

think about going and getting that test.

You know, Mr. Speaker, Katie Couric, the anchor of the CBS Evening News is a strong advocate for colon cancer awareness. She lost her husband to this disease and since then has led a personal campaign to bring awareness to this issue.

A few years back, she told a compelling story at her old job on the Today Show about a family that lost a loved one to this disease. I think it's a compelling story that I would like to share on the House floor today.

Mr. Speaker, Michael and Erin Stennis learned the hard facts about colon cancer in the worst possibly way. This is their story.

Michael Stennis, an ex-football player, was the picture of health—43, fit, a businessman who owned a chain of successful restaurants. He and his wife Erin had been married for 14 years and had two gorgeous children.

His wife discusses her husband's persona this way, "He had a lot of strength of character. He was amazing. He wasn't afraid of voicing his opinions. He loved his friends, and his children were his life. He was the consummate family man."

Mr. Speaker, you can tell that Michael was an all-American guy. Yet, it's hard to believe such a vibrant man would have such a difficult fight ahead of him.

Three years earlier, when he was just 40, Michael started experiencing irregular bowel habits and rectal bleeding. Like many Americans, he thought it was nothing serious. His wife began describing what happened, and said this, "He had blood in his stool. He went to the doctor. Unbeknownst to me, the doctor suggested that he have a colonoscopy.

"My husband, being the very macho man that he is, did not want anything invasive. He just could not imagine that type of procedure taking place. So, like thousands of other Americans, he came home and said, 'It's been taken care of.' And that was it."

A few years later, Erin realized that something was very wrong with her husband. She said, "It had gotten to the point where he was having such severe pain. Because he was an athlete, he sucked it up. He would say to himself, 'If I feel something, oh, you know, I can work it out.' But it got to the point where the pain became so severe that he had trouble moving.

"Finally, in November of that year," she said, "I walked into our bedroom and I saw him hunched over in the closet. Something was very wrong."

So she finally got Michael to go in for the colonoscopy. And then they got the results. It was the evening of their daughter's Thanksgiving pageant. They got a call from their family doctor and friend, Peter Waldstein.

She described the scene this way: "My husband was on one side of the room and I was on the other side. His cell phone went off and I could see him

on the phone and I could see the change in his face. It was our dear friend Peter calling to tell us both the news. We knew from that moment on that our lives had changed forever," she explains.

He was diagnosed with stage IV colon cancer. The cancer had spread from Michael's colon and had metastasized to his liver. It was a devastating prognosis.

After a long 20-plus month fight with this horrendous disease, Michael Stennis died. He was 45 years old.

Mr. Speaker, this is a story that is told countless times across America. It is a story of a young and vibrant individual who has seen his or her life end far too early because of this horrendous disease. It's a sad case—a case that is very similar to the one that took my mom's life. It's a story similar to the one that took former White House Press Secretary Tony Snow's life. I think it's Congress's duty to do something about this.

My colleagues and I have introduced multiple pieces of legislation aimed at addressing this terrible cancer. But we need Congress to begin the process of examining it.

Every year, this disease takes thousands of lives. It is my hope that, with the support of groups like the American Cancer Society, the Colorectal Cancer Coalition, and my colleagues, we can make an impact.

I can't tell you how much I have personally lost from this—how many times I want to pick up the phone and I want to call my mom.

This is a real human face. These are real people that are dying. They don't have to be dying. All it takes is a simple test. My mom waited too long. She got the test too late.

I don't want this to happen to some other family in America. So I need your help, all those in Congress, all of my colleagues, but I also need the American people to write your Member of Congress.

I introduced this legislation in the last Congress, the 110th Congress. I got four cosponsors. People were scared about the insurance companies. But, let me tell you what. When given the choice between my mom and the insurance companies, the choice is very easy. We need to help these families. This is why I came to Congress.

□ 1745

I didn't come to Congress just because it is fun. I came to Congress to do something. This is what it is all about. Someone once said public service is about helping people. Let's help these families.

H.R. 1216, YOUTH PREVENTION AND TOBACCO HARM REDUCTION ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Indiana (Mr. BUYER) is recognized for 60 minutes.

Mr. BUYER. Mr. Speaker, it is pronounced "Buyer." My family is Alsatian; so if you go back in my ancestry, I know the gentleman is new here to the Congress, it was de Buyer. So my sense is that the gentleman will remember it for a while.

I come to the floor here to talk about a very pivotal issue that will be facing the public health of our country, and this is the issue of tobacco. Members of the House will be presented with a choice here relatively soon about which Federal regulatory structure over tobacco products we should use.

Now, it is interesting, for a long time the issue was whether we should regulate tobacco or not regulate tobacco. There is now this growing consensus that the Federal Government in some way should regulate tobacco, and now we are trying to figure out with regard to who should do that regulation. Should it be the FDA under Health and Human Services; or, as Mr. MCINTYRE and I are proposing, that it be a separate agency under Health and Human Services, we call it a harm reduction agency, that will focus on reduction of the risk associated with many different types of tobacco products.

