

I, too, am opposed to cloning of human beings.

But at the same time, we have to move very carefully in this area so that we do not preclude a lot of very promising medical technologies and very valuable biomedical research. It may be that amendments are need to clarify that.

I maintain an interest in this issue both as Chairman of the Committee under whose jurisdiction this criminal code amendment would fall, and as a Senator with a long-standing interest in biomedical research and ethics.

The questions raised by this legislation are both novel and difficult and it behooves us to move carefully.

Mr. FRIST. I thank the Senator.

Mr. HATCH. Mr. President, I ask unanimous consent that the remarks I am about to give be considered as if in morning business.

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

#### NOMINATION OF DAVID SATCHER TO BE SURGEON GENERAL

Mr. HATCH. Mr. President, I have listened with great care to our debate about the nomination of Dr. David Satcher over the past few days. It has been a constructive discussion, one which has raised a number of important issues.

I have the greatest respect for the Offices of the Surgeon General and Assistant Secretary for Health. The individual who occupies this position will become the Nation's No. 1 public health official, our top doctor, if you will. For this reason, this nomination deserves the utmost scrutiny.

I have the greatest respect for our colleague, the Senator from Missouri. I think he has made some arguments that raise very valid concerns, and it behooves this body to examine them.

That being said, after a great deal of analysis, I have concluded that Dr. Satcher is eminently qualified for the position, and that there is a more than adequate explanation for his position on two key issues—partial-birth abortion and HIV testing in Third World countries. Accordingly, I intend to support his nomination.

From a humble rural background, David Satcher has risen to become a leading public health expert—the director of the prestigious Centers for Disease Control and Prevention, a doctor who is widely respected for his ability to communicate scientific information in a credible manner. He has done a great job at the Centers for Disease Control and Prevention.

I have spoken at length with Dr. Satcher and became convinced that he has an agenda that Americans of both parties should support. Tobacco control is at the top of that agenda. On the issues of teen pregnancy and sexually transmitted disease, Dr. Satcher intends to promote abstinence and assures me that he believes health and sex education are a parental responsi-

bility, in which the Government should play only a supportive role. Moreover, Dr. Satcher believes science should determine health policy, attendant upon which we have based virtually all of the public health legislation that has passed this body.

Let me note for the Record that Dr. Satcher has experience with three of the four historically black medical schools. He learned firsthand of the problems that Americans face in seeking care, and he does not advocate for a Federal solution.

During Dr. Satcher's tenure at CDC, the Centers for Disease Control, he worked to increase childhood immunization rates, to develop better ways to protect Americans from new infections, and decrease teenage pregnancy rates. He has also demonstrated U.S. leadership in attacking the world AIDS problem.

Critics of the nomination have raised concern that he supports the President's position on partial-birth abortion. It is no secret that I disagree vehemently with that position and will continue to work until a prohibition on partial-birth abortion is the law of the land.

Yes, it is true that Dr. Satcher supports the President's position, which is not surprising given that Dr. Satcher is the President's nominee. I certainly understand the motivation of some in saying that he should be opposed for that reason.

But in reviewing the hearing record on this nomination, I am impressed by Dr. Satcher's assurances to the committee on this issue. He said, "Let me unequivocally state that I have no intention of using the positions of Assistant Secretary for Health and Surgeon General to promote issues relating to abortion. I share no one's political agenda, and I want to use the power of these positions to focus on issues that unite Americans, not divide them. If confirmed by the Senate, I will strongly promote a message of abstinence and responsibility to our youth, which I believe can help to reduce the number of abortions in our country." I believe that nothing in Dr. Satcher's background, including his work as CDC Director, suggests that he would try to make the Surgeon General's post into a pro-abortion bully pulpit. Indeed, he has personally given me his assurances to the contrary.

I remember when Dr. C. Everett Koop was nominated by a Republican President and his nomination was held up for some 8 or 9 months on the issue of abortion, even though Dr. Koop asserted he would not use the Surgeon General's Office as a public forum for advocacy for abortion. As things worked out, we finally were able to get him confirmed, and I won't go into all the details on how that happened. He proved to be one of the great Surgeons General of the United States. I believe Dr. Satcher will likewise prove to be a very successful Surgeon General of the United States. I urge my colleagues to vote for him.

