 1993. He is eminently qualified to serve as the nation's Surgeon General. Dr. Satcher will bring enormous expertise to bear on our efforts to reduce drug abuse and its consequences in America.

I fully support Dr. Satcher's nomination for Surgeon General.

Respectfully,

BARRY R. MCCAFFREY,
Director.

Mr. DASCHLE. I yield the floor.

The PRESIDING OFFICER. If neither side yields time, time is charged equally to both sides.

Mr. ASHCROFT. Mr. President, would you please inform the Chamber of the remaining time for each side.

The PRESIDING OFFICER. The time of the proponents has expired; the time remaining for the opponents is 8 minutes and 21 seconds.

Mr. ASHCROFT. Would the Chair please notify me when 2 minutes remain.

The PRESIDING OFFICER. The Chair will so advise.

Mr. ASHCROFT. Mr. President, I rise to say to the U.S. Senate that this responsibility which we are considering today is a very important responsibility. The Nation's doctor is a very important position. We should be very careful about doing those things which can and need to be done in making sure we confirm appropriately or deny confirmation appropriately to someone nominated for that responsibility.

It is in that regard that I have sought to raise issues that are, I think, fundamental to the values of the American people and ask serious questions about them. I want to review those at this time.

The first thing I mention is that Dr. Satcher transmitted to the Secretary of Health and Human Services a report favorably saying that substantial Federal funds should be committed both to providing needle exchange services and to expanding research into these programs. Both recommendations, according to the CDC's comment, are reasonable and appropriate. That transmission saying that needle exchanges should have substantial funding was made in a report under Dr. Satcher's signature going to the Secretary of Health and Human Services.

It is pretty clear to me that one of the leadership responsibilities of the Surgeon General is the responsibility to inform the President or the Secretary of Health and Human Services of policies that ought to be adopted. This nominee has said that needle exchange programs ought to have substantial Federal funding and they ought to be studied carefully.

Now, in my view, it doesn't make sense to give dope addicts needles with which to conduct their poisonous activity and with which to propagate bad habits of intravenous drug use. What are we saying to young people if the junkie comes along and says, ''Don't worry about this, we have clean needles. The Government approves it. They give us the needles to use.'' What are we saying to the families when the needles from the junkies are left by the hundreds around the neighborhoods so that young children will find them? As soon as you provide free needles—a

town that tried this found 300 discarded needles by junkies in one week.

No. 2, this nominee for Surgeon General conducted studies on individuals in Africa when the studies would have been unethical in the United States. The regulations provide that you are not allowed to do to other people what you won't and can't do to yourself. The New England Journal of Medicine made clear the absence of ethics in this situation.

No. 3, David Satcher persisted in conducting blind HIV studies of newborns in the United States, ignoring the need to identify the blood samples and notify parents of HIV infections in children, even after therapies were developed which could help those children in those settings. When the Congress got upset about it and decided to discontinue the program altogether, Dr. Satcher said, ''No, we want to continue it without telling parents and without identifying which of the children is HIV infected,'' and came and lobbied the Congress in that respect.

I don't think that calls us to our highest and best. I think that accommodates America at something far less. So you have this pattern.

In addition, we have tried to get information from the Centers for Disease Control and Dr. Satcher. They have given us partial bits of information. The report in which the CDC commended the idea of Federal funding for needle exchange was sent to us but it didn't have Dr. Satcher's cover letter on it—conveniently didn't. The denial of needle exchange support by Dr. Satcher conveniently didn't indicate that Federal funds, provided through the CDC, had the sole purpose of promoting needle exchange programs.

When we asked about the ethics of the African trials we simply didn't get all the information from the CDC. We were not given memos internal to the agency which we have received from other sources that have raised the very ethical issues in CDC by medical personnel there that we have been raising on this floor.

Now if trust is a fundamental component of the relationship between the doctor of a nation and the people of the Nation, there has been in some substantial measure a breach of the necessary trust in the absence of candor and the absence of providing information in this setting.

Last but not least, let me say that Dr. Satcher has said that he supports the President's position on partial-birth abortion. The President's position has been that he is going to continue to make it available in this country and refuse to have a reasonable law which would prevent it. In my judgment, it is time for us to say that we expect the leadership on health in this country to comport with the understanding of the health community that partial-birth abortions are not indicated, they are not necessary, and that to endorse the political agenda of the President rather than the health agenda of America is inappropriate. This is about whether someone who is indifferent to infanticide can care for our children.

The PRESIDING OFFICER. The Chair advises the Senator that he has 2 minutes remaining.

