

turning back the clock 30 years and abrogating the contract Congress made with America's seniors. Republican proposals to implement a voucher system are motivated exclusively by their desire to reduce the Federal budget by \$270 billion at senior citizen's expense. The amount the voucher provides will not likely be based on the cost of a quality health care plan but, rather, what level of funding is politically acceptable in a given fiscal year.

The Federal Government would, in effect, be walking away from Medicare and saying to seniors, Here is what we can afford; you make up the difference and fend for yourselves.

Since the overwhelming majority of seniors live on fixed incomes, they will not be able to pay more. Most would be forced to buy inadequate coverage. Some may not be able to find any health insurance and, rather than having choice, as Republicans claim, seniors would struggle in an increasingly expensive insurance market to buy diminished coverage with limited funds.

In closing, Mr. Speaker, I would like to read from a statement that a senior citizen named Arthur Martin submitted to the Committee on Ways and Means on November 20, 1963. It poignantly conveys just why Medicare was needed then and why we need it today.

Mr. Martin said that his total income is his Social Security check of \$174, out of which he pays rent, utilities, food, et cetera. Three years ago, he said, he contracted bronchial asthma and was hospitalized five different times. The only remedy he had available was charity.

The stigma and indignity to self-respect to a resident of 50 years in the same community leading a respectable life as a taxpayer and in the evening of his life having to resort to charity was unbearable and humiliating. Whatever savings he had were wiped out in hospital and medical care.

Mr. Speaker, unless these Republican plans are stopped in their tracks, we are going to turn back the clock and create another generation of seniors who face the same indignity and pain that Mr. Martin endured 30 years ago, before we had Medicare. That would truly be an American tragedy, which I think that we in this Congress have to stop.

AMERICAN PRINTING HOUSE FOR THE BLIND

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kentucky [Mr. WARD] is recognized for 5 minutes.

Mr. WARD. Mr. Speaker, this week—yesterday—I did a tour of the American Printing House for the Blind. Let me restate that name: the American Printing House for the Blind. It is in the center of the United States of America, and it happens to be in Louisville, KY, in my district. This is where services for the blind are generated in terms of printing.

The American Printing House for the Blind produces such works as this geography of the United States printed in Braille. What we see here is the only page that is printed in ink, in fact, because this is a supplement for a geography book.

What you will see from here on in, and I do not believe the camera will be able to pick this up, because it is Braille, there might be a little, there might be an ability on the camera to see some of these bumps. This is Braille. This is printed in very short runs, very limited editions for those people in our country who cannot study because of their eyesight.

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That is people who are totally blind or in some other way are legally blind.

The reason I bring this up, Mr. Speaker, is that in the budget that is being marked up in the Committee on Appropriations right now; there is a 40-percent cut in the Federal expenditure at the American Printing House for the Blind in Louisville. That 40 percent is only \$2 million, \$2 million, which will not have the effect of balancing our Federal budget. It does not even represent one-thousandth of 1 percent of the tax cut that is being included in this next Federal budget, not even one-thousandth of 1 percent.

However, what it does to the American Printing House for the Blind in Louisville and the impact it has all over this country can be devastating. That is because there is no other supply for these kinds of materials. This is an American history book. As Members can see, it seems awfully big. In fact, it is just one of four volumes that are needed because of the large print. These are reprinted directly off of a standard American history textbook, but done in huge print for those who have some sight to be able to study. They are done in very limited runs.

There is no commercial alternative for either of these kinds of volumes. What we will see is a reduction by 40 percent if this budget cut goes through in the actual services, these actual kinds of materials, that are to be used by our blind children in this country.

We are talking about \$107 a year that is set aside for each legally blind child in America, up to college age, not including college age, high school or less, \$107 that is currently available to be spent by their school all over the country at the American Printing House for the Blind.

A 40-percent reduction, Mr. Speaker, would be unthinkable. A 40-percent reduction would do exactly what we are talking about up here not doing, because what we have been hearing for the last 6 months, and what we are all committed to, is helping people to help themselves, putting people in a position to get along a little better, to be able to do a little better for themselves and provide for themselves a little better. However, if we reduce by 40 percent the amount of school materials that

young blind people in this country can have to enhance their studies and continue their studies, we will be making it harder for them to take care of themselves as time goes by.

I ask the Members of the Congress to join me in restoring this 40 percent to the American Printing House for the Blind and make sure that all of our blind children in America have the opportunity to learn and then later to earn.

TOBACCO AND AMERICA'S YOUTH

The SPEAKER pro tempore (Mr. EVERETT). Under the Speaker's announced policy of May 12, 1995, the gentleman from California [Mr. WAXMAN] is recognized for 60 minutes as the designee of the minority leader.

Mr. WAXMAN. Mr. Speaker, I have taken out this special order to talk about the No. 1 threat to the health of our children—tobacco.

This week, data from the National Institute on Drug Abuse shows that we are losing the battle to keep cigarettes away from children. In just 3 years, there has been a 30-percent increase in smoking among 13- and 14-year-olds. Nearly one-third of high school seniors smoke cigarettes.

This is a health crisis of huge dimensions. Every day, 3,000 children start smoking. One-third of these children will eventually die from their tobacco addiction.

Why is this happening? The answer is obvious. The tobacco industry spends \$5 billion a year—over \$10 million a day—on tobacco advertising and promotion. Much of this effort is specifically targeted at children. To keep its profits flowing, the industry has developed clever promotions like Joe Camel and the Marlboro Country Store aimed directly at children.

The administration is trying to protect our children from tobacco. As reported last week, FDA Commissioner David Kessler has found that tobacco is an addictive drug. He has called for commonsense regulation to protect children—like banning cigarette vending machines. I believe the President will support these efforts.

Unfortunately, when word of the administration's actions leaked out, it encountered fierce resistance on Capitol Hill. The Speaker said that Commissioner Kessler must be "out of his mind" to consider regulating tobacco. Other Members promised Congress would intervene to prevent regulation from going forward.

