

I talked just yesterday before the Committee on the Budget hearing to Secretary of Education Paige, and Secretary Paige told us that the President had recommended an increase in funding in special education, but far short of the promise Congress made 25 years ago.

We have got to do what is right. I hope and believe we will do what is right. We are a better Nation than the way we have acted for the last 25 years.

□ 1345

LACK OF HEALTH INSURANCE FOR LOW-INCOME WOMEN

The SPEAKER pro tempore (Mr. GILCREST). Under a previous order of the House, the gentlewoman from California (Ms. SOLIS) is recognized for 5 minutes.

Ms. SOLIS. Mr. Speaker, today I rise to talk about the deplorable lack of health insurance for low-income women. Nearly 4 in 10 poor women are uninsured. Four in ten.

We know that health care coverage is critically important for low-income women because they cannot afford to pay for health care out of their own pockets. Without health insurance, women may decide not to get needed health care because they cannot afford it. Despite the fact that our country has experienced large economic growth over the past few years, the proportion of low-income women who are uninsured actually rose 32 percent to 35 percent. Clearly, our Nation's economic growth has not reached all segments of our society.

This problem is even more pronounced for immigrant and minority low-income women. Mr. Speaker, 51 percent of low-income Latinas are uninsured. That is more than half. Among uninsured Latino adults in fair to poor health, 24 percent of women have not visited a doctor in the past year. These are women who are not in good health yet nearly a quarter of them have not seen a doctor in 12 months. 42 percent of low-income Asian- American women are uninsured.

Nearly 1 in 5 low-income women are immigrants, and over half of those are noncitizens and they are uninsured. Without health insurance, where can they go for quality health care? Less than a quarter of low-income noncitizen women have job-based health coverage.

Medicaid, or Medi-Cal as we know it in California, has traditionally been a source of support for these women, helping them to receive needed health care services. Unfortunately the changes made in the 1996 welfare law hurt low-income women. The 1996 welfare law separated Medi-Cal from welfare and put new requirements on people receiving cash assistance.

Although the new law pushed people into leaving welfare and onto the job rolls, many of those jobs are low skilled and low paying. Many of those

women remain without any form of health care coverage and so do their families. Let us provide them with affordable health care.

CARDIOVASCULAR DISEASE, NUMBER ONE KILLER OF WOMEN

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Indiana (Ms. CARSON) is recognized for 5 minutes.

Ms. CARSON of Indiana. Mr. Speaker, I am pleased to address this august body and this Nation in celebration of Women's History Month. As we celebrate women's history, we have many women who have made major contributions to the advancement of this country. We have Sojourner Truth, Harriet Tubman, Rosa Parks and Barbara Jordan, and other women who have been enormously progressive in terms of advancing the work and the lives of people across this Nation.

In Women's History Month, however, we must remember the importance of keeping women's bodies healthy. Cardiovascular diseases are the number one killer of women. These diseases currently claim the lives of more than 500,000 women a year. Although these statistics are enormous, many women still are not aware of their risk for heart disease. Why is this the case. Studies have shown that women and doctors may not know that cardiovascular disease is the main killer of women, the leading cause of death among women, not breast cancer, or any of the other diseases that we try to find cures for, but cardiovascular disease is the main killer of women.

Women and doctors may not realize the risk factors for cardiovascular disease because it is different in women than men. Women's symptoms of cardiovascular disease may not be recognized because they may be different than men, and women do not receive the same levels of prevention, care and treatment as men. It is important that women understand the risks, recognize the symptoms and reduce the risk of a heart attack. We must also ensure that doctors are provided with the proper educational tools and sensitivity understanding that they need in order to help women make the right decisions about their health and well-being.

It is time, I believe, to reduce the numbers and to focus on living healthy and productive lives. Knowledge about our health is powerful, and working towards having and keeping good health is the first step in living a powerful and productive life.

WORKING WOMEN DESERVE HEALTH INSURANCE COVERAGE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Wisconsin (Ms. BALDWIN) is recognized for 5 minutes.

Ms. BALDWIN. Mr. Speaker, it is estimated that 19 percent of women in the United States lack health insur-

ance coverage. Women and their children are disproportionately represented among the Nation's uninsured population, primarily due to the number of women in service jobs and retail jobs which have low rates of employer-provided insurance and lower wages. Many working women have part-time jobs where health benefits are not offered by the employer or cannot afford the premiums to purchase the insurance.

Women who are insured through their spouse's employment are often more susceptible to disruptions in health care coverage. Divorce, death of a spouse, change in job status of a spouse or a change in the dependent coverage through an employer could result in a woman and her children losing health insurance.

We also know that women are living longer, yet the quality of their lives is not always better. Women are more likely to be uninsured than men, and this lack of health insurance is a public health risk.

Studies show that people without health insurance are less likely to receive care and more likely to delay seeking care for acute medical problems. This ultimately adds to the cost because in many cases their medical conditions become more serious producing adverse outcomes that will need extensive follow-up care. Uninsured individuals are less likely to receive primary care or preventive services, which would keep medical conditions from becoming worse.