So I believe that the critical issue to be considered is, how do we measurably and effectively reduce the disease and death associated with tobacco use while products remain legal and over 45 million Americans have not, cannot, or will not quit?

Keeping the American tobacco consumer and the public uninformed about the differences in risk between smoking cigarettes and using nonburning forms of tobacco or other nicotine products will not help our Nation to overcome the death and disease attributed to tobacco use.

Telling current tobacco smokers to "Just Say No," to quit now, is not the most effective way to save lives. Creating a regulatory scheme that discourages and in fact chills the development of new, lower risk products is directly opposite of what many in the scientific and public health communities even advocate today. But those are the underlying tenets of what is referred to as the Waxman tobacco legislation called the Family Smoking Prevention and Tobacco Control Act.

What do experts say about Mr. WAXMAN's approach on tobacco?

Well, the prestigious health organization, the Royal College of Physicians, says, "The current situation is perverse, unjust, and acts against the rights and best interests of smokers and the public health. Harm reduction has the potential to play a major part in preventing death and disability in millions of people who currently smoke and who either cannot or will not otherwise quit smoking. These smokers have a right to be able to obtain and choose from a range of safer nicotine products, and they have a right to accurate and unbiased information to guide that choice."

From the American Association of Public Health Physicians, "In the judgment of AAPHA, the current bill in its form will do more harm than good in terms of future tobacco-related illness and death. The current bill," referring to the Waxman bill, "with all its seemingly promising elements, has so many restrictions on Federal regulatory authority that it will be unable to effect favorable change. This bill is based on the false premise that cigarettes can be made safer and that all tobacco products are equally harmful. This bill places barriers to truthful communications about the relative risk of less hazardous smokeless tobacco products and near insurmountable barriers to the development of new lower risk products."

Now, these are two examples of organizations that have some growing concerns about the Waxman legislation. Now, in the face of that there is a growing consensus that significant harm reduction policies and programs, when combined with prevention and cessation, are, in my belief and that of MIKE MCINTYRE, the chief cosponsor of North Carolina, that it is the key to a significant reduction in disease and death from tobacco use.

So the Waxman legislation, despite the years of characterizations and representations by its proponents, does not incorporate in any meaningful way a comprehensive prevention, cessation, and harm reduction strategy. Actually, on the contrary; for a very long time, those of whom believe that a harm reduction strategy in fact threatens cessation and prevention programs. I look at this and say that they should all work together, that four fingers and a thumb makes a hand. And so, without the phalanges, do you really have a hand? So I believe that they all should have to work together, and that is what we are seeking to do here is having a harm reduction strategy that incorporates prevention, education, and cessation.

I am also greatly concerned that the Waxman legislation continues to ignore the evolution of opinion in the scientific and public health communities, and relies on tactics taught and thought that were effective in the early 1990s, such as it includes provisions that the Supreme Court had thrown out with regard to restrictions on First Amendment on advertising these issues. I was really concerned about it, and Mr. WAXMAN believes it is okay. I have great, great concern here.

Congressman MIKE MCINTYRE and I have introduced H.R. 1216, the Youth Prevention and Tobacco Harm Reduction Act. This legislation imposes significant regulatory oversight within the Department of Health and Human Services over tobacco products, and incorporates many of the provisions included in HENRY WAXMAN's legislation.

It includes serious policy and programs of prevention, cessation, and harm reduction, which we believe will lead to saving thousands of lives over

the next decades. It will squarely address the issue of tobacco use by minors through additional resources and enforcement at the State levels.

In fact, Mr. MCINTYRE's and my legislation is even stronger in the protections for minors on two points. Number one, we say unto the States that with regard to the Master Settlement Agreement and monies that were supposed to be spent by the States on tobacco cessation and education and prevention programs, at the end of the Master Settlement before it was signed there was this last-moment agreement. Rather than dictating unto States on what percentage of the monies are to be spent on tobacco prevention and cessation programs they said, well, we will just leave it to the discretion of the States. The CDC then every year publishes a report with regard to what the percentage that States should be spending, States are not spending on those programs. So Mr. MCINTYRE and I come in, and we are dictating unto the States that they are to spend their Master Settlement Tobacco Agreement on programs to help children.

The other point that Mr. MCINTYRE of North Carolina and I have is on protecting children. We are also saying to the States that we want you to treat tobacco like alcohol. So where it is illegal for a minor to possess alcohol, we also say: States, you should make it illegal for minors to possess tobacco.

With that, let me yield to a major cosponsor of this legislation. This is bipartisan legislation. It is an alternative to Mr. WAXMAN. And, actually, what Mr. MCINTYRE and I were really hopeful is that our bill here would have been adopted in the Energy and Commerce Committee as a substitute. If we could have combined our effort with that of Mr. WAXMAN's, we would have 435 votes here on the floor, and we could make this a reality and make our society a healthier and safer place.