It is against this backdrop that I am here today. This hour, I will be reading into the RECORD excerpts of dozens of previously secret documents from the Nation's largest tobacco company, Philip Morris. These documents make a compelling case for regulation of tobacco to protect children. I hope they will dissuade Members of this body from any legislative effort to block regulation.

Last year, when I served as chairman of the Health and the Environment

Subcommittee, we commenced an investigation of the tobacco industry. We learned more in that year than we had learned in the previous decade about tobacco industry efforts to study and manipulate nicotine, an addictive drug.

The subcommittee's investigation was cut short prematurely by the elections. In particular, we were able to learn very little about the activities of the Nation's largest tobacco company, Philip Morris. Two out of every three cigarettes smoked by children are Marlboro cigarettes—a Philip Morris product. But we learned far less about Philip Morris than its much smaller rival, Brown & Williamson.

Since the election, I have continued my investigation as an individual Member of Congress. I have been handicapped by the inability to hold hearings or hire an investigative staff. But nonetheless, I have learned a tremendous amount about Philip Morris. I am here today to report on what I have learned to this body.

I am here to report that Philip Morris researchers administered painful electric shocks to college students to determine the influence of anxiety on student smoking habits.

I am here to report that Philip Morris studies third-graders to determine if hyperactive children are a potential market for cigarettes.

I am here to report that the company planned illegal experiments that involved injecting human subjects with nicotine.

And I am here to report that as early as 1969, the board of directors of Philip Morris was briefed by its researchers on the addictive nature of nicotine. The board was told that people smoked to obtain "the pharmacological effect of smoke" and that smokers' craving for this effect is so strong that it "preempts food in times of scarcity on the smoker's priority list."

The documents that I will be discussing today describe the secret research activities of Philip Morris from January 1969 to November 1980. Some of these documents were described in a front-page article in the New York Times on June 8, 1995. Most of the documents, however, have never previously been discussed in public.

Last month, I wrote Philip Morris to ask the company to cooperate with FDA's investigation by turning over the documents described in the New York Times to FDA. However, the company refused to cooperate.

Three major points emerge from the documents I will describe today:

First, Philip Morris conducted an extensive, but secret, research program into nicotine pharmacology for over a decade.

Second, top Philip Morris scientists and executives have known for decades that cigarettes have powerful and addictive pharmacological effects.

Third, Philip Morris conducted secret research that focussed on the pharmacological effects of cigarettes on children and college students.

THE SECRET NICOTINE PHARMACOLOGY PROGRAM

The documents I will describe today cover the period from January 1969 to November 1980. They describe an intensive investigation into nicotine pharmacology, involving dozens of previously secret studies.

The studies described in the document range from traditional pharmacology involving animal experiments to high-technology electroencephalography [EEG], which measures human brain waves. Some of the studies raise troubling ethical questions. And some appear to be simply illegal.

Three of the documents describe experiments that were to involve injecting nicotine into human subjects. Such experiments are illegal without the approval of the federal Food and Drug Administration. In another series of five experiments described in the documents, Philip Morris administered "painful" electric shocks to human subjects. Experiments that inflict pain are ethically dubious unless they are being conducted for beneficial purposes.

The volume of the experimentation is staggering. In one typical year—1979—at least 16 separate studies on nicotine pharmacology were conducted by three different Philip Morris laboratories:

First, the Animal Behavior Group conducted six experiments on topics such as "nicotine discrimination" and "nicotine self-administration." These are the same studies that are used by the National Institute on Drug Abuse to establish the addiction potential of drugs.

Second, the Neuropsychology Laboratory conducted five experiments on topics such as "effects of smoking on the electroencephalogram" and "long-term deprivation and the electrical activity of the brain." These studies are designated to show the pharmacological effects of cigarettes on the human brain. Third, the Smoking Behavior Group conducted five studies on topics such as the behavioral consequences of smoking low-nicotine cigarettes. These studies were used to learn how smokers respond to changes in nicotine delivery.

Philip Morris conducted these studies for commercial reasons. The document describing the plans and objectives for the Behavioral Research Laboratory in 1979 states expressly that "the rationale for the program rests on the premise that such knowledge will strengthen Philip Morris R&D capability in developing new and improved smoking products."

There is no reason to believe that the documents provide a comprehensive summary of Philip Morris' nicotine research. As I will discuss, congressional hearings I held last year disclosed that nicotine research occurred after the period covered in this report. Moreover, most of the documents discuss the activities of Philip Morris' Richmond, VA, research center. The documents

contain only fleeting references to nicotine studies being conducted by Philip Morris in Cologne, Germany, and Neuchatel, Switzerland. Virtually nothing is known about these secretive foreign research programs.

TOP PHILIP MORRIS SCIENTISTS AND EXECUTIVES KNEW CIGARETTES HAVE POWERFUL AND ADDICTIVE PHARMACOLOGICAL EFFECTS

On April 14, 1994, Philip Morris CEO William Campbell testified before the Subcommittee on Health and the Environment of the House Committee on Energy and Commerce that "cigarette smoking is not addictive," that nicotine is retained in cigarettes because nicotine "contributes to the taste of cigarettes," and that "Philip Morris research does not establish that smoking is addictive." The documents I will describe conflict fundamentally with these statements.

The documents show that top Philip Morris scientists and executives knew that cigarettes have powerful and addictive pharmacological effects. For instance, the documents show:

First, during the fall of 1969, the Philip Morris Board of Directors was briefed by Philip Morris researchers on why people smoke. The researchers told the board that people smoke to obtain "the pharmacological effect of smoke." The researchers further told the Board that smokers' craving for this "pharmacological effect" is so strong that it "preempts food in times of scarcity on the smoker's priority list."

