The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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 Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. DODD. Madam President, I ask unanimous consent that during today's session the recess time for the caucus luncheon period and any period of morning business be counted postcloture.

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

RECESS

Mr. DODD. Madam President, I ask unanimous consent that the Senate stand in recess under the previous order.

There being no objection, the Senate, at 12:21 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Acting President pro tempore.

FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT—MOTION TO PROCEED—Continued

The ACTING PRESIDENT pro tempore. The Senator from Tennessee.

NUCLEAR POWER

Mr. ALEXANDER. Mr. President, 1 year ago I went to the Oak Ridge National Laboratory in Tennessee to propose a new Manhattan Project to put America on the path to clean energy independence. The project would focus on seven grand challenges: plug-in electric cars and trucks, carbon capture from coal plants, making solar power cost competitive; recycling used nuclear fuel, advanced biofuels from crops we don't eat, green buildings, and fusion. Last week I went back to Oak Ridge, spoke to a gathering, a summit of people from several States who were meeting to talk about how to attract and keep high technology jobs. I proposed that the United States should build 100 new nuclear plants during the next 20 years, while scientists and engineers figure out the grand challenges I discussed 1 year ago. This would double America's nuclear powerplants which today produce 20 percent of all of our electricity and 70 percent of our pollution-free, carbon-free electricity. This is an aggressive goal. But with Presidential leadership, it could happen. I am convinced it should happen. Conservation and nuclear power are the only real alternatives we have today to produce enough low-cost, reliable, clean electricity to clean the air, deal with climate change, and keep good jobs from going overseas. Climate change may be the inconvenient problem of the day, but nuclear power is, for many skeptics, the inconvenient answer. These nuclear skeptics cite regulatory delays and past problems with safety. They appoint commissions to slow walk decisions about recycling used nuclear fuel. They point to the shortage of welders for new plants. They complain that Japan and France are building most of the essential equipment for new nuclear plants. No surprise, since Japan is building 1 nuclear plant a year, and France is producing 80 percent of all of its electricity from nuclear powerplants. The skeptics say that carbon from coal plants contributes to climate change, which is true, and so they offer their solution: operate our big complex country, which uses 25 percent of all of the energy in the world, on electricity generated from the wind, the sun, and the Earth. One day that might be possible. But today there is a huge energy gap between the renewable electricity we wish to have and the reliable, low-cost electricity that we must have. My guess is, it will be 30 or 40 or 50 years before these new sources of electricity are cheap enough and reliable enough to supply most of the power to our electric grid.

The nuclear skeptics in Congress, urged by the President, reported last month an energy and climate change bill that would require 20 percent of our electricity to be made from a very narrow definition of renewable energy. My visit to Oak Ridge was to a gathering to discuss how to attract and keep high tech jobs in the region. I tried to paint a picture for those attending about how this legislation would affect those who attended.

To put things in perspective, the Tennessee Valley Authority produces an average of about 27,000 megawatts of electricity for industrial and household customers in our seven-State region. Sixty percent comes from coal, 30 percent from nuclear, 8 percent from hydroelectric power, and 1 percent from natural gas. Across the country, it is 50 percent coal, 20 percent nuclear, 20 percent natural gas, and 6 percent hydroelectric power. Nationally, only about 1½ percent of electricity comes from the Sun, the wind, and the Earth. Almost none of the TVA's power does. But the 40 percent of TVA power that comes from nuclear and hydro plants is just as clean as these narrowly defined renewables. It is free of pollution that dirties the air, and it is free of carbon that contributes to global warming. In that sense, TVA is the sixteenth cleanest utility in the country already.

Here is another yardstick. The new nuclear powerplant at Watts Bar in Tennessee can produce 1,240 megawatts of electricity. The Bull Run coal plant produces about 870 megawatts; the Fort Loudoun Dam, 150 megawatts. All three operate almost all the time. This is called base load power, which is important since large amounts of power can't be stored. Some forget that solar power is only available when the Sun shines and wind power is only available when the wind blows.