We all know that women who are diagnosed with breast or gynecological cancers at a later stage are more likely to die from those conditions and diseases than those who detect it early. This is an even greater health risk because we know women disproportionately take care of the family. And as caretakers, women simply do not have the time to be sick. That is why education and prevention and proper health insurance is so vital.

Working women deserve health insurance coverage for themselves and for their children. I am optimistic that we can begin to address the problem of the 43 million people in America who are uninsured and the many more who are underinsured, so that no man, woman or child in this country has health care needs that are not being addressed. No one should be left behind.

The SPEAKER pro tempore (Mr. GILCREST). Under a previous order of the House, the gentleman from California (Mr. BACA) is recognized for 5 minutes.

(Mr. BACA addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

GLOBAL WARMING

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from Iowa

(Mr. GANSKE) is recognized for 60 minutes as the designee of the majority leader.

Mr. GANSKE. Mr. Speaker, headlines in USA Today scream: "Global Warming Is Evident Now." U.S. News and World Report's cover story proclaims: "Scary Weather: Scientists Issue a Startling Forecast of Global Climate Change," and they feature a picture of the Earth surrounded by stormy weather.

On television, we see chunks of ice the size of Connecticut breaking off of the Antarctic ice shelf and melting. The New York Times shows us the North Pole as a lake. Glaciers are melting and the snows of Kilimanjaro will soon become a memory.

Mr. Speaker, mosquitoes are living at higher altitudes than they have ever been seen before because it is warmer. Tropical bugs are moving north along with the diseases they carry. And if Iowa, my home State, becomes tropical, will dengue fever or malaria become a problem?

The oceans are warmer and coral reefs are dying. Will we see the oceans rise from one to three feet and flood the 70 percent of the United States population that lives within 50 miles of the ocean? Will global warming cause extreme weather, with droughts in some areas and floods in others? Will heat waves hit cities like Chicago and cause hundreds of deaths?

Will Iowa's farmers find that rainfall comes in monsoons and that growing zones are pushed hundreds of miles north? Will tropical agricultural pests that we have never seen before become common in Iowa? What will global warming do to the world's food supply? Will we see widespread famine?

Will global warming destabilize nations and become a national security problem? Will it cause massive migrations from some countries to others? Will we see a further gap between rich nations who can cope better with climate changes than poor nations that cannot handle disasters?

Mr. Speaker, what is global warming? Is it real? How do we deal with it? Can we alter it? Will it require lifestyle changes? Should we be afraid?

On the other hand, Mr. Speaker, anyone who has paid their most recent monthly energy bills knows that energy prices this winter have gone through the roof. The Des Moines Register headlines proclaim that "Iowans Are Hurting From High Prices."

Every national weekly news magazine has stories on the shortages of energy. California is going through rolling blackouts now, and we could see those types of blackouts around the country this summer if we have hot weather.

Fifty percent of the electric energy in this country is produced by coal, which releases four times as much carbon dioxide in the atmosphere per Btu as natural gas, but natural gas prices are at all-time highs because of the shortages of supply. And the greenest

of energy resources, nuclear, is hobbled because we cannot store its waste in a safe place in the desert.

We have only been working on this for about 10 or 15 years in Congress. So, Mr. Speaker, what does a policymaker do? How do we, in a democracy, deal with immediate concerns that are causing real hardships, while at the same time look for long-term solutions to potential problems?

□ 1400

Well, my friends, the first thing we have to have is an educated public; and I might add to that, we need educated lawmakers. I want to learn from my constituents, and I want to learn from my colleagues, and I want to learn from experts on this issue, and so I hope that some of my following thoughts will stimulate discussion.

One thing is for sure, Mr. Speaker, and that is that the debate on global warming has generated an awful lot of heat. The unknown can generate much fear. But I think that the more we talk about this issue in a rational way, the better off we will be. Problems present opportunities for solutions that may be beneficial in unforeseen ways if we are creative. So let us look at some of the science and some of the facts.

The Earth's temperature is rising. That is a fact. According to the National Academy of Sciences, the surface temperature of Earth has risen about 1 degree Fahrenheit in the last 100 years. Some regions around the Earth have become warmer. Others have become colder. But if you take all of the Earth in aggregate, including the oceans, the Earth is getting warmer, and it is getting warmer faster than ever before measured.

It is also a fact that carbon dioxide, CO₂, atmospheric concentrations have increased about 30 percent since they were first recorded; and in the last 50 years, the concentrations are increasing faster and faster. That, Mr. Speaker, is a scientific fact that no one disputes. Whatever your position on global warming is, no one disputes those facts.

And no one disputes, Mr. Speaker, that carbon dioxide, CO₂, is a greenhouse gas. You do not have to be a scientist to understand how the greenhouse effect works.

