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## House of Representatives

The House met at 9 a.m. and was called to order by the Speaker pro tempore (Mr. SCHROCK).

### DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,  
July 23, 2002.

I hereby appoint the Honorable EDWARD L. SCHROCK to act as Speaker pro tempore on this day.

J. DENNIS HASTERT,  
*Speaker of the House of Representatives.*

### MORNING HOUR DEBATES

The SPEAKER pro tempore. Pursuant to the order of the House of January 23, 2002, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to not to exceed 25 minutes, and each Member, except the majority leader, the minority leader, or the minority whip, limited to not to exceed 5 minutes, but in no event shall debate extend beyond 9:50 a.m.

The Chair recognizes the gentleman from Texas (Mr. DOGGETT) for 5 minutes.

### TOBACCO SMUGGLING ERADICATION ACT OF 2002

Mr. DOGGETT. Mr. Speaker, this week, with the support of over 60 of our colleagues, I am introducing major law enforcement legislation both to prevent crime and to promote the health of Americans and people around the world.

The Tobacco Smuggling Eradication Act seeks to slow illicit trafficking in tobacco, the world's most widely smuggled legal consumer product.

Across America this year alone some 17 States have already approved cigarette tax hikes. Increasing the price of cigarettes is one of the most effective ways of discouraging children from a lifetime of nicotine addiction. While each tax increase advances public health, it also increases the incentives for smuggling cheaper, "tax-free" black market tobacco.

At a time of tight budgets, State and Federal authorities in the United States are suffering losses of more than \$1.5 billion each year in evaded cigarette taxes. By cracking down on smuggling, we can collect this much-needed revenue. With prices rising as high as \$7 a pack in New York City, the need is even greater to stop those who offer smokers a nicotine hit without a tax hit.

The same incentives that exist here in America exist around the world when American tobacco is exported—from Canada to Iraq, from China to Colombia. Of all cigarettes manufactured within the United States for export, it is estimated that from one in three to one in four of those cigarettes will be sold illegally without collection of taxes.

Internal tobacco company documents indicate that big tobacco companies themselves know that their cigarettes are sold to distributors and agents who will smuggle them illegally. In too many cases they have carefully overseen and even directed the actions of smuggling intermediaries, ensuring that customers have access to these lower black market prices.

The health consequences of smuggling are severe because the number of nicotine-addicted children and poor increases dramatically with the availability of cheap tobacco. The World Bank reports that within the next two decades, tobacco will become the single biggest cause of premature death worldwide accounting for 10 million deaths each year. That is the equiva-

lent of 70 jet planes crashing every single day, and 70 percent of these deaths will occur in developing countries that are least able to fend off the giant tobacco companies and protect their families.

These are unique individuals who will choke to death with emphysema, wither away with lung cancer, or suffer the severe pain of a heart attack. If urgent action is not taken, tobacco will soon end even more lives than the combined total of all to be killed by AIDS, tuberculosis, maternal deaths in childbirth, automobile accidents, homicides, and suicides.

In preparing this bill, I have worked closely with Federal and State authorities to develop measures that will help them better crack down on tobacco tax evaders. This bill will enable law enforcement officials to share information with foreign countries about international smuggling and authorize new tools to combat smuggling within the US.

To prevent diversion, this bill requires that packages of tobacco products be labeled to facilitate tracing them and verifying their manufacturing source. Packages for export must also clearly be labeled for export to prevent illegal reentry. Additionally, this bill will close the distribution chain and prevent transfers from the legal market by requiring retailers and wholesalers to maintain documents that law enforcement needs to monitor tobacco shipments.

Essential Action and other public interest groups indicated in a briefing paper by the Framework Convention on Tobacco Control Alliance that requiring wholesalers, manufacturers and import-export business to be licensed would be one of the "most effective interventions against large-scale smuggling." With the additional permitting requirements in this bill, the US would meet this objective.

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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While, unfortunately, the Bush Administration has been largely an obstacle rather than a force for constructive international action to address nicotine addiction, I am pleased that next week in New York City, the United States will host the International Conference on Illicit Tobacco Trade. I encourage the Administration to actively support this Tobacco-Smuggling Eradication Act, which the American Lung Association and a number of other major public health groups have said "makes good sense as a matter of law enforcement, health policy and international leadership."

We must act now to stop the smuggling and stop the mugging of the world's children through nicotine addiction promoted by big tobacco companies.

#### COMBATTING CHRONIC WASTING DISEASE

The SPEAKER pro tempore. Pursuant to the order of the House of January 23, 2002, the gentleman from Wisconsin (Mr. GREEN) is recognized during morning hour debates for 5 minutes.

Mr. GREEN of Wisconsin. Mr. Speaker, needless to say, Americans are concerned with lots of issues these days, including the issue that my good friend on the other side of the aisle just raised.

Mr. Speaker, I take to the floor to raise an issue that I think in calmer times would be front page news. Mr. Speaker, what if I told the Members there was a complex and infectious agent out there that was so little understood that science is not quite sure how to categorize it? And if I told Members that this agent, called a preon, is very hard to kill: not killed by burying, not killed by heating, not killed by disinfectant? What if I told the Members further that the disease it carries is 100 percent fatal to the deer and elk that it attacks? There is no cure, there is no treatment. We do not know how it is spread, and we do know it is a cousin to mad cow disease.