So how much renewable electricity is available in our region? The new solar plant our Governor Phil Bredesen has proposed in Haywood County would cover 20 acres but produce just 5 megawatts. The 18 big wind turbines atop Buffalo Mountain, a few miles away from where I made my speech, have the capacity to produce 29 megawatts but actually produce only 6 megawatts. It may be also possible to squeeze a few hundred megawatts from turbines in the Mississippi River. The Southern Company's new biomass plant in Georgia—biomass is sort of a controlled bonfire of waste wood products—would produce 96 megawatts. All this for a utility that needs 27,000 megawatts to operate at any given time.

Each of these sources of renewable energy consumes a lot of space. For example, the big solar thermal plants in the western desert where they line up mirrors to focus the Sun's rays take more than 30 square miles—that is more than 5 miles on a side—to produce the same 1,000 megawatts that one can get from a single coal or single nuclear plant that sits on one square mile. Or take wind, to generate the same 1,000 megawatts with wind, one would need 270 square miles. That is 16 miles on a side. An unbroken line of wind turbines 50 stories high from Chattanooga to Bristol would give us only one-fourth of the electricity we get from one unit of the Watts Bar nuclear powerplant which fits on one square mile, and we would still need the nuclear powerplant for the times when the wind doesn't blow. There is good reason why there is only one wind farm in the entire southern United States. In our region, the wind blows less than 20 percent of the time. Much of that time is at night when TVA already has several thousand megawatts of unused electricity.

Biomass will be a renewable source that we will emphasize in the South, we are told. That's a good idea. It might reduce forest fires, and it will conserve resources. The National Forest Service told us last week that there are 2 million tons of wood scraps and dead trees in Tennessee's forests, and pulp and paper companies might produce another 2 million tons. That sounds like a lot. But let's not expect too much. We would need a forest the size of the entire 550,000-acre Great Smoky Mountain National Park to feed a 1,000-megawatt biomass plant on a sustained basis. That is a plant that would produce as much electricity as one nuclear power unit.

Think of the energy it is going to take to haul this around. Georgia Southern says it will take 160 to 180 trucks a day to feed biomass into a 96-megawatt electrical plant. Remember, TVA uses at least 27,000 megawatts of electricity every day.

Of course, conservation and efficiency are the places to start when looking at America's and, especially, Tennessee's electricity futures. Tennesseans use more electricity per person than residents of any other State. If we reduced our use to the national

average, it would equal the electricity produced by four nuclear powerplants. We might still have to build some new powerplants, because our history and that of the country is that conservation only limits electricity growth. It usually doesn't reduce it. For example, 20 years ago we never would have guessed that computers would be using nearly 5 percent of our electricity. One can see we will need some breakthroughs, something like a new Manhattan project, before we can rely very much on renewable electricity.

Of all these forms of electricity in our region, solar has the most promise. It takes up massive space, but we can use rooftops. It only works when the Sun shines, but the Sun shines during peak times of electricity use. I believe our Governor is exactly right to try to make Tennessee a hub for solar power. The first grand challenge of my proposed Manhattan project is to try to make solar power cost competitive. According to TVA, in our region, it is far from that today. Solar costs four to five times as much as the base load electricity that TVA now produces. Wind power, on the other hand, can supplement electricity on the Great Plains and perhaps offshore. But for our region, it would be a terrible mistake.

In Tennessee it is a waste of money, and it destroys the environment in the name of saving the environment. The turbines are three times as tall as Neyland Stadium, which is our great big football stadium in Knoxville. In our region they only work on mountaintops where the winds are strongest, and they barely work there. I haven't mentioned the new transmission lines that will be necessary from the mountaintops through backyards in Tennessee.

Someone asked Boone Pickens if he would put any of these turbines on his 68,000-acre ranch in Texas. ''Hell no,'' he said. ''They're ugly.'' Well, if Boone doesn't want them on his ranch because they are ugly, why would we want them on the most beautiful mountaintops in America, in North Carolina, Tennessee, Virginia, West Virginia, Pennsylvania, all the way up to the White Mountains of New Hampshire?