I want to thank the gentleman for his efforts. He is a strong advocate of our agricultural policies and is very concerned with regard to ensuring that the Federal regulatory oversight from Health and Human Services does not interrupt with growing practices by our farmers.

Mr. MCINTYRE. I would like to thank Mr. BUYER, who is the principal sponsor of this responsible tobacco regulation legislation. I was pleased to be the original cosponsor with him.

In our legislation, we certainly want to make sure that this is an issue of fundamental fairness. This is not an anti-public health alternative. In fact, as Mr. BUYER was just saying and as we were just discussing in our interchange a few moments ago, in fact we have even stronger regulation to prevent youth smoking.

I have a son. When he was in high school, and he was now in law school, but who actually served on the Campaign for Tobacco Free Kids. So we understand that, and this is a strong statement, even stronger than Mr.

WAXMAN's proposal against youth smoking. But it also recognizes that the FDA is understaffed and underfunded and overworked right now, and we are not in a situation where we need the FDA to come out on the farm and start regulating farmers. And, from that perspective, I wanted to principally speak in the next few moments as chairman of the Subcommittee on Rural Development, Biotechnology, Specialty Crops and Foreign Agriculture. The specialty crops over which our subcommittee has jurisdiction include tobacco.

Now, we may soon see H.R. 1256, which is Representative WAXMAN's bill to implement FDA regulation of tobacco products and leaf scheduled for consideration under suspensions of the rules on the House floor. This process will allow for no amendments or alternatives to be presented on this incredibly important and complex issue of tobacco regulation.

I urge my fellow Members to vote against the Waxman bill when it comes up on suspension so that we may consider an alternative bill, so that we may be able to consider the bill that Mr. BUYER and I are discussing tonight that does even more than Mr. WAXMAN's bill while preserving a vital economic engine for many communities throughout the United States, including my district in Southeastern North Carolina.

H.R. 1261 is the Youth Prevention and Tobacco Harm Reduction Act that we have introduced together, and is actually a better approach to regulating tobacco and preventing minors from using tobacco products than the Waxman bill.

The Waxman bill will grant the FDA, the Food and Drug Administration, wide authority to dictate to manufacturers and growers dramatic changes in product design and leaf cultivation.

The tobacco industry contributes over \$36 billion each year to the U.S. economy, employing over 19,000 individuals nationwide. This is not exactly the time to cause even thousands more of our fellow citizens to lose their jobs or to yet cause another problem with our Nation's economy. In my home State of North Carolina, over 8,600 people are employed by the industry, with a Statewide economic impact of nearly \$24 billion. Mr. WAXMAN's manufacturing and FDA on the farm provisions will put many companies and growers out of business, and we absolutely cannot afford to lose any more jobs.

Our bill, H.R. 1261, specifically protects growers by preventing any government agency from requiring changes to traditional farming practices, including standard cultivation practices, curing processes, seed composition, tobacco type, fertilization, soil, recordkeeping, and any other requirements that affect farming practices. The last thing that our farmers want to see is another government bureaucrat coming out on the farm walking around, snooping around about the soil and how he is growing his crops.

In addition, our bill does more to protect public health and prevent minors from smoking even than the Waxman bill does. H.R. 1261 considers cutting-edge scientific research by promoting a harm reduction strategy to move smokers to less harmful tobacco products.

According to applied economics, the use of these reduced harm tobacco products increases the average probability of smoke cessation by over 10 percent; and I am sure my colleague will be speaking more to that aspect of this bill.

□ 1800

H.R. 1261 specifically addresses youth tobacco by encouraging States to penalize minors for purchasing and possessing tobacco products. Under current law, retailers are prohibited from selling products to minors. But unlike with the purchase of alcohol, minors are not penalized for underage purchase and possession of tobacco products. And our bill clears that up and also allows for penalties in that regard.

The bill also calls upon States to increase their percentage of the Master Settlement Agreement dollars to fund tobacco cessation and public health programs. In the past 10 years, States have spent just 3.2 percent of their total tobacco-generated revenue on tobacco prevention and cessation programs. Our bill would allow that to be increased.

H.R. 1261 is a commonsense approach to tobacco regulation that will both protect the public health and protect the jobs in our vital sector of the tobacco economy. I urge my colleagues to vote *no* on Waxman and give yourself a chance to consider a more viable and reasonable economic alternative that does even more to protect our youth.

In closing to my colleague, I will say for our colleagues who may be in their offices or their staff that may still be in their offices this evening, we do have a chart that compares both bills. If we want to talk about, all right, what are the reasonable alternatives, one by one we go through the different segments of the bill to explain so that a real comparative analysis can be done. And that is what this is about. It is fundamental fairness in how we pass legislation so it is not just rushed through under suspension but we get a chance to actually analyze and compare these two bills, and that we do it in a way that will best achieve the goal here of protecting the public health, particularly of our young people, and protect jobs and not cost our economy any more jobs than our country, unfortunately, has already lost.

And with that, I yield back to my colleague. And thank you for your great work on this bill.