Second, in November 1974, Philip Morris' Director of Research, Thomas Osdene, who subsequently became vice president for science and technology, approved and sent to the then vice president for research and development, Helmut Wakeham, and other Philip Morris officials a report stating that the consumer smokes "to achieve his habitual quota of the pharmacologically active components of smoke" and that stopping smoking produces "reactions . . . not unlike those to be observed upon withdrawal from any number of habituating pharmacological agents."

Third, in March 1980, Philip Morris researcher Jim Charles, who subsequently became vice president for research and development, wrote the then vice president for research and development, Robert Seligman, that "nicotine is a powerful pharmacological agent with multiple sites of action and may be the most important component of cigarette smoke." He added that "nicotine and an understanding of its properties are important to the continued well being of our cigarette business since this alkaloid has been cited often as 'the reason for smoking.'"

Contrary to Philip Morris' public statements that cigarettes are not a drug, the documents are replete with statements that describe cigarettes in explicitly drug-like terms. The documents, for instance, include many references to "pharmacological effects,"

"dose control," "withdrawal syndrome," "nicotine regulators," "nicotine dose," "nicotine pharmacology," "nicotine administration," "nicotine analogues," and "blood nicotine levels."

PHILIP MORRIS CONDUCTED RESEARCH ON THE EFFECTS OF CIGARETTES ON CHILDREN AND COLLEGE STUDENTS

One of the most significant revelations in the documents is that Philip Morris conducted pharmacological research specifically targeted at children and college students.

One of the longest-running studies in the documents addresses the "hyperkinetic child as a prospective smoker." In this study, Philip Morris collaborated with the Chesterfield County school system in Richmond, VA, to determine whether hyperkinetic and borderline hyperkinetic children will become cigarette smokers in their teenage years. The researchers explained:

It has been found that amphetamines, which are strong stimulants, have the anomalous effect of quieting these children down. Many children are therefore regularly administered amphetamines throughout grade school years. . . . We wonder whether such children may not eventually become cigarette smokers in their teenage years as they discover the advantage of self-stimulation via nicotine. We have already collaborated with a local school system in identifying some such children in the third grade.

This research began in 1974. It continued until 1978, when it had to be terminated prematurely because of objections from the school system and physicians.

Many of the studies conducted by Philip Morris investigated the pharmacological effects of cigarettes on college students. These studies provided scientific data about the youngest segment of the cigarette market lawfully available to Philip Morris. Moreover, because there is no bright line that separates college students from underage smokers, the studies also provided Philip Morris with considerable insight into the underage market.

In one series of experiments with college students—code-named "Shock I, II, III, IV, and V"—Philip Morris administered electric shocks to the students to determine if student smoking rates increase under stressful conditions. This study began in 1969. It ultimately had to be terminated in 1972 because "fear of shock is scaring away some of our more valuable students."

In another study, Philip Morris gave college students low-nicotine cigarettes in an attempt to force the students "to modify their puff volumes, inhalation volumes, and/or smoke retention times in order to obtain their usual nicotine dose."

Philip Morris maintains publicly that it does not target children in advertising, cigarette sales, or other ways. The documents undermine this claim—at least as it applies to scientific research. They show that Philip Morris has targeted children and college students, the youngest segment of the market, for specific research projects.

At this point, I want to begin to read excerpts from the documents. I have organized the documents chronologically, beginning in January 1969 and continuing to November 1980.

CHRONOLOGY OF PHILIP MORRIS RESEARCH ON NICOTINE PHARMACOLOGY

January 1969.—A Philip Morris report describes "objectives and plans" for its Smoker Psychology Program. These objectives and plans provide the first recognition in the documents that cigarettes have psychopharmacological effects and are smoked for need-gratification.

One objective mentioned in the report is an "attempt to teach a rat to seek the inhalation of cigarette smoke * * * through the reinforcing effect of the psychopharmacological effects of the inhaled smoke." This objective is noteworthy because a hallmark of an addictive substance is that the substance is reinforcing and will be self-administered by rats. As described later in this chronology, Philip Morris succeeded in 1980, well in advance of the rest of the scientific community, in showing that nicotine has this hallmark characteristic of an addictive substance.

A second objective mentioned in the report is to determine whether "there is any product that can potentially replace the cigarette in need-gratification."

Source: P.A. Eichorn and W.L. Dunn, "Plans and Objectives—1600"—January 8, 1969.

August 1969.—A Philip Morris scientist, William Dunn, proposes that research techniques used to study "drug addiction" be applied to study "the experiences of smokers in their efforts to discontinue the habit."

Dunn had visited a drug addiction study being conducted by Dr. Paul Lazarsfeld at Columbia University. Impressed by the study, Dunn wrote to Helmut Wakeham, the vice president for research and development at Philip Morris, to propose that Dr. Lazarsfeld study "the experiences of smokers in their efforts to discontinue the habit." Dunn argued that the drug addiction methodologies would be "highly effective" in studying the cigarette habit:

I saw this approach in operation in the drug-addiction conference. In its current application it appears highly effective. I can see no reason why it should not be as effective for the proposed study.

Source: Memorandum on "Discussions with Professor Lazarsfeld on the Study of Discontinuing Smokers," from W.L. Dunn to H. Wakeham—August 1, 1969.

Fall 1969.—Philip Morris researchers brief the Philip Morris Board of Directors on why people smoke. The researchers tell the Board that a smoker begins to smoke at age 16 "to enhance his image in the eyes of his peers." This psychosocial motive, however, is not enough to explain continued smoking. The researchers tell the board that people continue to smoke to obtain "the pharmacological effect of smoke."

According to the researchers, the smoker's desire for this pharmacological effect is so strong that it "preempts food in times of scarcity on the smoker's priority list."

Specifically, the researchers tell the Board:

We are beginning to concentrate on the smoker himself. We are addressing the question, "Why do people smoke." . . .

First, we have to break the question into its two parts: No. 1, Why does one begin to smoke? and No. 2, Why does one continue to smoke?