Some of the jobs that we will be growing and attracting to our region and across the country are so-called green jobs, created as scientists and engineers work on the grand challenges I propose. Please remember that nuclear power is also green. Electric cars and trucks are green. One-third of Tennessee's manufacturing jobs are auto related. Even green jobs need low-cost electricity. The two new polysilicon plants located in Cleveland and Clarksville, TN manufacture polysilicon for solar panels that go on roofs. Together these two plants use 240 megawatts of electricity, about one-fifth of the production of the new nuclear unit at Watts Bar. Don't forget about places like the Aluminum Company of America in my hometown, which has closed its smelter and won't open until it can get a 20-year, low-cost electricity contract from TVA, or the steady stream of regional manufacturers who have been to my office saying that electric rates are already too high for them to keep jobs in our region.

The point is, if we care about jobs of any color, the cost of electricity matters. Which is why it is especially galling to see France, a country we usually don't like to emulate, using the technology we Americans invented to give themselves some of the lowest electric rates and lowest carbon emissions in the European Union.

So why is it that nuclear energy, perhaps the most important scientific advancement of the 20th century, was invented in America and yet we stopped taking advantage of it just when we most need it? Shortly after World War II, Glenn Seaborg, the great American Nobel Prize winner, said that nuclear energy had come along just in time because we were reaching the limits of fossil fuels. He was right. The succeeding decades proved that fossil fuels are not unlimited, and their supplies could seriously compromise energy independence. And that doesn't even address global warming.

Yes, I do believe global warming and climate change are problems we must address. We can't go on throwing 3 billion tons of carbon dioxide into the atmosphere every year without running into some kind of trouble. Every session I have been in Congress, I have introduced legislation to cap carbon emissions from coal powerplants. But the way to deal with global warming and to keep our jobs is to encourage what has been called the ''Nuclear Renaissance'' and start making nuclear energy the backbone of a new industrial economy.

Right now there are 17 proposals for 26 new reactors in licensing hearings before the Nuclear Regulatory Commission. That is a start. I think we need to go well beyond that.

I propose that from the years 2010 to 2030 we build 100 new nuclear reactors to match the ones we are already operating. That is what we did from 1970 to 1990. During that 20-year interval, we built almost every one of the 104 reactors that now provide us with 20 percent of our electricity. If we build another 100 by 2030, we will be able to provide well over 40 percent of our electricity from nuclear power. Clean hydropower provides 6 percent of our electricity today, and with the electrification of small dams around the country, we may be able to expand that to 8 percent. With diligent conservation, and some renewable resources, we can add another perhaps 10 or 12 percent. Then, my friends, we will really be talking about a clean energy economy.

Still, that is only the beginning. The second largest source of carbon emissions—and the biggest source of our energy instability—is the 20 million barrels of oil we consume every day to run our cars and trucks. I believe we should make half our cars and trucks plug-in within 20 years. That would reduce by one-third the oil we import from foreign sources. The Brookings Institution scholars estimate we can power those cars and trucks by plugging them in at night without building one new powerplant. Let me repeat that. If we electrify half our cars and trucks in America, we can plug them in at night without building one new powerplant because we have so much unused electricity at night.

As our fleet of electric vehicles grows, the most logical option for plugging in will be supplied by clean nuclear power. Until we make great advances in storage batteries, it cannot be electricity that is sometimes there and sometimes not. We cannot have Americans going to bed every night praying for a strong wind so they can start their cars in the morning.

Still, when it comes to nuclear power, a lot of people worry about safety. They say: Well, nuclear power sounds great to me, but I am afraid one of those reactors is going to blow up and cause a holocaust.

Well, let's make a few things clear. As Oak Ridgers—where I was last week—know better than almost anyone, a reactor is not a bomb. It cannot blow up. That is impossible. There is not enough fissionable material there.

What a nuclear reactor can do is overheat if it loses its cooling water, just the way your car engine can overheat and break down if it loses its antifreeze. It is called a meltdown. Nuclear scientists have warned about this from the beginning and take many precautions so it will not happen.

Nuclear skeptics like to bring up Three Mile Island, so let's talk about that. What happened at Three Mile Island was basically an operator error. A valve failed, and when the automatic safety mechanism kicked in, the operators overrode it because of a mass of flashing lights and sirens on the control panel, which confused them about what was happening.

Three Mile Island completely changed the nuclear industry. The Kemeny Commission, appointed by President Carter, analyzed the problems and made many recommendations, most of which were put into practice. The valve that started the whole thing had failed nine times before in other reactors and the manufacturer had tried to keep it a secret. People in the nuclear industry were not talking to each other.