Mr. BUYER. I thank the gentleman for his help and his support on the bill. This is an issue about the public health of our country and the fact that we have a bipartisan approach here, a bill

that we seek to decrease the mortality and morbidity rates is extremely important. There are over 100 nations around the world that are struggling with this issue. Tobacco is a legal product. It is the smoking that really hurts and harms and kills people. It is not the nicotine. And so what we are trying to do is to migrate people from smoking products to smokeless products. The very large risk differential, it is the difference between combustion and noncombustion products.

The gentleman understands that. And he is embracing the harm reduction strategy from a public health perspective. And he also wants to make sure that we work in concert with our growers, that we have very sound export policies with regard to our trading partners around the world so we don't have any World Trade Organization violations, while at the same time we are cognizant of illicit trade issues. The gentleman is an expert in these areas. And I welcome his support. And I thank him for being here tonight.

What I would like to do is I'm going to share a chart that the world has never seen. And I am hopeful that here in the United States we can continue to lead the world and to make the world a healthier place. And so what I'm going to do here is I want to talk about our harm reduction strategy and to talk about the risk differential among a continuum of risks. So the best way for me to do this is to put a chart up so all the Members can have a look at this. And I will talk about it here for a second.

I have continuum of risk here at the top, along then with the relative risk of chronic disease here on the side. And what I have done is what is not on the chart, I don't put cigars or pipe tobacco in here. That is outside of the regulation of not only our bill but also of Mr. WAXMAN's bill. But pipe and cigar is the most toxic. If I were to go on this chart, what I put on this chart listing 100 percent as the most toxic, under that which of tobacco products are to be regulated by our bill would be your nonfiltered cigarettes, so that would be your roll-your-own cigarettes or a Lucky Strike or other forms of generic cigarettes that are nonfiltered.

So I think common sense is going to tell you if there is not a filter on it, you're going to smoke it, you're going to inhale a lot of toxic substances and carcinogens deep into your lungs.

The next, as we look at continuum of risk, among available products that are on the marketplace here in the United States in North America, so you have your nonfiltered cigarettes. Next are your filtered cigarettes. That kind of makes sense. If I'm going to put a filter on it, I'm going to reduce the risk between those two types of instruments that deliver nicotine. So that is what the key here is. People want access to their nicotine. And it is the smoking that harms them. And so how do you reduce the harm? And so what drives some people a little crazy here is that

can you really say that there is a safer type of cigarette? Well, if you want to take a science-based approach, you really have to be very honest about this and say, well, among the types of cigarettes, there are different types of cigarettes as a delivery device of nicotine that are safer than others. But they are all not entirely safe. But there is a risk differential. And it should be discussed. So we have from nonfiltered to filtered cigarettes.

What I don't have here, which sort of comes up next, is you actually have vented filtered cigarettes. But what we are finding out from the science-based approach is that if you put vents into the filters, even though you're trying to reduce the smoke and a lot of the bad, toxic substances, people will draw on that cigarette a little harder, and so they are sucking it deeper in their lungs. And that is not a good thing.

Next we have our tobacco-heated cigarettes and electronic cigarettes. The reason I put question marks with regard to both of these types of nicotine delivery devices is that with regard to tobacco-heated cigarettes there are a couple of products that are out on the market. Philip Morris has the Accord and Reynolds American has the Eclipse. So these are out on the marketplace. We do know that these types of nicotine delivery systems are a much less riskier product than say your strictly just filtered cigarette or your nonfiltered cigarette. But where do they fall on the chart? There isn't enough science to tell us exactly where. We know it is better. It is not completely safe, but it is better. And we don't know exactly where, but we know it is falling downward on the continuum of risk chart. So we really do need some science here to tell us where the electronic cigarette and tobacco-heated cigarettes fall on that.

So that is part of the reason we want to create, under Health and Human Services, a separate agency that will focus our Nation's expertise on tobacco. And I want to be able to do that without people believing that, well, if FDA is regulating tobacco, that somehow that it is an okay product. No. This is a high-risk product. And what is important is that somehow we get to the American people they get informed, they can make an informed choice among an array of products along the continuum of risk.

So after electronic cigarettes, if we can truly move an individual out of smoking, if they are looking on how I can gain my access to nicotine, I think people know that, hey, the surgeon general is right. There is some risk that will accord anything that has to do with smoke. If you can transition, or migrate, a population from smoking to a smokeless product, I assure you, we can take out up to around 80 percent, based on the science, almost 80 to 90 percent of the health risk can be taken away.

Now the American public needs to know that. So you say, okay, what's

the difference between a U.S. smokeless product and Swedish Snus? Well, the difference is the U.S. smokeless product is fermented, and the Swedish Snus is pasteurized. So if you can actually move to the Swedish Snus, you can eliminate about 98 percent. Think about this. Ninety-eight percent of the health risks can be taken away, yet people can still gain access to nicotine.