There is general agreement on the answer to the first part. The 16 to 20 year-old begins smoking for psychosocial reasons. The act of smoking is symbolic: it signifies adulthood, he smokes to enhance his image in the eyes of his peers.

But the psychosocial motive is not enough to explain continued smoking. Some other motive force takes over to make smoking rewarding in its own right. Long after adolescent preoccupation with self-image has subsided, the cigarette will even preempt food in times of scarcity on the smoker's priority list. The questions is "why?" . . .

We are of the conviction . . . that the ultimate explanation for the perpetuated cigarette habit resides in the pharmacological effect of smoke upon the body of the smoker, the effect being most rewarding to the individual under stress.

Source: "Ryan/Dunn Alternate—Third Version of Board Presentation"—fall 1969, delivered with only minor changes.

December 1969.—Philip Morris commences the first of several series of studies of smoking by college students. The first series is called "Shock I, II, III, IV, and V." In these studies, college students are given electric shocks to promote anxiety. The purpose of the studies is "to show that cigarette smoking is more probable in stress situations than in nonstress situations." According to the researchers:

Shock intensity will be adjusted for each subject according to the subject's pain threshold. The shock will be painful.

The Shock studies run for three years. In October 1972, the scientists are finally forced to abandon the research because "fear of shock is scaring away some of our more valuable subjects."

Source: Memorandum on "Proposed Research Project: Smoking and Anxiety," from F.J. Ryan to W.L. Dunn—Dec. 23, 1969; Frank Ryan, "Shock I, II, III, and IV," in Consumer Psychology Monthly Report—Sept. 16 to Oct. 15, 1971; Frank Ryan, "Shock V," in Consumer Psychology Monthly Report—Jan. 15 to Feb. 15, 1972; P.A. Eichorn and W.L. Dunn, "Quarterly Report—Projects 1600 and 2302"—Oct. 5, 1972.

September 1970.—Philip Morris develops a five-year plan for the Smoker Psychology Program. Two of the research goals are first, to determine whether "the smoking habit can be sustained in the absence of nicotine" and second, to "elucidate the role of nicotine as a factor in determining cigarette acceptability."

Source: P.A. Eichorn and W.L. Dunn, "Five-Year Objectives and Plans for Project 1600"—Sept. 25, 1970.

November 1971.—Philip Morris continues its study of smoking by college students in a project titled "Desire to Smoke." In this study, "all available college students will fill out a questionnaire rating their desire to smoke" so that Philip Morris can "compare the rated desire to smoke with our existing personality profiles."

Source: Frank Ryan, "Desire to Smoke," in *Consumer Psychology Monthly Report*—Oct. 16 to Nov. 15, 1971.

January 1973.—Philip Morris commences three studies to determine "what effect, if any, smoking has upon the magnitude of shifts in arousal level, with heart rate being used as the index of this psycho-physiological state."

Source: P.A. Eichorn and W.L. Dunn, "Quarterly Report—Projects 1600 and 2302"—Jan. 5, 1973.

February 1973.—Philip Morris begins a study of the effect of smoking on "alpha brain wave dominance"—that is, the effect of smoking on the electrical activity of the brain. The researchers involved in the study state:

Alpha brain wave dominance is associated with states of tranquility and meditation. . . . As part of our continuing search for the motivationally relevant effects of smoking, we are investigating the influence of smoking upon the rate of acquisition of alpha wave control.

Source: W.L. Dunn, "Smoking and Rate of Learning Alpha Control," in *Smoker Psychology Monthly Report*—Jan. 1 to Jan. 31, 1973.

June 1974.—Philip Morris commences a four-year study of smoking by "hyperkinetic" children to determine if they will "discover the advantage of self-stimulation via nicotine" and "become cigarette smokers in their teenage years."

In June 1974, the researchers conducting the study write:

It has been found that amphetamines, which are strong stimulants, have the anomalous effect of quieting these children down. Many children are therefore regularly administered amphetamines throughout grade school years. . . . We wonder whether such children may not eventually become cigarette smokers in their teenage years as they discover the advantage of self-stimulation via nicotine. We have already collaborated with a local school system in identifying some such children in the third grade. . . . It would be good to show that smoking is an advantage to at least one subgroup of the population.

In March 1975, the researchers describe their intention to increase the size of the study of "hyperkinesis as a precursor to smoking" to 60,000 children:

The size of our prospective study should be increased to the base of about 60,000 children when a local school system extends its student evaluation three more grades this spring.

In July 1975, the researchers report the status of their investigation of the "hyperkinetic child as a prospective

smoker" to Helmut Wakeham, the vice president of research and development at Philip Morris, and other Philip Morris officials. Specifically, they tell the Philip Morris vice president:

We hypothesize that the characteristics of smokers and hyperkinetic children so closely resemble each other that in the past hyperkinetics were almost sure to become smokers. . . . We have undertaken a long term prospective study to identify the hyperkinetic and borderline hyperkinetic youngsters in Chesterfield County school system, and to see whether they become smokers. All the children in one grade level were tested last year.

In May 1977, Philip Morris continues its investigation into the smoking habits of hyperactive children by initiating two prospective studies with pediatricians treating hyperactive children. In these studies, Philip Morris will track the hyperactive children and a group of controls to see whether they have become smokers. Philip Morris will then "help our colleagues find the variables which account for drug-response and non-response."

Finally, the study of hyperkinetic children stops in March 1978, due to objections from school systems and physicians. The researchers write:

Obstacles presented by school systems and physicians concerned with the various "privacy acts" passed by state and national legislatures have made it very difficult for us to conduct studies using school and medical records of minors.

Source: F.J. Ryan, "Relationship between Smoking and Personality," in *Smoker Psychology Monthly Report*—June 10, 1974; Frank Ryan, "Hyperkinesis as a Precursor of Smoking," in *Smoker Psychology Monthly Report*—Mar. 10, 1975; "Behavioral Research Annual Report," approved by W.L. Dunn and distributed to H. Wakeham et al.—July 18, 1975; F.J. Ryan, "Hyperactivity," in *Smoker Psychology Monthly Report*—May 13, 1977; F.J. Ryan, "Hyperkinetic Children," in *Smoker Psychology Monthly Report*—Mar. 10, 1978.