Now all of that has changed. Nuclear operators train for 5 years before they can take over control rooms. They spend 1 week of out of every 5 in a simulator honing their skills. The nuclear companies have special SWAT teams that can be dispatched anywhere in the country at a moment's notice in case anything goes wrong. A Nuclear Regulatory Commission inspector practically lives on the site. What is more, every reactor in the country is on the

hook for $100 million if something goes wrong at another reactor. As you can imagine, they watch each other very closely.

And it shows. Our entire nuclear fleet—104 reactors—is now up and running 90 percent of the time. There has only been one year-long shutdown for safety problems in the last decade. We have added the equivalent of 29 new reactors since 1990 by doing a better job of running the ones we already have. If the rest of America ran as well as the nuclear industry, we would be sitting on top of the world.

''But what about Chernobyl?'' someone will say? ''Wasn't that a nuclear catastrophe?'' Well, the Soviets did things very differently at Chernobyl than we know how to do in this country. For instance, they did not put a containment structure around the reactor, which is like not putting a roof on your house and then acting surprised when it rains and you get wet. In addition, they did something no American power reactor has ever done: They surrounded the core with carbon in the form of graphite. That is like building your reactor in the middle of a charcoal grill. When the graphite caught fire, it spewed radioactive smoke all over the world. That could never happen at an American reactor—and it will not happen again in Russia since they have made a lot of changes over there and now they are building reactors in the same way we build reactors.

So let's build 100 new nuclear reactors during the next 20 years. Our new reactors have even better safety features—although it is never good to be overconfident. We have learned how to run the current fleet at its full potential. Most reactors are making close to $2 million a day. The attorney general of Connecticut proposed a windfall profits tax a few years ago when fossil fuel prices went through the roof. He said it was not fair that reactors could run so cheaply. So why not expand on our winnings? Why not build another generation of reactors?

Well, a lot of people say it cannot be done. They say we do not manufacture anything anymore in America. We have to import all our goods from China. They say we do not have the nuclear engineers to design the new generation. They say we do not have the specialty welders to put them together on site. They say we cannot manufacture the steel vessel heads anymore, and our steel forges are not big enough. Right now, the only forge in the world big enough to make a reactor vessel is Japan Steel Works, and they are backed up. People say our new plants will spend a decade standing in line behind the 34 other reactors that are already under construction in the world, mostly in Asia. And you know something. They are right. They are right because all the things they are saying here are true. We do not have a nuclear construction industry. But then, they do not know America. America can respond to a challenge. Just as we rose to the occasion in 1943 when we began the Manhattan Project at Oak Ridge and at other sites in our country, so can we rise to the occasion today to build a new generation of nuclear reactors that will provide clean, reliable power for America for the rest of this century.

It is not going to be easy. What we are talking about here is essentially a rebirth of Industrial America, and it is already starting to happen. Westinghouse is opening a school for training welders who can knit together a containment structure strong enough to protect both the environment from the reactor and the reactor from outside threats. Alstom, a French company, is investing $200 million in Chattanooga, in my State, to manufacture heavy turbines for nuclear plants.

We also have to train nuclear engineers to take the place of the great generation that embraced the technology in the 1960s and 1970s, only to see their dreams come to naught when the Nation turned away from nuclear power. We have to find a steel manufacturer somewhere in this country that is willing to step up and say: ''Here, we can do those forgings right here in Pennsylvania or Ohio or Michigan or Illinois. We do not have to stand in line in Japan.'' And we have to find investors who are willing to put up their money and say: ''Yes, I have faith in America. I have faith in technology. I am ready to invest in building a cleaner, safer, more prosperous world.''

With Presidential leadership, we could add more loan guarantees to accelerate construction, and could streamline the permit system to ensure that new reactors do not become ensnared in regulatory mazes or combative lawsuits. But we cannot sit on our hands because in America we do not sit around waiting for the Government to do things for us. We do things for ourselves.

So the task we face here today is no less formidable than the task the Oak Ridge pioneers faced when they first arrived in Tennessee in 1943. They were trying to save the world from Japanese militarism and Nazi totalitarianism. Now we are trying to save the world from the pending disaster of dwindling energy supplies, the uncertain dangers of a warming planet, and the stagnation and decay that can only follow if we do not revive American industry.