Now, if you wanted to go on a little bit further, there are dissolvables of tobacco that have no nitrosamines. That is the really bad stuff, and you can remove that and you can still gain access to your nicotine. And these dissolvable products that are just being introduced and tested in the marketplace are these Orbs or a tobacco stick or a strip that you can lay on your tongue and you can gain access to the nicotine.

Now, I assure you, you don't gain as quickly the access to the nicotine and get the sensation upon the brain as you would smoking the cigarette. But you can gain access to the nicotine, and people then can make an informed choice, gosh, I can gain access to my nicotine, I don't get it as quickly, I can get it, but, gee, maybe it is worth it for me to live a few more years and enjoy my family. I can enjoy my nicotine and, gee, I'm not going to die from smoking. You see, that is extremely important. And as we move people and then migrate them down from this continuum, you can move then to therapeutic, there are therapeutic methods to gain access to nicotine, through the gum, the patch, the lozenges, and then for the individuals who seek to quit.

And that is part of the process of what we are doing here is we want to incorporate a harm-reduction strategy to inform a population that if you want to gain access to your nicotine, it is the smoke that is really going to kill you. So if you can get them off of smoking and move them to smokeless products and then move them from there to therapeutic and then pharmaceutical to eventually cessation and quitting.

Now, that is part of the harm reduction strategy. And what I believe is extremely important is when we have this as a strategy, you have about 40 million smokers over here on this end of the chart, and you only have about 2 million down here that are actually trying to quit. In the meantime, of the filtered cigarettes, about 80 to 85 percent of the individuals who are smoking the cigarettes are smoking lights or ultralights. Now why are they buying lights or ultralights? Because somehow they believe that if they smoke a light or ultralight that it will be less harmful for them. You see, people are trying to make an informed decision, and they think it will be less harmful for them. The reality is these are products that are going to be harmful to you. I think people need to know and understand that.

So what we are hopeful here is that in our legislation, we create this Harm Reduction Center under Health and

Human Services where we take our great minds and we do science. We do science on the entire array of products along a continuum of risk, and we inform the public so that the public, when they buy these products, that we can actually migrate our population from combustion to noncombustion products and hopefully quitting, while at the same time, we want to make our investments in education and prevention programs, not just for children and minors, but also for adults.

What is important here, what we are finding, is that when people migrate from smoking to smokeless, some fear that, wow, if somebody starts here, the smokeless product, will they actually migrate this direction on the chart, headed up the chart? The reality is it is not what is happening in the marketplace. So that is why we have created an alternative public health position for tobacco.

My good friend, Mr. WAXMAN, I applaud his perseverance over the years and his persistence. His legislation has sort of an abstinence-only approach on tobacco. I respect Mr. WAXMAN. We have had a good working relationship over the years. And I really was hopeful that he would incorporate this harm reduction in his bill. Now, he said, "STEVE, I have got harm reduction in my bill." I said, "well, HENRY, you may have it in the bill." But what he has are unrealistic standards that products that may gain access to the marketplace. He has a two-tiered, a two-pronged tiered test, one that will test at the individual and one at the public with regard to the impact of a particular product. It will almost be impossible for new products to gain access to the market.

If we truly wanted to make our society healthier, what we should be doing is encouraging people to move from combustion to noncombustion products. And we can do that, if I can take out 80 percent of the health risk, we are making our country healthier and hopefully then move to cessation.

That is why I call this the continuum of risk chart. And it is open and free to the world to use this chart, to scrutinize the chart. And I'm hopeful that other legislative bodies around the world will incorporate harm reduction as a strategy for a nation for them to be healthier.

The harm reduction policies advocated in H.R. 1261 are an important method to figure out how we can satisfy the nicotine cravings among all of these legal type products.

What I would like to share are what some of the scientists actually say about tobacco harm reduction as a public health strategy. From the American Association of Public Health Physicians, dated 2008, "tobacco harm reduction is taken to mean encouraging and enabling smokers to reduce their risk of tobacco-related illness and death by switching to less hazardous smokeless tobacco products."

□ 1815

You see, the reason I don't have advertising restrictions in my bill is I think it is extremely important. Mr. MCINTYRE and I created this bipartisan piece of legislation for a purpose. We want to make sure that people are informed with regard to their entire array of products, tobacco products. And you need to be able to inform them as to what products have the higher risk, which ones have less risk.

And what really concerns me is, if you make, let the FDA do this, of which the FDA it is counter to their culture, even, to somehow say that one cigarette, this is a safer cigarette among an array of cigarettes that are harmful. That is a very, very challenging endeavor for them. And so it is why some in the public health community are a little concerned.

The International Journal for Drug Policy, their quote, "Numerous alternative systems for nicotine delivery exist, many of them far safer than smoking. A pragmatic public health approach to tobacco control would recognize a continuum of risk and encourage nicotine users to move themselves down the risk spectrum by choosing safer alternatives to smoking without demanding abstinence." That is the International Journal of Drug Policy, and that is exactly what we are trying to do here.