Under normal conditions when the sun's rays warm the Earth, part of that heat is reflected back into space. The rest of the heat is absorbed by the oceans and the soils and warms the surrounding areas, and that makes our weather. But the recent buildup of carbon dioxide in the atmosphere traps heat that otherwise would be reflected back into space. The resulting warmth expands ocean water, causing sea levels to rise. The heating also accelerates the process of evaporation, even as it expands the air to hold more water. The resulting water vapor, the largest component of greenhouse gases, traps more heat, making for a vicious cycle. The more heat is trapped, the more intense the greenhouse effect.

The international panel of planet scientists that is considered the most authoritative voice on global warming has now concluded that mankind's contribution to the problem is greater than originally believed. Earlier reports said that man-made fossil fuels like coal and oil had probably contributed to the gradual warming of the earth's atmosphere by releasing CO₂ trapped beneath the Earth into the atmosphere. The intergovernmental panel on climate change's latest report, with inputs from thousands of scientists around the world and reviewed by 150 countries, more confidently asserts that man-made gases have "contributed substantially to the observed warming over the last 50 years."

During the presidential campaign, President Bush said, "Global warming should be taken seriously but will require any decisions to be based on the best science." Today, Vice President CHENEY told me that he thinks global warming is a serious problem, too. I appreciate their concern.

Mr. Speaker, let me read from President Bush's letter to Senator HAGEL:

"My administration takes the issue of global climate change very seriously." He talks about various things related to the energy crisis but then closes with this statement. President Bush says, "I am very optimistic that with the proper focus and working with our friends and allies we will be able to develop technologies, market incentives and other creative ways to address global climate change."

The President and the Vice President are not alone in their concern. In the last year, Ford, DaimlerChrysler, Dow Chemical, IBM, and Johnson and Johnson have pledged to make big cuts in the greenhouse gases they produce.

Recently, DuPont, Shell, British Petroleum and four other multinational energy companies joined in a voluntary plan to reduce wasteful use of energy and to produce cleaner products. They would like to get credit for their reductions in CO₂.

Just last year, I attended a conference put on by the Iowa Farm Bureau. They held a symposium on carbon sequestration and how farmers can get credit for reducing CO₂. The chief executive officer of enRon, one of our country's largest energy companies, has said, "First, the science, although not conclusive, is substantial, and the absence of ironclad certainty certainly does not justify apathy. Second, the cost of obtaining dead certain proof could be high. And, third, I believe that with the right policy, such as carbon credit trading programs and incentives to start reducing emissions sooner rather than later, the cost of control for the next 5 years would be negligible."

Mr. Speaker, let me say a few words about the Kyoto Treaty on global warming which would attempt to reduce worldwide carbon dioxide emissions. I have traveled to many Third

World countries. They are among the worst polluters. I remember in Lima, Peru, at rush hour hardly being able to see four or five blocks and hardly being able to breathe the air because of the pollutants. Friends tell me that Beijing is even worse.

Now it is true that the United States consumes about 25 percent of the world's energy, but it is also true that our country has invested significantly in energy efficiency and cleaner air. For example, Iowa industries such as Maytag are actually significantly prospering because they have invested in developing energy efficient products. Iowa also leads the country in the production of renewable fuels, like ethanol which recycles carbon dioxide; and Iowa is also a leader in the production of electricity by wind power.

Now, an international treaty has to treat all participants fairly or you will not get compliance. I do not believe that the Kyoto Treaty as it stands today does that. I would have voted with Senator GRASSLEY when the Senate rejected the Treaty 95-0. I think that we need to improve that Treaty.

But, in the meantime, there is much that we can do, both individually and collectively, to help reduce carbon dioxide emissions and to reduce energy consumption. There are many steps that we could do in our own homes to reduce leakage of heat for energy efficiencies, common things that certainly with the high energy costs now would prove cost effective.

I think that collectively through public policy we should promote renewable fuels such as ethanol, promote wind power, fuel cells, geothermal and other 21st century technology. We should invest, both privately and through public grants, in energy efficiency technology. We should look at setting up a carbon credit trading system similar to the acid rain system that has worked so well. We should start to reduce carbon dioxide emissions now by rewarding people for saving energy, and we should try to build a culture that identifies and corrects inefficient use of resources.

If the global warming problem turns out to be not so serious, then, Mr. Speaker, at the least we have helped make our country's industry more competitive with lower energy costs. If the problem becomes more severe than expected, we can phase in larger reductions in greenhouse gases.

Mr. Speaker, as a physician, before I came to Congress, I think this is one area where an ounce of near-term prevention will be worth a lot more than a pound of cure later on. I hope that my colleagues and constituents share their thoughts with me on this issue.