So I propose today that we work together across the aisle, with the President, in the task of bringing about a Nuclear Renaissance in helping to generate the Rebirth of Industrial America.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. BURR. Mr. President, I come to the floor because the Senate this week is considering a new regulatory bill for the tobacco industry and there will be Members who will come to the floor to say: We have tried to do this for 10 years. This is well past due.

Well, in part they are right. This bill was produced 10 years ago. It has not changed. It is exactly what was produced. But let me try to fill in some history for the Members of the Senate.

In 1998, we passed the FDA Modernization Act. I was the lead sponsor of that bill in the House of Representatives. We spent 2½ years developing a bill to modernize the Food and Drug Administration.

Most Americans do not even realize what the Food and Drug Administration is. It is an agency in the Federal Government that regulates 25 cents of every dollar in our economy. It is what assures every American that when you go to the pharmacy and you get a drug, there is a Federal agency that has determined that drug is, one, safe, and, two, effective; or that when you go to a hospital or a doctor's office, and they take a medical device—maybe it is something that permits them to go inside your body without cutting you open—that device has gone through an extensive review by the FDA.

In some cases, pharmaceutical products take up to 12 to 14 years for approval—the amount of clinical trials to prove safety and efficacy that we go through, not just on animals but on humans—but it assures every American that the gold standard in the world exists right here in the United States of America. We put manufacturers and their products through a test at the FDA like no other country does. As a matter of fact, when the European Union was created and there were efforts to try to harmonize our approval process in the United States with that of Europe, what we found was that Europe's adoption, then, of 15 countries was that they take any of the 15 countries' approval process. What we found in the United States was it was hard for us to find one country that had as rigid a requirement as the United States of America; therefore, we didn't harmonize. For that reason, there are drugs that are approved in the European Union that are not approved in the United States because they either haven't met the test of the FDA or they have chosen not to go through the test.

The reason I share all of that with my colleagues is that for 2½ years, there were two focuses of those of us who worked on FDA modernization: one was to make sure we had an agency that could perform its task of efficiency, and two, that we did nothing to change the gold standard—the assurance the American people had that every time they got a prescription, every time there was a device, that the gold standard was intact, that it was safe and effective.

It says on the FDA's Web site—and this is just part of their mission statement:

The FDA is responsible for protecting the public health by assuring the safety, efficacy and security of human and veterinary drugs, biological products, medical devices, our Nation's food supply, cosmetics, and products that emit radiation.

For the most part, I think we would agree that we do set the gold standard on the approval of products. We do have some questions about the Nation's food supply. This body has taken up three or four different pieces of legislation because of the fact that the FDA has not had the preview process they needed, and because of that, there have been contaminated foods—some produced here in the United States, some things were shipped in from out of the country, but it was FDA's mission to make sure that did not happen. Well, when we passed that piece of legislation, we all of a sudden accelerated the application process, the review process of drugs and pharmaceuticals. In the next year, we approved 81 new applications because that FDA Modernization Act was in place but, more importantly, the gold standard was still in place.

I wish to ask my colleagues, what are we here today to do? The legislation that is on the floor is to give the FDA the jurisdictional responsibility of regulating tobacco. I want my colleagues to think hard about this. The FDA's responsibility is for protecting the public health—well, tobacco is bad for the public health; it causes disease and it causes death—''by assuring the safety and effectiveness.'' Well, how in the world can you certify that tobacco is safe? It can't be done.

So to say we are going to allow the FDA to become the agency of regulatory jurisdiction is to say to an FDA reviewer: We would like you to do this on drugs, we would like you to do this on devices, we would like you to do this on foods, and we would like you to do this on cosmetics and products that emit radiation, but when it comes to tobacco, we don't want you to hold tobacco to the core mission statement of the FDA. We want you to ignore that it kills people, we want you to ignore that it causes disease, and we want you to just regulate it based upon how Congress said regulate it.

It is not making much sense to people who are listening. Why would you do this? You could find any agency or create an agency to do exactly what Congress laid out in law. But no, we are laying it out in law and we are saying to the FDA: We want you to take that on as your jurisdiction, as your responsibility.