There is another quote from the American Association of Public Health Physicians, "In practical terms, enhancement of current policies, based on the premise that all tobacco products are equally risky, will yield only small or barely measurable reductions in tobacco-related illnesses and death. Addition of a harm reduction component, however, could yield a 50 to 80 percent reduction in tobacco-related illness and death over the first 10 years, and likely a reduction of up to 90 percent within 20 years."

Now you see why Mr. MCINTYRE and I are so excited about this alternative approach, because abstinence only does not achieve the goals to make a society healthier with regard to tobacco. And this is exactly what we are trying to achieve, that is also being endorsed here by the American Association of Public Health Physicians.

The Royal College of Physicians in 2007 stated, "Harm reduction is a fundamental component of many aspects of the medicine and, indeed, everyday, life, yet for some reason, effective harm reduction principles have not been applied to tobacco smoking. It is very clear that for most of the major health effects of tobacco, smoking is many times more dangerous than smokeless tobacco use."

The American Council on Science and Health stated, "The American Council on Science and Health believes that strong support of tobacco harm reduction is fully consistent with its mission to promote sound science in regulation and in public policy, and to assist consumers in distinguishing real

health threats from spurious health claims. As this report documents, there is a strong scientific and medical foundation for tobacco harm reduction, which shows a great potential as a public health strategy to help millions of smokers."

With regard to—here is another one from SmokeFree Pennsylvania. "Although smokeless tobacco is just as addictive as cigarettes and should not be used by those who are not addicted to nicotine, cigarettes are about 100 times deadlier than smokeless tobacco products."

Here is a quote from Britton and Edwards, *The Lancet*, in 2007. "The risk of adverse effects associated with snus," now snus is pasteurized product, Swedish snus, "is lower than that associated with smoking, overall by an estimated 90 percent. Whatever the true overall hazard, use of low nitrosamine smokeless products is clearly substantially less harmful than tobacco smoking."

Why am I pulling out these quotes? I am pulling out these quotes because what has been talked about as those who support the Waxman legislation is that somehow all of these products are equally harmful. That is false. That is what I want to convey to everyone. They are not equally harmful. And it is extremely important that the public be informed about all that these types of products, along a continuum of risk, so people can make informed choices. We do that every day. We make decisions on what kind of automobile we want to drive. We do the continuum of risk. How about what we eat, what we drink? We make choices and decisions every day. Should I put on my seatbelt, should I wear a helmet. All kind of things. We make judgments.

When I look at the farmers, my gosh, there are all types of risk out on the farm, and a lot of judgments are made along a continuum of risk along with the farm machinery.

We make these judgments. Why don't we do that as a public health strategy for tobacco? It only makes sense. And what I am really hopeful here—I had a really good discussion last week with Mr. WAXMAN about some tweaks on amendments, some of which he didn't agree to of which I was hopeful.

I really appeal to my good friend from California because we could combine, and I shared this with him. We could combine our efforts here. If he would endorse this harm reduction strategy with his bill, we could get this to the President's desk. I really believe that this could pass in a very large number.

I remember years ago when Joe Kennedy and I combined our efforts together, and when we would come to the floor it would pass 435 to nothing. And I was really hopeful, I had an earnest effort here, good discussions with Mr. WAXMAN, and I told him I would take a good hard look at his bill and I would recommend some changes, and I was really hopeful that he would combine a harm reduction strategy with his absti-

nence only approach, and we would truly have the four fingers, a thumb that will make a hand. But without this, he is only going to have, I don't know what you call it, a thumb and a palm. I guess he is only going to have a palm. And that is really not going to be good. So I want to build a hand and not just a palm to help our country.

The other point I have is, Madam Speaker, I would submit for the RECORD a letter from the American Council on Science and Health from Dr. Elizabeth Whelan dated March 12, 2009, and, dated October 18, 2008, the AAPHP Tobacco Harm Reduction Resolution, titled Resolution on Tobacco Harm Reduction.

AMERICAN COUNCIL
ON SCIENCE AND HEALTH,
New York, NY, March 12, 2009.

Hon. STEVE BUYER,
Rayburn House Office Building,
Washington, DC.

Hon. MIKE MCINTYRE,
Rayburn House Office Building,
Washington, DC.

DEAR REPRESENTATIVE BUYER AND REPRESENTATIVE MCINTYRE: On behalf of the more than 400 scientists who advise our organization, and the hundreds of thousands of consumers we represent, thank you for your work on H.R. 1261. Our scientists understand the urgent need to reduce the dreadful toll of cigarettes on the American people—with over 400,000 smoking-related deaths each and every year in our country. Your bill is a tougher, science-based alternative to Rep. Waxman's HR 1256.

H.R. 1256 will not only fail to reduce the ravages of cigarette-induced disease and death—it will likely worsen it. The new regulation of tobacco "additives" will not lower the toxic and carcinogenic mixture induced by the combustion and inhalation of cigarette smoke. The enhanced restrictions on lower-risk tobacco products, such as smokeless tobacco and "clean" nicotine—which have been shown to assist addicted smokers in quitting—will condemn the over 40 million addicted smokers to the same old "quit or die" pair of options.

