

First, I want to remind the Senate that I urged the House and the Senate and interested parties to do this bill last year when it should have been done, because it expired last year. That is No. 1. No. 2, because it was not an election year and I knew, if we waited until this year, we would have less time and more pressure as we try to decide how \$175 billion or more is fairly distributed across the country.

I remind the Senators of that, and they know now and they knew then that I was right. I stood right here and filed not one, not two, not three, but four cloture motions to try to bring to a conclusion unrelated debate and delays based on pure politics, if I may suggest, but for an unrelated issue. I kept saying we need to deal with this bill, and others kept saying, "Until you agree to what we want on an unrelated issue, we are not going to let you bring up ISTEA."

That was a mistake. The Senate made a mistake. Now some of the same people not voting to bring it up last year are saying, "Where is it? Please bring it up," demanding that it be brought up right away.

Well, the world is different now. A lot has happened. For one thing, we find that we may actually have a little more money than we anticipated last year. There are very few Senators that have a longer history of having voted to spend the highway trust fund for the purpose it was intended—highways. There are very few places where I think the Government should be involved in spending money. Defense is one and budding infrastructure is the other. This is a place where people can't do it by themselves. The Government has to do its part.

So I want this. I want more money. But I also have a responsibility as majority leader to look at this from the standpoint of how does it relate to the overall budget? How is it going to affect all these other programs? And what we did last year—we stood out here in the rotunda and said that we had reached an agreement with the President of the United States on a balanced budget, on how to control taxes and how to control spending. We entered into an agreement. We entered into an agreement in every category across the board. We said we will spend this much on transportation, this much on education, this much on housing, interior, energy, right across the board.

Now, if we open the year up by raising spending, without looking at how it will affect everything else, we could break the dam and have another avalanche of spending. I am not saying it will happen. I am not saying how it should happen. I am just saying we should take our time and see what's going to happen before we charge forward. Why does the Senate need to do this when the House is not going to act? They are not going to act this month and not until at least the end of next month. I tried to get the Senate

to show leadership and to lead and go first. The Senate would not do it. Now, let's act in concert.

Let's work with the House. Let's do this together. Nobody wants to bring this up more than I do. But my responsibility as majority leader is to make sure that we have thought it through and know what the impact will be on a budget agreement that we gave our word to the American people on. I intend for us to keep it, and I will do everything I can to get that result.

#### ORDER FOR ADJOURNMENT

Mr. LOTT. Mr. President, if there is no further business to come before the Senate, I now ask that the Senate stand in adjournment under the previous order following the remarks of Senator KENNEDY.

Mr. President, the Senator is in the area. He will return shortly I am sure to give his remarks. I observe the absence of a quorum until he can return.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

#### NOMINATION OF DR. SATCHER

Mr. KENNEDY. Mr. President, first of all, I want to express the appreciation of all of us to the majority leader for scheduling this nomination promptly in this session. I thank the majority leader for scheduling this Satcher nomination, and also for filing the cloture motion.

We had an opportunity to make the presentation, and the excellent presentation by Senator FRIST yesterday, which I thought was just so compelling. There were those who took some issue with the record of Dr. Satcher. But I do believe that at the end of the day yesterday the membership would be convinced of the quality of this extraordinary nominee and the incredible opportunity that all America has for his service when he is confirmed, which I expect will be on Tuesday next.

So we look forward to the opportunity to vote and to hopefully see Dr. Satcher in that important position.

In response to questions raised yesterday, I also am including a copy of a letter from Dr. Harold Varmus, Director of the National Institutes of Health, to Senator ASHCROFT regarding studies of maternal-to-infant transmission of HIV in developing countries.

I ask unanimous consent that these materials be printed in the RECORD.

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES, NATIONAL INSTITUTES OF HEALTH,

Bethesda, MD, February 3, 1998.

Hon. JOHN ASHCROFT,  
U.S. Senate,  
Washington, DC

DEAR SENATOR ASHCROFT: Your "Dear Colleague" letter criticizing Dr. David Satcher's support for studies of maternal-to-infant transmission of HIV in developing countries has been brought to my attention. I am writing to offer a different view of the situation from my perspective as the Director of the National Institutes of Health, a sister agency in the Department of Health and Human Services that also conducts studies to prevent transmission of HIV in the developing world.

Virtually all parties involved in this difficult issue acknowledge that there are many factors to be considered in determining whether to use a placebo-controlled group in a clinical trial; several of these factors are discussed in an attached article from the *New England Journal of Medicine*, co-authored by Dr. Satcher and me a few months ago. For the trials in question, the general design of the studies was carefully considered by the World Health Organization and the Joint United Nations Program on HIV/AIDS, and the specific studies we support have been reviewed and approved by duly constituted Institutional Review Boards in the United States and in the countries in which the studies are being performed.

The essential point is that the studies are designed to provide information useful to the management of HIV infection in the countries in which the studies are done; to act otherwise and generate knowledge applicable only in wealthier parts of the world would, in my opinion, be exploitative of the subjects of the study. Viewed in this context, it is entirely appropriate that we are supporting studies in the developing world that would not be conducted in the United States.

The article to which you allude in your "Dear Colleague" letter, by Dr. Marcia Angell, the Deputy Editor of the *New England Journal of Medicine*, presents a view that is not generally accepted in the medical community. Indeed her views have been strongly contested by many knowledgeable physicians, scientists, and ethicists, including some members of the Editorial Board of the *Journal* who have offered their resignations in protest. (The enclosed essay by Dr. Satcher and me was also written in response to Dr. Angell's article.)

Finally, I must take issue with the contention that the current CDC- and NIH-supported trials are similar to the infamous Tuskegee study. In that study, the course of a disease (syphilis) was observed without attempts to intervene, and informed consent was neither sought nor obtained from the research subjects. In the current studies, the goal is to find useful means to prevent transmission of HIV, the studies are closely supervised by many knowledgeable people, and informed consent has been obtained from each enrolled individual. The analogy to Tuskegee is inappropriate and distracting.

I appreciate that there are legitimate concerns about the ethical conduct of clinical trials in developing countries, but the debates need to be described in a fashion that gives due consideration to the arguments on both sides. Furthermore, Dr. Satcher's position on these trials should not, in my opinion, constitute grounds for opposing his nomination to be Surgeon-General of the United States. Indeed, even Dr. Sidney Wolfe of Public Citizen, one of the strongest critics of the position Dr. Satcher and I have taken, is an ardent supporter of Dr. Satcher's nomination.