November 1, 1974.—Philip Morris' director of research, Thomas Osdene, who later becomes vice president for science and technology, approves and sends an annual report on behavioral research to the vice president for research and development, Helmut Wakeham. The report shows that by 1974, top company officials plainly consider cigarettes to be a drug. The report analogizes smoking to drug use, stating "dose control continues even after the puff of smoke is drawn into the mouth"; it asserts that a person smokes "to achieve his habitual quota of the pharmacologically active components of smoke"; and it hypothesizes that stopping smoking produces "reactions . . . not unlike those to be observed upon withdrawal from any number of habituating pharmacological agents."

The report also summarizes the status of a number of Philip Morris studies, including a study of smoker compensation when nicotine levels in cigarettes are reduced. Compensation stud-

ies, which are repeatedly discussed in the documents, assess the attempt of smokers to increase their nicotine intake through smoking more cigarettes or taking longer puffs.

Source: "Behavioral Research Annual Report, Part II," approved by T.S. Osdene and distributed to H. Wakeham et al.—Nov. 1, 1974.

December 1974.—A Philip Morris document discusses the company's nicotine research program in Neuchatel, Switzerland. This is the only document describing these secret activities. The Switzerland researchers, who were also heavily involved in nicotine research, report that a "compensation mechanism seems to be in operation for a proportion of the consumer population to adjust the nicotine yield to their needs or liking."

Source: Gustafson and Haisch, "PME Research: 1972-74."

March 1975.—Philip Morris continues its study of smoking by college students by examining whether smoking by college students increases following a 2-hour deprivation period. Preliminary data suggest that students compensate for deprivation by smoking more and taking more puffs.

Source: Quarterly Report Memorandum, from W.L. Dunn to T.S. Osdene—Mar. 25, 1975.

July 1975.—Philip Morris commences its first study of "the black menthol smoker." The researchers explain:

The black menthol smoker is an important segment of the menthol market, yet all of the PM national field tests of menthol cigarettes have been conducted with virtually all white panels. What with some 500 black menthol smokers having become available with the advent of the RP3 panel, the opportunity was afforded to study the black response to menthol cigarettes.

Source: "Behavioral Research Annual Report," approved by W.L. Dunn and distributed to H. Wakeham et al.—July 18, 1975.

September 1975.—Philip Morris scientist W.L. Dunn describes smokers' abilities to compensate for reduced nicotine in cigarettes as "dose-regulating mechanisms of remarkable precision and sensitivity." He explains in detail how a smoker could compensate for a 15 percent reduction in nicotine in Marlboro cigarettes by "more efficient extraction of the goodies." He writes:

To accommodate to the 15% reduction in available Marlboro nicotine, the smoker who was getting 50% of the available nicotine over into his blood from the Marlboro . . . now must get 59% of what the current Marlboro offers him. He can take bigger puffs, or inhale more from the supply drawn into the mouth . . . or for more efficient extraction of the goodies, he can draw it deeper or hold it in longer.

Source: Letter from W.L. Dunn to Stanley Schachter (Sept. 8, 1975).

February 1976.—Philip Morris continues its study of smoking by college students by attempting to identify "nicotine regulators" among college students. A major goal of the study is to determine if Philip Morris can "force" students who are given low-nicotine

cigarettes "to modify their puff volumes, inhalation volumes, and/or smoke retention times in order to obtain their usual nicotine dose." Nicotine regulators are described by Philip Morris in the documents as smokers who compensate for nicotine deprivation by increasing their intake of nicotine.

Source: Carolyn Levy, "Regulator Identification Program," in *Smoker Psychology Monthly Report*—Feb. 10, 1976.

June 1976.—Philip Morris researchers discuss "why people start to smoke." They summarize the data indicating that most smokers begin to smoke between 10 and 18 years old. They then state that one of the reasons for continued smoking is that cigarettes serve "as a narcotic, tranquilizer, or sedative."

Source: Memorandum on "Why People Start to Smoke," from A. Udow to J.J. Morgan—June 2, 1976.

December 1976.—Philip Morris scientists report a "consensus of investigators" that "the reinforcement of the smoking act is the effect of smoke component action in the central nervous system." They propose setting up an electroencephalographic or "EEG" laboratory "to seek an ultimate explanation of cigarette smoking among the nicotine or smoke-component-related events of the central nervous system." The new EEG equipment would enable Philip Morris to monitor the brain waves of smokers.

Source: Memorandum on "Rationale for Investigating the Effects of Smoking Upon Electroencephalographic Phenomena," from W.L. Dunn to T.S. Osdene—Dec. 22, 1976.

November 1977.—Philip Morris continues its study of smoking by college students. In a new experiment, Philip Morris attempts to distinguish students who smoke out of "habit" from those who smoke out of "need." The researchers explain:

Although nicotine intake appears a critical mainstay of tobacco consumption, not all people smoke for nicotine on all occasions. . . . All . . . cigarettes contribute to the total nicotine in the system, so that a cigarette smoked out of habit will delay the time until a cigarette is smoked out of need.

Source: F.J. Ryan, "Habit and Need Cigarettes," in *Smoker Psychology Monthly Report*—Nov. 11, 1977.

December 1977.—Philip Morris researchers report to the Director of Research their view that "nicotine compensation is a real phenomenon" and that "some people smoke for nicotine and * * * try to obtain a relatively constant amount of nicotine from their cigarettes."

The report also states that Philip Morris has "effected an arrangement with a university affiliated hospital for injecting nicotine in humans for discrimination studies." FDA approval is required before conducting nicotine injections, but in this case and the other instances of human injection mentioned in the documents, no such approval apparently was.