Successful quit rates are under 20% utilizing the currently-approved remedies. The Waxman legislation would codify this failed policy into law.

Perhaps the worst aspect of this Waxman approach is that it gives FDA responsibility for overseeing tobacco issues. This will allow the cigarette makers to cloak themselves in the mantle of being "FDA Approved," shielding them from liability for their irresponsible marketing schemes and manipulation of cigarettes' addiction capabilities.

Your bill—H.R. 1261—will obviate most of the detrimental and counterproductive effects of the Waxman bill. Truthfully telling the American consumer about lower-risk tobacco products—harm reduction rather than "quit or die"—along with stringent marketing restrictions and attention-getting warning labels, and the establishment of a tobacco-regulation section in the Department of Health and Human Services—not the FDA—will all be of major benefit in reducing the toll of cigarettes in America.

Sincerely,

DR. ELIZABETH M. WHELAN,
President.

RESOLUTION ON TOBACCO HARM REDUCTION

Whereas there is substantial scientific evidence that selected smokeless tobacco (ST) products can satisfy the nicotine addiction of inveterate smokers while eliminating

most, if not all, risk of pulmonary and cardiovascular complications of smoking and while reducing the risk of cancer by more than 95% and

Whereas transitioning smokers to selected ST products will eliminate environmental tobacco smoke and fire-related hazards and

Whereas current "abstain, quit, or die" tobacco control policies in the United States may have reached their maximum possible public health benefit because of the large number of cigarette smokers either unwilling or unable to discontinue their addiction to nicotine, and

Whereas there is evidence that harm reduction works and can be accomplished in a way that will not increase initiation or impede smoking cessation and

Whereas health-related agencies and organizations, both within the United States and Abroad have already gone on record endorsing Harm Reduction as an approach to further reducing tobacco related illness and death, and

Whereas current federal policy requires tobacco product labeling that leaves the incorrect impression that all tobacco product present equal risk; and

Whereas certain tax policies put ST products at a competitive disadvantage, compared to cigarettes; and

Whereas harm reduction approaches to reducing tobacco related illness and death promise to be more politically and financially viable than alternative approaches because harm reduction approaches can secure the support of many tobacco-industry-related stakeholders.

Be it Therefore Resolved that the American Association of Public Health Physicians go on record as favoring Harm Reduction as a central component of public health efforts to reduce tobacco-related illness and death and

Be it further Resolved that such efforts shall encourage the following approaches:

1. Product labeling to inform consumers of the relative risk profiles of the various classes of tobacco products.

2. Governmental and health-organization sponsored health education to educate consumers to the risk profiles of the various classes of tobacco products

3. Revision of taxation schemes at federal, state, and local levels to reflect risk profiles and costs to society of the various classes of tobacco products

4. Regulation of the manufacturing and marketing of the various classes of tobacco products reflective of their respective risk profiles and costs to society

Be it further Resolved that funds be established through taxation of tobacco products to facilitate government-sponsored (as opposed to tobacco company sponsored) research and program evaluation to refine our understanding of the relative risk profiles of the various classes of tobacco products, market trends, and the impact of governmental policy and programming on tobacco product consumption.

The last point I would like to make is the appeal that my good friend, MIKE MCINTYRE, made to the Members. And the appeal is that we have a choice before us. The choice before us is to take an abstinence only approach to tobacco, or do we really combine forces and use a harm reduction strategy, coupled with cessation prevention education efforts. It should all be together.

And I asked the chairman of the Energy and Commerce Committee, if he would protect the right that this substitute be heard here on the floor, just as he permitted this substitute to be

made in the Energy and Commerce Committee. He said that his intent was to bring his tobacco bill to the floor under suspension. I appealed to my good friend not to do that. Allow Congress to work its will, just as you did at the committee.

When this bill came before the committee, it was all Republicans voted for it and all Democrats voted against it. I was surprised by that. I was surprised by that because we, Mr. MCINTYRE and I, looked at this from a bipartisan perspective, and we were seeking to improve public health. And when you try to work to improve public health from this perspective this isn't one of these fights about socializing medicine or something that defines political parties. This one really surprised me that within the committee, that there was a partisan vote. That should have never, ever have happened at the committee.

And what I am hopeful here is that Mr. WAXMAN, when he makes his appeal to the Speaker for his legislation to come to the floor, that he actually goes through regular order, that he goes to the Rules Committee, and that Mr. MCINTYRE and I be permitted to have our bipartisan substitute be debated here on the House floor.

And please, do not bring—this is too important of a public health position to come up on suspension. This is a bipartisan bill. And to bring it up on suspension denies the rights of a lot of Members for this public, harm reduction strategy in which we seek to improve public health.