Mr. Speaker, I want to talk for a few minutes today about what I think is the number one public health problem facing the country, and that is the death and morbidity associated with the use of tobacco. I want to discuss why the use of tobacco is so harmful, what the tobacco companies have

known about the addictiveness of nicotine in tobacco, how tobacco companies have targeted children to get them addicted, what the Food and Drug Administration proposed, the Supreme Court's decision on FDA authority to regulate tobacco, and on bipartisan legislation that I and the gentleman from Michigan (Mr. DINGELL) will introduce tomorrow that would give the Food and Drug Administration authority to regulate the manufacture and marketing of tobacco.

Mr. Speaker, the number one health problem in our country, the use of tobacco, is well captured in this editorial cartoon that shows the Grim Reaper, big tobacco, with a cigarette in his hand, a consumer on the cigarette, and the title is, "Warning: The Surgeon General is right."

Here is some cold data on this peril. It is undisputed that tobacco use greatly increases one's risk of developing cancer of the lungs, the mouth, the throat, the larynx, the bladder, and other organs. Mr. Speaker, 87 percent of lung cancer deaths and 30 percent of all cancer deaths are attributed to the use of tobacco products. Tobacco use causes heart attacks, causes strokes, causes emphysema, peripheral vascular disease and many others. More than 400,000 people die prematurely each year from diseases associated and attributable to tobacco use.

In the United States alone, tobacco really is the Grim Reaper. More people die each year from tobacco use in this country than die from AIDS, automobile accidents, homicides, suicides, fire, alcohol and illegal drugs combined. More people in this country die in 1 year from tobacco than all the soldiers killed in all the wars this country has ever fought.

Mr. Speaker, treatment of tobacco-related illnesses will continue to drain over \$800 billion from the Medicare trust fund. The VA spends more than one-half billion dollars each year on inpatient care of smoking-related diseases.

But these victims of nicotine addiction are statistics that have faces and names. Before coming to Congress, I practiced as a surgeon. I have held in these hands the lungs filled with cancer and seen the effects of decreased lung capacity on patients who have smoked. Unfortunately, I have had to tell some of those patients that their lymph nodes had cancer in them and that they did not have very long to live.

□ 1415

As a plastic and general surgeon, I have had to remove patients' cancerous jaws, like this surgical specimen. The poor souls who have had to have this type of surgery to have their jaws removed go around like the cartoon character Andy Gump. Many times, they breathe through a hole in their throat. I have had to do some pretty extensive reconstructions on patients who have lost half of their face to cancer. I have

reconstructed arteries in legs in patients that are closed shut by tobacco and are causing gangrene, and I have had to amputate more than my share of legs that have gone too far for reconstruction.

Mr. Speaker, not too long ago, I was talking to a vascular surgeon who is a friend of mine back in Des Moines, Iowa. His name is Bob Thompson. He looked pretty tired that day. I said, Bob, you must be working pretty hard. He said, Greg, yesterday I went to the operating room at about 7 in the morning. I operated on 3 patients. I finished up about midnight, and every one of those patients I had to operate on to save their legs. So I asked him, were they smokers, Bob? And he said, you bet. And the last one I operated on was a 38-year-old woman who would have lost her leg to atherosclerosis related to heavy tobacco use. I said to Bob, what do you tell those people? He said, Greg, I talk to every patient, every peripheral vascular patient that I have and I try to get them to stop smoking. I ask them a question. I say, if there were a drug available on the market that you could buy that would help to save your legs, that would help prevent you from having a coronary artery bypass, that would significantly decrease your chances of having lung cancer or losing your throat, would you buy that drug? And every one of those patients say, you bet I would buy that drug, and I would spend a lot of money for it. And you know what my friend says to patients then? He says, well, you know what? You can save an awful lot of money by quitting smoking and it will do exactly the same thing as that magical drug would have done.

Mr. Speaker, my mother and father were both smokers. They are both alive today because they had coronary artery bypass surgery to save their lives. But, I have to tell my colleagues, it took an event like that to get them to quit smoking, even though I harped on them all the time. It is a really addicting product.

Mr. Speaker, I will never forget the thromboangiitis obliterans patients that I treated at VA hospitals who were addicted to tobacco. It would cause them to thrombose the little blood vessels in their fingers so they would lose one finger after another, one toe after another. I remember one patient who had lost both lower legs, all the fingers on his left-hand, and all of the fingers on his right hand, except for his index finger. Why? Because tobacco caused those little blood vessels to clot. This patient, even though he knew that if he stopped smoking, it would stop his disease, had devised a little wire cigarette holder with a loop on one end and a loop on the other end, and he would have a nurse stick a cigarette through the loop on one end and light it and put the other loop over his one remaining finger, and that is how he would smoke.

I will tell my colleagues, I have told this story on the floor before. This is a

fact. My colleagues can talk to any of the doctors that have ever worked at a VA hospital and they will have seen patients with thromboangiitis obliterans. I am not making up this story. When I spoke on the floor once before on this, I got a letter from an angry smoker who said, you are just making up a lot of stuff. I wish I were. I wish I were. Unfortunately, these are the facts, and statistics show the magnitude of this problem.