But what is the likelihood of this, that by putting this new burden on the FDA and surging reviewers who are currently working through applications on drugs and devices, working on food safety, and we surge them over to this new area of responsibility called tobacco, that we are going to put more junior employees working on applications of drugs? It might be the next lifesaving drug that is on the marketplace. It might be a device that is actually a device that is inserted into your body, and maybe a young reviewer either delays the approval of that device or that pharmaceutical or makes the wrong decision because the senior reviewer has gone over to do tobacco.

Some will come to the floor and claim that tobacco has to be in the FDA. The FDA, since its inception, has never, ever regulated tobacco. We regulate it through what was the ATF, Alcohol, Tobacco and Firearms; the Federal Trade Commission has regulated the labeling; and the industry on its own eliminated most of the concerns the American people had when they had a master settlement with States years ago.

We are going to be debating this for days. I am going to be down here frequently until this debate is over with because what I want is for the Members of the Senate and the American people to understand that it is not as black and white as what some people would come to the floor and say: Just give it to the FDA and let them handle the responsibility. Feel comfortable doing that if you are willing to jeopardize drug safety, food safety, and device safety because they can't prove the safety and efficacy of this product. As a matter of fact, the bill that is being considered by the Senate doesn't do anything to regulate existing products that are on the marketplace. Think about that. Think of all of the cigarette brands you see behind the counter. The Kennedy bill actually says they are grandfathered. You can't touch them. You have to allow them to continue to be sold. But to a new product, one that might be a reduced-risk product, meaning less harm to the user, the pathway to try to be approved through the FDA is impossible.

It is estimated that without doing anything, we will have a 2-percent reduction in cigarette usage per year in this country. That is a statistic the CBO came out with. But if we enact this bill, according to the—excuse me, CBO estimated that it is currently being reduced at 2 percent annually. According to the Centers for Disease Control, smoking rates declined among Americans annually at 2 to 4 percent. Think about this: CBO says this bill will reduce cigarette smoking by 2 percent annually. CDC says we are currently reducing cigarette smoking use 2 to 4 percent in the United States. In essence, what CDC says is, if you do nothing, we are going to reduce it more than what this bill is going to do. Why? Because CDC—the Centers for Disease Control and Prevention—realizes that when you grandfather all of these products, where FDA has no ability to go in and say, do this, do that, what you are doing is you are locking in the American people. When you say to the FDA: Have this jurisdiction, but we are not going to give you any real way to bring reduced-risk products or reduced-harm products to the marketplace, all you are doing is assuring that people are going to continue to smoke cigarettes.

The marketplace at least has brought smokeless tobacco into the marketplace, and through that smokeless tobacco, it has generated a 2-percent reduction in smoking. We can make the claim that smokeless tobacco is not good for the American people. It is certainly not good for our youth. But the statistics show it is not as bad as smoking. You don't have the degree of death and disease from smokeless tobacco. We will get into that because there are studies around the world, many of them done in the country of Sweden, where we find exactly that, that they have been able to reduce smoking drastically in Sweden by allowing new, reduced-harm products to come to the marketplace, and through the ability of the public to decide that they would like to switch, they have drastically gotten off of cigarette products.

No, that is not the course we are going to take. We are going to take one that is typical Washington. We are going to pick an agency and we are going to say: Let's dump this responsibility on them, no matter what the cost is. We forget the fact that the FDA is the gold standard. It is responsible for protecting the public health. How are you protecting the public health when you grandfather every cigarette product that is currently on the marketplace to exist just as it is? How do you prove safety and efficacy? How can this be effective?

We are headed in the wrong direction. As one of the authors of the 1998 act, this troubles me greatly because I spent 2½ years trying to figure out how not to change the gold standard, that balance at the FDA that assured every American that it had gone through a grueling process of review, that it had passed every test that had been set to prove safety and efficacy. Why would we jeopardize this? Why would we risk the fact that we might change this gold standard?

These are the questions that are going to be asked over the next several days. They are questions I hope to answer for people, not with what I believe but with the facts, with the truth about what is going on around the world, why we are headed in the wrong direction, and why we can have an effective regulatory entity in Washington without jeopardizing the future of drug and device safety, food safety, cosmetics, and products that emit radiation. These are things we need to take very seriously.