Well, Mr. Speaker, if there was not so much going on, it would, indeed, be front page news. This disease, called chronic wasting disease, has now been found in nine States. It has now been found in Canada, and it is spreading. It could have a devastating impact on the culture, on the environment, and on the economy of so many States.

If there is good news to report this morning, it is, first, that Congress has recently secured more funds to help in this battle. For example, last week in a colloquy that I held with the chairman of the Subcommittee of the Interior of the Committee on Appropriations, that chairman pledged to me that he would help us get another \$4 million to help us all in this battle against chronic wasting disease.

Secondly, guided by legislation that I authored with the gentleman from Colorado (Mr. MCINNIS) and the gentleman

from Wisconsin (Mr. RYAN), and supported by most Members, Republican and Democrat, from Wisconsin, the administration has now developed a comprehensive plan to fight chronic wasting disease over the long haul. That plan will mean more research and more money to the States.

But Mr. Speaker, there is one area in which we have made painfully little progress. That is providing enough testing resources for chronic waste disease. Research is good, study is good, but what our hunters will really want, what they really need, are enough testing facilities to tell them whether their deer are safe. It is that simple, Mr. Speaker. We are falling short.

Federal officials have decided against allowing private labs to test for chronic waste disease, only State and Federal labs. But that raises real problems. For example, the State lab in Wisconsin will only be able to handle 15,000 to 30,000 cases per year. If all goes well, by September there may be as many as 11 State labs throughout the entire country, and if all goes well, their capacity for testing may be perhaps 500,000 per year.

But Mr. Speaker, each year in Wisconsin alone some 600,000 deer hunters will take to the woods. They will bag in a good year as many as 400,000 deer in Wisconsin alone. That means our testing capacity will be dangerously short. We need more testing to reassure our hunters. We need more testing to diagnose the extent of the epidemic.

Mr. Speaker, I am convinced this is a health crisis, it is an environmental crisis, and I know it is an economic crisis for States like mine, States like Wisconsin.

This morning, I call on the administration to do everything possible to increase testing capacity now. That means increasing the number of public labs that do testing. That means reconsidering its decision not to work with private labs. We must leave no stone unturned, because the consequences of inaction are simply too high.

Mr. Speaker, as I began, I said that Members probably have not heard much about chronic wasting disease because of everything else that is going on. I fear that Members will hear an awful lot about it in the years ahead. We have to act now. We have to increase testing. It is the right thing to do. It is the safe thing to do.

#### HEALTH CARE IN LOS ANGELES COUNTY

The SPEAKER pro tempore. Pursuant to the order of the House of January 23, 2002, the gentlewoman from California (Ms. SOLIS) is recognized during morning hour debates for 5 minutes.

Ms. SOLIS. Mr. Speaker, I rise today to talk about an urgent issue facing the people that I represent in Los Angeles, California, in the great county of Los Angeles: nearly 3 million people in Los Angeles lack adequate health care

insurance. At least 215,000 of those people live in communities that I represent in the San Gabriel Valley in east Los Angeles.

Unfortunately, individuals without health insurance are more likely to have serious health problems and put off getting needed care. In L.A. County, our system of public hospitals and county clinics works together to provide health care to those who cannot afford health care because they are either uninsured or underinsured. Clinics offer vital services that provide prenatal care, asthma treatment, diabetes screening, and HIV prevention.

Without these vital clinics, thousands of uninsured patients would have no health care or safety net for their families. Unfortunately, in L.A. County's health care system, we are now faced with major budget cuts that are threatening to close dozens of our health clinics.

The crisis is a result of a combination of factors: an increase in the number of uninsured patients, declining State revenues, and Federal payments that simply do not match our need. L.A. County has the highest proportion in the Nation of indigent patients relying on the county health care system, with more than 600,000 people a year waiting to receive some kind of treatment at our county facilities.

I am very concerned about the county's budget cuts because they will have a devastating impact on those people that reside in my community. Clinics, for example, in the city of Alhambra and in Azusa are scheduled to be closed in the future.

Alhambra Health Center receives over 22,000 visits a year. In the city of Azusa, the health care center receives over 21,000 visits a year. These are families struggling with high unemployment rates. In fact, in my district alone in the city of South El Monte, we have one of the highest unemployment rates in the country: 11 percent.

Where will the young mother who needs to have her baby's hearing checked go? What should we tell the working father who needs a place to get his diabetes treatment screened? Who will take care of the elderly woman who has problems with arthritis? Since L.A. County's health care system is so large, any downturn will have a ripple effect throughout California and the rest of the country.

It is time for the Federal Government to step up to the plate and do its part to help the residents of L.A. County. Both the Congress and the administration must continue to work together. The Center for Medicaid and Medicare services here in Washington, also known as CMS, can help L.A. County with the Federal program known as the Medicaid Upper Payment Limit. Payments under the Upper Payment Limit, also known as the UPL, help safety net hospitals like L.A. County by providing over \$120 million each year.

Unfortunately, CMS decided this past January that they would change the