Source: Memorandum on "Behavioral Research Accomplishments—1977," from W.L. Dunn to T.S. Osdene—Dec. 19, 1977.

March 1978.—Philip Morris launches its "nicotine program." The program is to involve central nervous system ("CNS") behavioral testing, studies of the "molecular basis of nicotine pharmacology," and "nicotine analogue preparation."

On March 15, 1978, the Philip Morris researchers involved in the program write:

An effective nicotine program must include both peripheral and CNS bioassay. . . . It is clear that CNS studies represent the most complex, state-of-the-art concepts. Ultimately, the isolation and characterization of the nicotine CNS receptors are the major goal. Many steps must come first. These include (1) pharmacological location of sites of nicotinic action using both cannulae and various tissue sections; (2) measurement of electrochemical activity following drug administration; (3) various techniques including photoaffinity labeling and binding studies as aids a receptor isolation (4) receptor identification and characterization.

On March 31, 1978, they elaborate further, describing "CNS behavioral testing" that is "needed in the immediate future":

Nicotine discrimination, self-administration and tolerance studies will enable us to examine the cuing and reinforcing properties of nicotine and nicotine analogues in rats. These are state-of-the-art bioassays for central nervous system activity which we believe will serve as useful models of human smoking behavior.

These CNS studies are significant because they are the same studies used by the National Institute on Drug Abuse to determine the addiction potential of a drug. A substance that a self-administered and reinforcing has addiction potential because it induces repeated and compulsive use.

The researchers also propose conducting studies into the "molecular basis of nicotine pharmacology," because "we must begin to gain expertise in experimentation dealing with nicotine receptor technology." Nicotine receptors are the structures in the brain to which nicotine attaches after entering the blood stream.

Source: Memorandum on "Nicotine Program," from J.I. Seeman to T.S. Osdene—Mar. 15, 1978; Memorandum on "Nicotine Program: Specific Implementation," from J.I. Seeman et al. to T.S. Osdene—Mar. 31, 1978.

September 1978.—Philip Morris develops a new five-year plan for research and development. A major component of the plan is the nicotine analog program, which is based on the recognition that "nicotine may be the physiologically active component of smoke having the greatest consequence to the consumer."

Specifically, the plan states:

Nicotine may be the physiologically active component of smoke having the greatest consequence to the consumer. Therefore, we are studying the differences in physiological effects between nicotine and its analogues to

determine the mode of nicotinic action. If acquired, this knowledge may lead to a substance which will produce the known desirable nicotinic effects and greatly diminish any physiological effects of no benefit to the consumer.

Source: Philip Morris, USA, "Research and Development Five Year Plan, 1979-1983"—Sept. 1978.

December 1978.—Philip Morris presents its objectives for the Behavioral Research Laboratory for 1979. The objectives are significant for two reasons:

First, they describe intense research activity, involving over 15 different investigations, into nicotine pharmacology.

Second, they link the laboratory's nicotine research to the development of "new and improved smoking products" that capitalize on the research.

The Philip Morris researchers state their overall objective as follows:

All of the effort of the Behavioral Research Laboratory is aimed at achieving this objective: To understand the psychological reward the smoker gets from smoking, to understand the psychophysiology underlying this reward, and to relate this reward to the constituents in smoke.

The researchers explain that to achieve this objective, three general lines of research will be pursued:

1. The effects of nicotine and nicotine-like compounds on animal behavior.
2. The effects of smoke and smoke constituents upon the electrical activity in the human brain.
3. The effects of changes in smoke composition upon puffing behavior, inhalation behavior and descriptive statements by the smoker.

The "rationale for the program" is its potential commercial application. Specifically, the researchers state:

The rationale for the program rests on the premise that such knowledge will strengthen Philip Morris R&D capability in developing new and improved smoking products.

The researchers then describe six studies being conducted by the animal behavior group—"nicotine discrimination," "tail flick," "monitoring of motor activity," "prostration syndrome," "nicotine self-administration," and "rat EEG"; five studies being conducted by a new neuropsychology laboratory set up "to understand the interrelations between cigarette smoking and the human brain"—"effects of smoking on visually evoked response," "search for other evoked responses," "effects of smoking on the electroencephalogram," "long-term deprivation and the electrical activity of the brain," and "comparison of three routes of nicotine administration"; and five studies being conducted by the smoking behavior group—nicotine detection, masking of nicotine, nicotine's affect on cigarette acceptability, behavioral consequences of low-nicotine cigarettes, and "mouthfeel" factors.

Three of the studies are especially noteworthy. First, the study comparing three routes of nicotine administration is significant because it again involved "intravenous injection" of

human subjects with nicotine as one of the routes of administration. The other two routes of exposure were inhalation and ingestion. The study was designed to "answer several important questions," including "what is the relationship between blood nicotine levels and CNS activity"; "how soon following a given method of nicotine administration are effects seen in the CNS and for how long"; and "how are the human studies employing cigarette smoking similar to or different from animal studies employing nicotine injection."

Second, the study of long-term deprivation and the electrical activity of the brain is important because it involved measuring the brain waves of quitters to learn whether "brains change in some fashion following the experience with tobacco." According to the researchers, this study was undertaken because "in terms of the electrical activity of the brain, there can be little doubt that smokers and non-smokers are very different."

Third, the study of the behavioral consequences of smoking low-nicotine cigarettes is significant because it involved designing special cigarettes "at or near the nicotine need threshold." As the researchers explained:

The low nicotine delivery will ensure that total nicotine in the system remains at or near the nicotine need threshold, thus maximizing the proportion of day's cigarette consumption which is smoked out of need. . . . The results may shed light on the manner by which nicotine control is achieved.

Source: Memorandum on "Plans and Objectives—1979," from W.L. Dunn to T.S. Osdene—Dec. 6, 1978.

January 7, 1980.—Philip Morris describes its objectives for the behavioral research laboratory for 1980. Many of the objectives are a continuation of the 1979 objectives. The Philip Morris researchers make several statements that again underscore the company's knowledge of nicotine's addictiveness.