Over a recent 8-year period, tobacco use by children increased 30 percent; more than 3 million American children and teenagers now smoke cigarettes. Every 30 seconds, a child in the United States becomes a regular smoker. In addition, more than 1 million high school boys use smokeless chewing tobacco, mainly as a result of advertising focusing on flavored brands and on youth-oriented themes and on seeing some of their sports heroes out on the ball diamond or somewhere else chewing a cud. Mr. Speaker, it is that chewing tobacco that leads to the oral cancers that results in losing a jaw.

The sad fact is, Mr. Speaker, that each day, 3,000 kids start smoking, many of them not even teenagers, younger than teenagers, and 1,000 out of those 3,000 kids will have their lives shortened because of tobacco.

So why did it take a life-threatening heart attack to get my parents to quit? I nagged them all the time. It took that near death experience. Why would not my patient with one finger, the only finger he had left, quit smoking? Why do fewer than 1 in 7 adolescents quit smoking, even though 70 percent say they regret starting? And I say to my colleagues, it is sadly because of the addictive properties of the drug nicotine in tobacco.

The addictiveness of nicotine has become public knowledge. It has become public knowledge only in recent years as a result of painstaking scientific research that demonstrates that nicotine is similar to amphetamines. Nicotine is similar to cocaine. Nicotine is similar in addictiveness to morphine, and it is similar to all of those drugs in causing compulsive, drug-seeking behavior. In fact, Mr. Speaker, there is a higher percentage of addiction among tobacco users than among users of cocaine or heroin.

Recent tobacco industry deliberations show that the tobacco industry had long-standing knowledge of nicotine's effects. It is clear that tobacco company executives did not tell the truth before the Committee on Commerce just a few years ago when they raised their right hands, they took an oath to tell the truth, and then they denied that tobacco and nicotine were addicting. Internal tobacco company documents dating back to the early 1960s show that tobacco companies knew of the addicting nature of nicotine, but withheld those studies from the Surgeon General.

A 1978 Brown & Williamson memo stated, "Very few customers are aware

of the effects of nicotine; i.e., its addictive nature, and that nicotine is a poison."

A 1983 Brown & Williamson memo stated, "Nicotine is the addicting agent in cigarettes."

Indeed, the industry knew that there was a threshold dose of nicotine necessary to maintain addiction, and a 1980 Lorillard document summarized the goals of an internal task force whose purpose was not to avert addiction, but to maintain addiction. Quote: "Determine the minimal level of addiction that will allow continued smoking. We hypothesize that below some very low nicotine level, diminished physiologic satisfaction cannot be compensated for by psychological satisfaction. At that point, smokers will quit or return to higher tar and nicotine brands."

Mr. Speaker, we also know that for the past 30 years, the tobacco industry manipulated the form of nicotine in order to increase the percentage of free base nicotine delivered to smokers as a naturally-occurring base. I have to say, Mr. Speaker, that this takes me back to my medical school biochemistry. Nicotine favors the salt form at low pH levels, and the free-based form at higher pHs. So what does that mean? Well, the free base nicotine crosses the alveoli in the lungs faster than the bound form, thus giving the smoker a greater kick, just like the drugee who freebases cocaine, and the tobacco companies knew that very well.

A 1966 British American tobacco report noted, "It would appear that the increased smoker response is associated with nicotine reaching the brain more quickly. On this basis, it appears reasonable to assume that the increased response of a smoker to the smoke with a higher amount of extractable nicotine, not synonymous with, but similar to free-based nicotine, may be either because this nicotine reaches the brain in a different chemical form, or because it reaches the brain more quickly."

Tobacco industry scientists were well aware of the effect of pH on the speed of absorption and on the physiologic response. In 1973, an RJR report stated, "Since the unbound nicotine is very much more active physiologically and much faster acting than bound nicotine, the smoke at a high pH seems to be strong in nicotine." Therefore, the amount of free nicotine in the smoke may be used for at least a partial measure of the physiologic strength of the cigarette.

Indeed, Mr. Speaker, Philip Morris commenced the use of ammonia in their Marlboro brand in the mid 1960s to raise the pH of the cigarettes, and it then emerged as the Nation's leading brand. Well, the other tobacco companies saw this rise in Marlboro construction, so they reverse-engineered and caught on to the nicotine manipulation. They copied it. The tobacco companies hid that fact for a long time, even though they privately called cigarettes "nicotine delivery devices."

Claude Teague, assistant director of research at RJR said in a 1972 memo, "In a sense, the tobacco industry may be thought of as being a specialized, highly ritualized and stylized segment of the pharmaceutical industry. Tobacco products uniquely contain and deliver nicotine, a potent drug with a variety of physiologic effects. Thus, a tobacco product is, in essence, a vehicle for the delivery of nicotine."

In 1972, a Philip Morris document summarized an industry conference attended by 25 tobacco scientists from England, Canada and the United States. Quote: "The majority of conferees would accept the proposition that nicotine is the active constituent of tobacco smoke. The cigarette should be conceived not as a product, but as a package." Then they said, "The product is nicotine."