Mr. ASHCROFT. Mr. President, I ask unanimous consent the time remaining be yielded to the chairman of the Senate Labor and Human Resources Committee so that he has the custom of concluding the remarks in the Chamber in a way that is favorable to the nominee.

The PRESIDING OFFICER. The chairman of the committee, the Senator from Vermont, is recognized.

Mr. JEFFORDS. Mr. President, first I want to thank my good friend for allowing me to do this.

Mr. President, this is one of the relatively few times in the Senate when we have had a cloture motion on a nomination.

I want to remind everyone of the fine, fine man that we are voting on here today. I urge my colleagues to vote for cloture, and then to confirm Dr. Satcher.

When we opened this debate last week, I stated that Dr. Satcher's record of service to the people of the United States was exemplary. I noted that his character and integrity were absolutely without blemish. Nothing has been said over the past two days that has challenged these assertions. Not even Dr. Satcher's critics question his professional qualifications to serve in the positions for which he has been nominated.

Senators FRIST and THOMPSON, and others, have already spoken eloquently about Dr. Satcher's commitment and integrity. They described the unprecedented support Dr. Satcher enjoys within the medical community, the public health community, and the research community. They have also described firsthand their own experiences working with the nominee to address public health issues in the State of Tennessee.

I wish to associate myself with their remarks and to urge my colleagues to support Dr. Satcher's nomination. I know of no reason why we should not vote for cloture, and then support Dr. Satcher.

Mr. President, I yield the remainder of my time, if any.

CLOTURE MOTION

The PRESIDING OFFICER. All time has expired. By unanimous consent, pursuant to rule XII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The bill clerk read as follows:

CLOTURE MOTION

We the undersigned Senators, in accordance with the provision of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on Executive Calendar Nos. 338 and 339, the nomination of David Satcher to be Assistant Secretary of HHS and to be Surgeon General:

Trent Lott, James Jeffords, Richard Lugar, Conrad Burns, Arlen Specter, Frank H. Murkowski, Ted Stevens, Ted Kennedy, Olympia J. Snowe, Susan Collins, Tom Daschle, Paul Wellstone, Herb Kohl, Christopher Dodd, Chuck Robb, Tim Johnson, and Tom Harkin.

VOTE

The PRESIDING OFFICER. The question is, Is it the sense of the Senate that debate on the nomination of David Satcher of Tennessee to be Assistant Secretary of Health and Human Services, Medical Director of the Public Health Service, and Surgeon General of the Public Health Service shall be brought to a close?

The yeas and nays are required. The clerk will call the roll.

The bill clerk called the roll.

Mr. NICKLES. I announce that the Senator from Virginia (Mr. WARNER) is necessarily absent.

Mr. FORD. I announce that the Senator from Michigan (Mr. LEVIN) is necessarily absent.

The yeas and nays resulted—yeas 75, nays 23, as follows:

[Rollcall Vote No. 8 Ex.]

YEAS—75

Abraham	Feingold	Lott
Akaka	Feinstein	Mack
Baucus	Ford	McCain
Bennett	Frist	Mikulski
Biden	Glenn	Moseley-Braun
Bingaman	Gorton	Moynihan
Bond	Graham	Murkowski
Boxer	Grams	Murray
Breaux	Gregg	Nickles
Bryan	Hagel	Reed
Bumpers	Harkin	Reid
Byrd	Hatch	Robb
Chafee	Hollings	Rockefeller
Cleland	Hutchison	Roth
Cochran	Inouye	Sarbanes
Collins	Jeffords	Smith (OR)
Conrad	Johnson	Snowe
Coverdell	Kennedy	Specter
Craig	Kerrey	Stevens
Daschle	Kerry	Thomas
DeWine	Kohl	Thompson
Dodd	Landrieu	Thurmond
Domenici	Lautenberg	Torricelli
Dorgan	Leahy	Wellstone
Durbin	Lieberman	Wyden

NAYS—23

Allard	Faircloth	Lugar
Ashcroft	Gramm	McConnell
Brownback	Grassley	Roberts
Burns	Helms	Santorum
Campbell	Hutchinson	Sessions
Coats	Inhofe	Shelby
D'Amato	Kempthorne	Smith (NH)
Enzi	Kyl	

NOT VOTING—2

Levin	Warner

The PRESIDING OFFICER. On this vote, the yeas are 75, the nays are 23. Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

Under the previous order the question is now on the nomination without further debate.

Mr. JEFFORDS addressed the Chair.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. JEFFORDS. Mr. President, have the yeas and nays been requested?