The Philip Morris researchers state that "our theorizing on the role of nicotine suggests that cigarettes will be smoked whenever body nicotine content drops below a certain (unknown) level." The researchers also state their view that smokers will experience withdrawal syndrome and evidence of nicotine dependence upon being given ultra-low-nicotine cigarettes.

In one noteworthy study, the researchers propose to use a place preference paradigm used to study morphine to study nicotine. Specifically, they state:

Mucha and Van der Kooy (1979) have reported that a place preference paradigm may be used to demonstrate the rewarding properties of morphine. We plan to use a similar paradigm to examine the rewarding properties of nicotine.

A second important study described in the report involves the effect to develop an assay for measuring the nicotine level in saliva. This assay would be used to confirm that "cigarettes will be smoked whenever body nicotine content drops below a certain (unknown) level."

Source: Memorandum on "Plans and Objectives—1980," from W.L. Dunn to T.S. Osdene—Jan. 7, 1980.

January 15, 1980.—Philip Morris describes its objectives for the Biochemistry Division for 1980 in a report from the director of research, Thomas Osdene, to the vice president for research and development, Robert Seligman. As in earlier reports, the objectives for this division include a heavy emphasis on nicotine.

Specifically, the report states that the objectives include:

1. To develop a fundamental understanding of the mechanisms by which nicotine and other tobacco alkaloids interact with the peripheral and central nervous system.

2. To determine if nicotine analogues can be designed which exhibit differential activity at different receptors. . . .

5. To perform . . . pharmacological testing of nicotine and its analogues.

Source: T.S. Osdene, "Plans and Objectives for 1980," distributed to R. Seligman et al.—Jan. 15, 1980.

March 1980.—Philip Morris's vice president for research and development, Robert Seligman, sends a memo to Philip Morris scientists soliciting their views on the value of continuing Philip Morris's support for the nicotine analog research being conducted by Dr. Leo Abood at the University of Rochester.

The researchers respond that the program should be continued. One researcher, Jim Charles, justifies support by explaining that "nicotine and an understanding of its properties are important to the continued well being of our cigarette business since this alkaloid has been cited often as 'the reason for smoking.'" Charles subsequently became the director of research at Philip Morris and later vice president for research and development.

Specifically, Charles states:

Nicotine is a powerful pharmacological agent with multiple sites of action and may be the most important component of cigarette smoke. Nicotine and an understanding of its properties are important to the continued well being of our cigarette business since this alkaloid has been cited often as "the reason for smoking." . . . Nicotine is known to have effects on the central and peripheral nervous system as well as influencing memory, learning, pain perception, response to stress and level of arousal.

Our ability to ascertain the structural features of the nicotine molecule which are responsible for its various pharmacological properties can lead to the design of compounds with enhanced desirable properties (central nervous system effects) and minimized suspect properties (peripheral nervous system effects). There are many opportunities for acquiring proprietary compounds which can serve as a firm foundation for new and innovative products in the future.

A second researcher refers to related work being conducted by Philip Morris in Germany, stating "for several years, we have been receiving data on peripheral screening of our nicotine analogues from Germany." According to the researcher, the work from Cologne, Germany, has been of the highest calibre.

Source: Memorandum on "Nicotine Receptor Program—University of

Rochester," from R.B. Seligman to T.S. Osdene et al.—Mar. 5, 1980; Memorandum on "Nicotine Receptor Program—University of Rochester," from J.L. Charles to R.B. Seligman—Mar. 18, 1980; Memorandum on "Nicotine Receptor Program—University of Rochester," from E.B. Sanders to R.B. Seligman—Mar. 21, 1980.

November 1980.—Philip Morris describes its research objectives for the behavioral research program for 1981. The objectives again confirm the company's extensive interest in the pharmacological effects of nicotine.

The report describes the goals of the electrophysiology program as follows:

It is our belief that the reinforcing properties of cigarette smoking are directly related to the effects that smoking has on electrical and chemical events within the central nervous system. Therefore, the goals of the electrophysiology program are to: (I) Determine how cigarette smoking affects the electrical activity of the brain, and (II) Identify, as far as possible, the neural elements which mediate cigarette smoking's reinforcing actions.

The report describes the goals of a new behavioral pharmacology program as follows:

Objectives: I. To develop a better understanding of the behavioral pharmacological actions of nicotine, particularly the action which reinforces smoking behavior. II. Develop the empirical evidence which differentiates nicotine from classical abuse substances. III. Use behavioral pharmacology methods for evaluating the nicotine-likeness of nicotine analogues.

The report describes the goals of the experimental psychology program as follows:

Objectives: 1. To gain a better understanding of the role of nicotine in smoking. 2. To study basic dimensions of the cigarette as they relate to cigarette acceptability.

Two individual studies described in the report are especially important. First, the report states that Philip Morris succeeded in developing a technique for inducing rats to self-administer nicotine. This is significant because self-administration is a hallmark characteristic of an addictive drug. Independent scientists, who were not informed of this secret Philip Morris research, did not demonstrate nicotine self-administration in the laboratory until 1989, nearly a decade after Philip Morris.

Second, the report describes a third planned experiment involving injecting nicotine into human subjects. The report states:

There are tentative plans for one other project in which nicotine will be delivered intravenously in different sized spikes of different duration, to yield a broader picture of the role of the spike, the level, and the reinforcement characteristics of the substance. The execution of this project . . . involves the dosing of numerous subjects with nicotine.

Source: Memorandum on "Plans and Objectives—1981," from W.L. Dunn to T.S. Osdene—Nov. 26, 1980.

SUBSEQUENT RESEARCH

What happened in the Philip Morris research laboratories after November 1980?

On April 28, 1994, two Philip Morris researchers, Victor DeNoble and Paul Mele, appeared before the Subcommittee on Health and the Environment of the House Committee on Energy and Commerce, to testify about their research at Philip Morris from 1980 to 1984. They described how they used experimental techniques developed by the National Institute on Drug Abuse [NIDA] to determine the addiction potential of nicotine.