Mr. Speaker, does anyone believe that the tobacco CEOs who testified before Congress that tobacco was not addicting were telling the truth?

As I said, Mr. Speaker, most adult smokers start smoking before the age of 18.

□ 1430

Mr. Speaker, most adult smokers start smoking before the age of 18. That has been known by the tobacco industry and its marketing divisions for decades.

A report to the board of directors of RJR on September 30, 1974, entitled "1975 Marketing Plans Presentation . . ." said that one of the key opportunities to accomplish the goal of reestablishing RJR's market share was "to increase our young adult franchise."

First, let us look at the growing importance of this young adult group in the cigarette market.

In 1960, what did they call the young adult market? They called it "the young adult franchise." What was the age group they were talking about? Ages 14 to 24. They say, "This represents 21 percent of our population. They will represent 27 percent of the population in 1975, and they represent tomorrow's cigarette business."

An adult, Mr. Speaker? These are 14-year-olds. Those are pretty young adults.

In a 1990 RJR document entitled "MDD Report on Teenager Smokers Ages 14 Through 17," a future RJR CEO, G. H. Long, wrote to the CEO at that time, E.A. Horrigan, Jr.

In that document, Long laments the loss of market share of 14-to-17-year-old smokers to Marlboro, and says, "Hopefully, our various planned activities that will be implemented this fall will aid in some way in reducing or correcting these trends." The trends they were losing market share to were in the 14-to-17-year-old age group.

Mr. Speaker, the industry has indisputably focused on ways to get children to smoke in surveys for Phillip Morris in 1974 in which children 14 years old or younger were interviewed about their smoking behavior. Or how

about the Phillip Morris document that bragged, "Marlboro dominates in the 17 and younger category, capturing over 50 percent of the market."

Speaking about Marlboro, I wonder how many Members have seen on television lately the commercials about the Marlboro man, narrated by his brother, who spoke about his good-looking brother, the Marlboro man. Then, at the end of the commercial, we see him dying of lung cancer.

Mr. Speaker, when Joe Camel was associated with cigarettes by 30 percent of 3-year-olds and nearly 90 percent of 5-year-olds a few years ago, we know that marketing efforts directed at children are successful.

Mr. Speaker, children that begin smoking at age 15 have twice the incidence of lung cancer as those who start smoking after the age of 25. For those youngsters who start at such an early age and have twice the incidence of cancer, for them, Joe Cool becomes Joe chemo, pulling around his bottle of chemotherapy.

If that is not enough, it should not be overlooked that nicotine is an introductory drug, as smokers are 15 times more likely to become alcoholic, to become addicted to hard drugs, to develop a problem with gambling.

Mr. Speaker, in response to this, the Food and Drug Administration in August, 1996, issued regulations aimed at reducing smoking in children on the basis that nicotine is addicting, that it is a drug, manufacturers have marketed that drug to children, and that tobacco is deadly.

Most people now are familiar with those regulations. They received a lot of press a few years ago. It is hard to think, Mr. Speaker, that 4 or 5 years have gone by since those regulations came out. Those regulations said tobacco companies would be restricted from advertising aimed at children; that retailers would need to do a better job of making sure they were not selling cigarettes to children; that the FDA would oversee tobacco companies' manipulation of nicotine.

But the tobacco companies challenged those regulations. They ended up taking it all the way to the Supreme Court. So last year, Justice Sandra Day O'Connor, in writing for the majority, five to four, held that Congress had not granted the FDA authority to regulate tobacco. However, her closing sentences in that opinion bear reading: "By no means do we question the seriousness of the problem that the FDA has sought to address. The agency has amply demonstrated that tobacco use, particularly among children and adolescents, poses perhaps the most significant threat to public health in the United States."

That was the Supreme Court. Justice O'Connor was practically begging Congress to grant the FDA authority to regulate tobacco.

So as I said earlier today, tomorrow we will hold a press conference. I encourage my friends to come. We have a

good bipartisan group. We are going to reintroduce the bill that the gentleman from Michigan (Mr. DINGELL) and I drew up last year on this.

This is not a tax bill. It would not increase the price of cigarettes. It is not a liability bill. It is not a prohibition bill. It would not prohibit cigarettes, because everyone in the public health area knows that prohibition did not work with alcohol and it would not work with cigarettes. It has nothing to do, our bill, with the tobacco settlement from the attorneys general.

The bill simply recognizes the facts: Nicotine and tobacco are addicting. Tobacco kills over 400,000 people in this country each year. Tobacco companies have and are targeting children to get them addicted to smoking. Just look at the ads in some of the magazines that we will see, like Rolling Stone.

I think, and many of our colleagues on the floor think, that the FDA should have congressional authority to regulate that drug and those delivery devices.