In addition, I am aware that another series of questions has been raised regarding joint CDC/NIH-sponsored clinical trials conducted in Thailand and the Ivory Coast to determine the effectiveness of AZT to prevent pregnant mothers from transmitting the HIV virus to their children.

In a nutshell, concern has been raised because the foreign trials were placebo-controlled against a "short course" regimen, whereas, in the United States a "long course" AZT regimen would have been the baseline for care. While it is clear that an argument can be made that the U.S. standard of care could have been used, this would not have resolved a more difficult problem of lack of access to expensive medications.

While opinion is hardly unanimous on this issue, the better view is that these grounds were appropriate to the nations and the populations studied. These trials were done in complete partnership with the local patients, health officials, and the World Health Organization.

As our debate on the Hatch-Gregg FDA export bill in 1995 made abundantly clear, we need not and should not second-guess the choice of patients and officials in other countries who, for a myriad of reasons, seek not to use the American standard of care. I believe it is critical for those in Congress to respect differences of the health and wealth characteristics of other countries. What is appropriate policy in the United States is not necessarily appropriate in the Third World.

Mr. President, I want to emphasize the importance of the position Dr. Satcher seeks to assume. The Surgeon General is the head of the United States Public Health Service Commission Corps. And, formerly, the position of Assistant Secretary for Health was the top public health slot in the government. Unfortunately, the position of Assistant Secretary for Health was downgraded in the Clinton administration and has become less important since the "ASH" no longer has line authority over the public health agencies such as CDC, NIH and FDA.

I hope that Dr. Satcher will undertake a review of that decision because I think it was a mistake, and I hope to discuss that with him in the future.

In closing, I want to point out that Dr. Satcher has a distinguished record that will be an asset to those important public health positions.

Doctor Satcher is a recognized public health leader and a member of the Institute of Medicine of the National Academy of Sciences, the recipient of numerous awards, such as the 1996 awardee of the AMA's prestigious Dr. Nathan B. Davis award.

In short, Dr. Satcher is a well-credentialed, highly effective public health leader. If confirmed, he will be the highest-ranking physician within HHS and could be counted on to be an articulate national spokesperson on a wide range of public health issues that we all agree are important.

I think we can all learn by the example set almost 20 years ago when this body, as I mentioned earlier, confirmed C. Everett Koop to be Surgeon General over the objections of many in the other party.

The fears about Dr. Koop's partisanship were unfounded. Today, he is widely respected by Senators on both sides of the aisle, and it is my hope that this is a legacy Dr. Satcher will leave as well.

#### THE TOBACCO SETTLEMENT

Mr. HATCH. Mr. President, I also want to take this opportunity to announce what I consider to be an important development on the tobacco legislative front.

This morning, a senior official in the administration, David Ogden, counselor to Attorney General Reno, delivered testimony on the tobacco settlement at the House Judiciary Committee hearing.

Mr. Ogden testified that:

If there is agreement on a comprehensive bill that advances the public health, then reasonable provisions modifying the civil liability of the tobacco industry would not be a deal breaker.

Since announcement of the June 20 proposed tobacco settlement last year, I have maintained that a legislative measure which incorporates strong public health provisions in conjunction with certain defined civil liability reforms could do more to stop the next generation of our children from getting hooked on tobacco than any bill we have ever considered.

The Administration's announcement today will do much to make passage of that landmark legislation possible. I call upon the President to send us his language on a priority basis. In fact, I have invited the Department of Justice to testify at the Judiciary Committee hearing next Tuesday on the tobacco settlement, and we will be greatly interested in the details of the President's position on liability.

Mr. President, this is a stunning breakthrough, one which I believe greatly increases the probability that a broad, bipartisan consensus can be reached on the tobacco settlement.

#### PRIVILEGE OF THE FLOOR

Finally, Mr. President, let me just conclude by asking unanimous consent that Bruce Artim and Marlon Priest be granted privileges of the floor during the pendency of the Satcher nomination and during consideration of S. 1601, the anti-cloning bill.

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

Mr. HATCH. Mr. President, I yield the floor.

Mr. FRIST addressed the Chair.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. FRIST. Would the Senator like me to yield?