DeNoble and Mele's experiments primarily involved nicotine self-administration studies in rats. As described above, they found that rats would self-administer nicotine—one of the hallmark characteristics of an addictive drug.

DeNoble and Mele's work held great interest to top Philip Morris executives. According to their testimony, in mid-1983 they were flown to New York to brief senior management on their work. Then in November 1983, the President of Philip Morris, Shep Pollack, flew to Richmond to observe rats injecting nicotine in one of DeNoble and Mele's self-administration experiments. At that time, Pollack was informed by DeNoble that the procedures he observed were "the exact procedures NIDA would use to demonstrate abuse liability."

Despite Philip Morris's interest in their work, DeNoble and Mele were abruptly terminated in April 1984, due to concerns that their findings could bolster product liability claims against Philip Morris. Subsequently, Philip Morris threatened the two researchers with litigation if they disclosed their research activities in journals or at public forums.

DeNoble and Mele were involved in only one part of Philip Morris's intensive investigation of nicotine—the rat experimentation. Virtually nothing is known about what happened to the many other Philip Morris research initiatives after 1980.

CONCLUSION

The documents I have just read make it clear that Philip Morris is in the drug business. Its laboratories have been intensively involved in unlocking the secrets of nicotine pharmacology for decades. The documents themselves state that this pharmacological research was undertaken for commercial purposes.

The documents also indicate that this research was in important instances targeted specifically at children and college students.

In summary, these documents make it crystal clear that we need regulation of tobacco to protect our children from becoming addicted to a life-threatening drug.

Mr. Speaker, I have brought with me the documents I read from during the course of this hour. Pursuant to my earlier unanimous consent request, I am inserting the documents in the RECORD for publication.

[Documents referred to will appear in a future issue of the RECORD.]

□ 1315

SALUTE TO POLICE OFFICERS IN AUSTIN, TX

The SPEAKER pro tempore (Mr. EVERETT). Under a previous order of the House, the gentleman from Texas [Mr. DOGGETT] is recognized until 2 p.m.

Mr. DOGGETT. Mr. Speaker, thank heavens there are young men and women across this country who are willing to dedicate their lives to protecting the rest of us, who help to secure us in our neighborhoods and our homes, who protect us against crime and violence and crimes of property.

I particularly want to salute and recognize some of the young men and women, and I have actually brought pictures of them here today, who joined the men and women in blue last Friday night in Austin, TX.

You will see each of them is actually in a tan or khaki uniform because these are their cadet pictures, and on Friday night, they graduated from being cadets in the Austin Police Department to serving now and are today, as I speak, many of them are out patrolling the streets and the sidewalks of the city of Austin, TX, assuring that the good citizens of our community can go about their lives and their livelihoods without the threat of violent crime.

Today in this House and throughout this week we are going to have an opportunity to back up these young men and women who are out there patrolling our streets or to abandon our commitment to them. And it is the concept of community policing and the important vote that this House will take this week when it takes under consideration the appropriations bill for the COPS Program that I wanted to address this afternoon.

You see, this particular class of young men and women is the largest class that we have had in Austin, TX, for some time, because it includes some 63 young men and women who have dedicated themselves to the protection of their neighbors there in central Texas, and the only reason that the class can include 63 cadets, now 63 new law enforcement officers in Austin, TX, is because of the backup of the Federal Government.

Of course, law enforcement must always be principally a local responsibility, and we are fortunate in Austin, TX, to have one of the finest law enforcement agencies in this entire country under the command of our chief of police, Elizabeth Watson.

In order to back up that strong local initiative, in recognizing our local communities are many times strapped for tax resources, the Federal Government can provide some support, not only through an occasional speech on the floor of the Congress or from the White House but actually by putting dollars where the Federal mouth is, and in this case something was done right by this Federal Government and something was done right on the floor

of this House last September when a new crime offensive was approved by the House, over tremendous opposition, and that bill was signed into law, and within little more than a month of the time that that bill became law late last October, the city of Austin learned that it could go out and would have the Federal support, the Federal moneys that 25 of these 63 young men and women would be paid for through Federal tax dollars through the COPS Program.

We have had a real interest in Austin, TX, in community policing because we realize that getting our law enforcement officers into the community, knowing the people in the neighborhoods, backing up Neighborhood Watch, backing up crime stoppers, using every tool available to involve law enforcement officers with the neighborhoods in doing effective community policing was the best way to do something about the rising tide of crime that we had faced in Austin, TX.

So within a month of Congress acting, little more than a month, the city of Austin, like communities across this great land, learned that there would be Federal dollars to back up local efforts and to add new cadets to the training course. Come January of this year, our cadets began a very rigorous training that is done right there in Travis County, TX.

Last Friday night they completed that training and are now out serving.

But what an unusual coincidence, I must say, it is this week, just as these cadets hit the street and began protecting our citizenry, that we are faced with a critical vote that will probably come up tomorrow night or Wednesday morning in the Justice Department appropriations, and if that bill is approved in the form that is recommended to this House for action, we will yield in our support to these young men and women. We will be saying to communities across the country that the commitment to add 100,000 new law enforcement officers to our Nation's streets is a commitment that this Congress does not intend to fulfill.

I think that would be a serious mistake. That is why I want to draw attention to that appropriations bill this afternoon and particularly to an amendment that I believe will be offered by our colleague from West Virginia [Mr. MOLLOHAN], to restore support for the same program that has added these young men and women to our streets.

It is ironic that a group of people, our Republican colleagues who refer to themselves frequently at campaign time as law and order supporters, would be withdrawing support from the very program that put these people on the street.

You see, the administration backed the initiative here in Congress and signed it into law to get 100,000 new police officers on the street. But the bill that passed this Congress earlier in the year and the appropriations measure,