Mr. Speaker, I will have to say there have been some very interesting new developments on this. Five years ago, cigarette makers howled in protest as the Food and Drug Administration geared up to regulate tobacco as a drug. But some influential players in the industry, including Phillip Morris, the Nation's largest cigarette maker, are now pushing Congress, let me repeat that, Phillip Morris is now pushing Congress to give the FDA much of the authority that it sought.

That remarkable reversal has been driven in part by a hope that government-sanctioned products could bring some legitimacy and stability to an industry that has been fighting lawsuits and declining demand in the United States.

In news stories last month, the world's biggest cigarette maker said it would support government regulation of tobacco that includes advertising limits on cigarettes, rewritten warning labels, and additional disclosure of ingredients. Phillip Morris, the maker of Marlboro, Virginia Slims, and other popular brands, presented its most detailed plan to date in response to a Presidential Commission's preliminary report due later this spring on how government should regulate tobacco.

This is from Phillip Morris: "The company views its proposal as a starting point for discussion," thus said Phillip Morris spokesman Brendan McCormick. He said that the company would oppose giving regulators the power to ban cigarettes.

I repeat, there is nothing in my bill that would say cigarettes have to be banned.

In a letter responding to the Commission's proposals, Phillip Morris largely endorsed the panel's work, suggesting, for example, that the FDA is best suited to decide which cigarettes should be labeled "reduced-risk cigarettes."

Mr. Speaker, that is what my bill, the FDA tobacco Authority Amend-

ments Act of 2001, does. It simply gives the FDA authority to regulate tobacco. It is not a tax bill. It does not ban tobacco. In fact, it contains a specific clause to protect against a ban.

I would like to point out to my colleagues that the Presidential commission I referred to before will explicitly state that the goal of FDA regulation "should be the promotion of public health," not the banning of tobacco products.

Well, it is a new day, Mr. Speaker, when one can see Phillip Morris advertisements or visit a Phillip Morris website and find the following statements. These are statements on Phillip Morris's website:

"There is overwhelming medical and scientific consensus that cigarette smoking causes cancer, heart disease, emphysema, and other serious diseases. Smokers are far more likely to develop serious diseases like lung cancer than nonsmokers. There is no safe cigarette. We do not want children to smoke. Smoking is a serious problem, and we want to be part of the solution."

Finally, Mr. Speaker, this is on the Phillip Morris website now, "Cigarette smoking is addictive."

Mr. Speaker, a poll of 800 likely voters shows overwhelming support for giving the U.S. Food and Drug Administration the authority to regulate tobacco products. The poll was conducted by the Mellman Group of 800 likely voters at the time of the Supreme Court ruling last year.

In the wake of last year's Supreme Court ruling that the FDA does not currently have the authority to regulate tobacco, the poll also shows that two-thirds of voters would prefer a candidate for Congress who supports legislation granting FDA authority over tobacco to a candidate who opposes such legislation. By a three-to-one margin, 75 percent to 25 percent, voters want Congress to pass a bill that would give the FDA the authority to regulate tobacco products, including 61 percent who strongly favor congressional action.

That support crosses all geographic, demographic, gender, and political lines with voters from every region, every age bracket, income group, educational level, and political party favoring FDA regulation. Even 60 percent of smokers favor congressional action. Let me repeat that: Even 60 percent of smokers want Congress to do something on this.

Congressional action is supported by 78 percent of Independents, 77 percent of Democrats, 70 percent of Republicans, including 65 percent of conservative Republicans. Support for congressional action is especially strong among key voter groups of suburban women, 80 percent of whom say it is important that Congress pass a bill giving the FDA authority to regulate tobacco products.

Mr. Speaker, voter support of FDA regulation is not surprising, given the electorate's acute concern over the use

of tobacco by children. Eighty-eight percent of voters say they are at least somewhat concerned about youth tobacco use, including 60 percent who say they are very concerned. Among suburban women, 70 percent say they are very concerned about youth tobacco use.

Mr. Speaker, this poll shows voters want Congress to act. They are sending a message to Congress: Protect our kids, and not the tobacco companies. Voters clearly agree with the view that tobacco use is the most significant public health threat in the United States. They are telling us loud and clear they want Congress to enact legislation like the bill myself and the gentleman from Michigan (Mr. DINGELL) which would grant the FDA authority to regulate tobacco and protect America's families and children.

Mr. Speaker, it is now up to Congress to provide strong protections for America's families. I ask my colleagues to join me in fighting America's number one health care threat, the death and morbidity associated with the use of tobacco products.

So as I finish, Mr. Speaker, let me just show a few of the recent cartoons that we have seen. Here are two little kids looking at this billboard. It says, "Yes, smoking is addictive and causes cancer, heart disease, emphysema, and other serious diseases." Then we have this beautiful lady in a bikini. The little boy is saying to the little girl, "What exactly is the message here?"

Finally, Mr. Speaker, here is big tobacco standing giving a talk with their own chart that says, "Fantastic Lights. Warning, these babies will kill ya," and big tobacco says, "... and as a good-faith gesture . . .".