So, if, in fact, if Mr. WAXMAN brings his tobacco bill to the floor, my appeal would be to all Members to vote against the suspension. Now, the purpose of voting against the suspension isn't necessarily on the substance of the bill itself. It is about the process. We have got the process and procedure and you have substance. To bring a bill this important on public health under suspension and denying the right of a substitute, now we have a process issue. And Mr. MCINTYRE and I will be appealing to Members to vote "no" on suspension. We shouldn't be suspending the rules and denying amendments and the substitute here on this floor. The Congress should work the will of the American people, and that is, that all views and opinions and amendments and substitutes should be made in order here. And what this has really been done now it is narrowed down to two positions.

And since Mr. WAXMAN will not incorporate this, the least we can do is have this issue heard here on the floor. And that is my appeal.

So let me conclude with this. Mr. WAXMAN, I appeal to my good friend, allow this to come to the floor. Do not put your bill on suspension. If your bill comes to the floor on suspension, then Mr. MCINTYRE and I are asking for all Members to vote against the suspension and for the clear purpose that our right to be heard.

I will yield back.

THE IMPORTANCE OF TRAVEL IN OUR COUNTRY

The SPEAKER pro tempore (Ms. FUDGE). Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Nevada (Ms. BERKLEY) is recognized for 60 minutes.

GENERAL LEAVE

Ms. BERKLEY. I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the Special Order of business travel.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Nevada?

There was no objection.

Ms. BERKLEY. A few weeks ago, Madam Speaker, I came to the floor of the House and gave a very spirited defense of my congressional district which encompasses my hometown of Las Vegas. I did that because my community was under horrific attack by Members of this body, and it did us tremendous financial damage.

I wanted to speak more than 5 minutes to talk about the importance of travel in this country, the importance to our economy, and why we should be encouraging people to travel, and why we should be encouraging businesses to continue to conduct their meetings in destination areas like Las Vegas, but there are so many others. And I would like to talk to you a little bit about my community. But before I do that, I think I would like to yield to my very good friend, RON KLEIN from the great State of Florida, who also depends on tourism as its lifeblood in its economy.

Mr. KLEIN of Florida. I would like to thank the gentlewoman from Nevada for calling us together tonight because I think, as we realize, all over the United States, tourism, the flow of people, the flow of goods that go with the people, the fact that people come from all over the world to our great, wonderful attractions, whether they be in Las Vegas, or whether they be in Florida, where I am from. I am from the southeast coast of Florida, Miami, Ft. Lauderdale, West Palm Beach, all over Florida and I know that all over the United States there are some just unbelievable places to go. And the good news is there are actually some good buys right now.

But besides that, the more important part though is that tourism is a very, very important part of our economy. It is important on so many levels. Economically, let's just start with the jobs. I know that you feel so strongly about, Congresswoman BERKLEY, the jobs that are created in the hospitality industry, the construction jobs that go along with it, all the ancillary services and support and the food and the, all the entertainment and equipment and things like that. They are very much a part of our economy all over the United States.

Certainly it is not just where the people actually travel to. It is the fact

that the things that supply the equipment, the buildings, all the support services come from 50 States. Every State is impacted by a strong tourism trade. And it is just very exciting to be part and to live in a community where we have tourism as such an active part.

Being from South Florida, we not only draw people from all over the United States to Florida, but we get people from all over the world, as you do as well. And I know just from the Latin American community, the European community, Asian community, they come to our beaches, they come to our attractions, our wonderful hotels, the great quality of life, the diversity of our culture, the diversity of the people in Florida, incredible restaurants to choose from. But, you know, obviously, in struggling times we know it affects everybody. It affects the discretionary dollar.

But I think one thing we do want to encourage, and certainly with the economic stimulus package that has now been presented, we are now beginning to work through some of these difficult issues with the banks and the credit which have a lot to do with supporting our economy throughout the United States. This is going to take a little bit of time.

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But I think everyone should have that confidence level to know that, as Americans, we are going to get through this. The goal is to contract what is going on right now.

The reality is, at the same time, people still need to get out; they still need to do business, and certainly, as we know, even as unemployment has moved up a little bit, we still have over 90 percent of Americans who are gainfully employed. There are wonderful opportunities to travel to our great places all over the United States, to spend a few dollars, to stay in a wonderful place, to have family time, business time, to eat a good meal, and it is just all very exciting because we do have this great infrastructure and this great entertainment system in place, but it is the lifeblood, in many ways, of our country's economy.

I just want to thank you for not only being a leader in understanding tourism, but also, in the recovery and reinvestment bill that we did, there is so much in there which is going to help support getting our economy moving again and in building that confidence to know that people should travel and should enjoy the tourism industry—our hotels, our properties and just get a great benefit out of it. So I would like to thank you for calling us together. I am glad to support this great initiative that you have put out there.

Ms. BERKLEY. Well, I really appreciate your being here. I knew, as the Representative from south Florida, that your economy has probably been hit the same way that Las Vegas has. Could I ask you a question?

Mr. KLEIN of Florida. Absolutely.