Mr. LEAHY. Mr. President, will the distinguished Senator from Tennessee be willing to yield me 3 minutes?

Mr. FRIST. Absolutely.

The PRESIDING OFFICER. The Senator from Vermont is recognized.

(The remarks of Mr. LEAHY pertaining to the introduction of S. 1612 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. LEAHY. I thank my good friend from Tennessee for yielding me this time.

The PRESIDING OFFICER (Mr. ALLARD). The Senator from Tennessee.

Mr. FRIST. Mr. President, Thank you.

#### COMMISSION TO PROMOTE A NATIONAL DIALOGUE ON BIOETHICS

Mr. FRIST. Mr. President, I want to take a moment to speak to the bioethics commission which will be proposed. It is part of a bill which I am not sure is going to make it to the floor today. I would like to comment on that commission.

Mr. President, I want to comment briefly on this concept which is in the bill that will be considered sometime in the future. I am not sure it will be this afternoon, or next week, or sometime in the future. And the aspect that I want to comment on is this bioethics commission. I think it is critical that at the end of this century and on into the next century we have somewhere in the United States a forum where we can carry on intelligent discussions on the ethical, the theological, the scientific, and the medical issues that are inevitable as science progresses with breakthrough discoveries that have the potential both for very good—very good—but also evil. Where do we digest those in the society when they are coming through not every week nor every month but even more frequently? In response to that, I proposed the national bioethics commission.

We have the National Bioethics Advisory Commission, so-called NBAC. And I think over the next few days the country will become familiar with that NBAC designation. The NBAC, the National Bioethics Advisory Commission was appointed entirely by the President of the United States. They did a very good job this past year in assimilating data, information, reports, and testimony from experts and the lay public broadly over a 90-day period addressing human cloning. That was a good start. But they very openly said that they were unable to substantively address the ethical issues surrounding human cloning.

As I have said earlier today, as a scientist, and a public servant now, I want to make the case that we can no longer separate science from the ethical consideration in that we as a body must address how to establish a forum in which such discussions can be carried out.

The Commission cited inadequate time to tackle the ethical issues in the context of our pluralistic, complex, intricate society in that they chose pri-

marily to focus on scientific concerns as well as the less abstract concept of safety. What is safe or not safe? Is this procedure safe, or is it not safe? They then appealed to each American citizen to step up to the plate and exercise their leadership and their moral leadership in formulating a national policy on human cloning. We need that forum.

Time has shown that neither the Presidential Commission nor the United States Congress is probably the forum, or at least is an inadequate forum, for addressing these bioethical issues which are of tremendous intricacy and important to society.

I, therefore, proposed this national bioethics commission in our legislation. It is representative of the public at large. It has the combined participation of experts in law, experts in science, experts in theology, experts in medicine, experts in social science, experts in philosophy, and the interest of members of the public. It is my hope that this commission will forge a new path for our country in the field of bioethics that will enable us to have an informed, a thoughtful, a sophisticated, and scientific debate in the public square without fear on behalf of the public, or politicians, or politics driving our decisions.

In this proposal, the majority and minority leaders of Congress would appoint the members of the panel. No current Member of Congress or the administration would serve on this panel. We simply must depoliticize these discussions which will simultaneously broaden input from the general public. Each and every citizen of this country should have the opportunity to contribute to these debates.

This commission would be established within the Institute of Medicine, and would be known as a commission to promote a national dialogue on bioethics.

Very briefly, it would have 25 members, 6 appointed by the majority leader of the Senate, 6 by the minority leader of the Senate, 6 appointed by the Speaker of the House, and 6 appointed by the minority leader of the House of Representatives. There would be a chairman. In addition, representatives stated in the legislation would be from the fields of law, theology, philosophy, ethics, medicine, science, and social science. The commission would be appointed no later than December 1st of this year. We have to move ahead quickly. They would serve for a length of 3 years. And the duties of the commission, as spelled out in the legislation, would be to provide an independent forum for broad public participation and discourse concerning important bioethical issues, including cloning, and provide for a report to Congress concerning the findings, conclusions, and recommendations of the commission concerning Federal policy and possible congressional action.

Subcommittees are established on that commission for legal issues, for theological issues, for philosophical