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 327, SMALL BUSINESS PAPERWORK RELIEF ACT

Mr. HASTINGS of Washington (during the special order of Mr. GANSKE), from the Committee on Rules, submitted a privileged report (Rept. No. 107-22) on the resolution (H. Res. 89) providing for consideration of the bill (H.R. 327) to amend chapter 35 of title 44, United States Code, for the purpose of facilitating compliance by small businesses with certain Federal paperwork requirements and to establish a task force to examine the feasibility of streamlining paperwork requirements applicable to small businesses, which was referred to the House Calendar and ordered to be printed.

□ 1445

ELECTION OF MEMBER TO COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT

Mr. TURNER. Mr. Speaker, I offer a resolution (H. Res. 90) and I ask unanimous consent for its immediate consideration in the House.

The SPEAKER pro tempore (Mr. CANTOR). The Clerk will report the resolution.

The Clerk read as follows:

H. RES. 90

Resolved, That the following named Member be, and is hereby, elected to the following standing committee of the House of Representatives:

Committee on Standards of Official Conduct: Mrs. Jones of Ohio.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

The resolution was agreed to.

A motion to reconsider was laid on the table.

THE BUDGET AND TAXES

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from Texas (Mr. TURNER) is recognized for 60 minutes as the designee of the minority leader.

Mr. TURNER. Mr. Speaker, during this next hour of Special Order time, a group of House Democrats known as the Blue Dog Coalition would like to talk about the subject of the budget and taxes. The Blue Dog Democrats led the effort during this past week to try to urge this Congress to adopt a budget first before we take the important votes on tax cuts for the American people.

The Blue Dogs and the 33 Members that are members of that coalition believe very strongly that our future prosperity depends upon our ability as a Congress to stay on the course of fiscal responsibility.

In order to provide tax cuts to the American people, in order to ensure our future prosperity, we believe that we must look at the whole budget picture of the United States before we can determine what size tax cuts we can afford.

The Blue Dogs as fiscal conservatives want the largest tax cut that we can afford. We believe very strongly that we need tax relief, and we want to vote for tax relief for the American people; but we also understand very clearly that it is important to give equal priority to paying down our \$5.5 trillion national debt.

A lot of folks do not understand all of this talk about the national debt. Why does it matter? The truth of the matter is, you might conclude that the Congress and the Presidents for the last 30 years did not understand it either, because the Congress and the Presidents who have served over the last 30 years are the ones that created the \$5.5 trillion national debt by running deficit spending in every year in those last 30 years. Only last year did the Congress and the President see a balanced Federal budget.

For the first time, we have been able to return this country to a course of fiscal responsibility and the Blue Dog Democrats believe very strongly that

we should not return to those days of deficit spending.

There are basically two ways we can return to deficit spending in this country. We can start spending too much money, and if we do not hold down spending, we are going to see deficits return.

Another way we can return to deficit spending is to cut taxes larger in a larger amount than we can actually afford, because both spending and tax cuts, if pursued in excess, will result in deficit spending on an annual basis by the Federal Government and return us to those days from which we just departed only last year.

Some people say, how big is the national debt? Frankly, the number is \$5.6 trillion, but I have no way of fairly reflecting to you how much \$5.6 trillion is, except to tell you that it is a whole lot of money. And it is going to take us a long time of fiscal discipline to pay it down.

Now, when I was a boy growing up, my dad always told me that the first order of business in terms of managing my finances is to pay my debts. I think the Federal Government should operate by the same maxim, pay our debts. After all, the debts that we are unwilling and unable to pay today will be paid some day by the younger generation who will follow us.

Our Federal Government, we are told, has a surplus. But do you realize that the surplus that we are talking about is only an estimate of what may occur over the next 10 years? The surplus is only an estimate. There is no place in Washington where you can go to a lock box or to a safe and find the surplus. It is an estimate of what may happen.

The surplus from last year was the first we have had in 30 years. It is very small. The surplus we are going to have this year is a little bit larger, but when you hear these optimistic discussions about tax cuts coming your way based on the surplus, keep in mind it is only an estimate of the surplus.

The surplus estimates we are talking about over the next 10 years largely comes in the second 5 years of this decade. Very little of the surplus comes in the short term.

When I was in a town meeting in my district in east Texas a few months ago, I was trying to explain all of these numbers, and a gentleman in the back row in overalls stood up and he said, Congressman, how can you folks in Washington talk about a surplus when you owe over \$5 trillion? Frankly, he stumped me for a few minutes.

It is hard to imagine how we can talk about a surplus when we owe over \$5.5 trillion. But that is what we are doing. In fact, if all the numbers on the projected surplus turned out to be true and we enacted the President's tax cut, it would be the last tax cut we could vote on in this Congress for the next 10 years, because it would virtually spend the entire surplus that is estimated to show up in Washington.