I will make this last request, as I see my colleagues are headed to the floor and wish to speak as well. I only asked one thing a week and a half ago of the committee members, and that was to read the bill. Well, the fact that attitudes haven't changed much, that we are on an accelerated pathway, I can just about assure my colleagues they

didn't do what I asked. I didn't expect them to. I think the American people believe we read every bill before it is considered. I think most Members attempt to do that through staff or themselves. This is one that, quite frankly, had they read it, we wouldn't be here today. We wouldn't be doing what we are attempting to do.

This is not about a quest of 10 years. In 1998, when we opened the Food and Drug Administration to do the Modernization Act, we opened the entire thing. Every Member of Congress had an opportunity to amend that bill in the House and the Senate at the time and to give the FDA jurisdiction over tobacco. No Member exercised that ability. So in 1998, there were no Members who thought it was important enough to put that responsibility in the FDA.

We have seen steady reductions in smoking among adults and, more importantly, smoking among youth. Youths are always the ones we point at and we say we have to make sure we do this because children shouldn't have cigarettes. They are right. They shouldn't. That is why we have age limits and advertising limitations.

Can we do better? Yes, we can. Let me assure my colleagues, I will offer a substitute that not only is effective regulation, but it will protect the gold standard of the Food and Drug Administration. It won't put in jeopardy what we have established as the most crucial regulatory body we have that controls or regulates 25 cents of every dollar of our economy. I don't believe that is responsible of the Members of the Congress. They have already made the mistake in the House. I hope we don't make the mistake in the Senate. We can come up with effective regulation but not doing it through the Food and Drug Administration.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from New Hampshire.

Mr. GREGG. Mr. President, I ask unanimous consent to speak as in morning business.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HEALTH CARE REFORM

Mr. GREGG. Mr. President, I rise to speak about health care and where we are going on the issue of health care here as a government and as a nation. The health care train is beginning to leave the station, so to say. I wish to make sure it is on the right track, that it not be on tracks which will lead it over a cliff. So I want to lay out a few fundamental tests that I believe need to be passed for health care reform to be effective.

First, everybody needs to be covered. Everybody should have the right to get insurance in this country. That is a reasonable request, and it is a reasonable thing to do. The fact that some people don't have adequate health care coverage is not acceptable.

Secondly, we need to have a system which encourages the marketplace to produce better products, more quality, better health care. We also need a system that doesn't let the government become too intrusive into the health care administration so that we don't end up with the government between you and the doctor and we have a system where the government basically creates such a top-down bureaucracy that you end up with rationing or significant delays in the delivery of health care, as occurs in some of our sister countries such as Canada and England.

Thirdly, we have to have a system that encourages innovation and gives those creative minds out there in the health care field who are discovering new drugs and new ways to treat very serious illnesses the opportunity to do that, to get a reasonable reward for what they are doing, both monetarily and, of course, the great satisfaction of helping to cure people.

We also need a health care system which says to the American people: You are going to get quality health care when you go to get health care, and you are going to get it at a reasonable price.

So these conditions, these standards are things we should follow.

As this train starts to leave the station, we are seeing a great deal of talk around here about how any health care that is proposed, if it is coming from the other side of the aisle, must be heavily laden with new government restrictions and new government directions, the most significant of which is something called a public plan. A public plan—no matter how it is dressed up or what costume is put on it—has the same effect. It is a statement by the government that it is going to compete in the marketplace with the private sector for the delivery of health care insurance in this country.

That is not fair competition. There is no way the private sector will be able to compete with a public plan; we know that. What we know is that a public plan is essentially a stocking horse for a single-payer plan. It is more than the camel's nose under the tent, it is the camel's neck, and probably front legs, under the tent on the effort to produce a singer-payer plan.

It doesn't make a whole lot of sense for us to go into a single-payer plan, which is essentially nationalizing the health care system. We have seen neighboring nations have this experience, and their experience is not good. In your nationalized health care systems, such as in England, for example, about 78 percent of the women who get breast cancer survive. Here that percentage is around 92 percent. The difference is because in the United States detection occurs early. In England, unfortunately, because they have a public health care system, which essentially involves delay in the ability to get treatment, people are not determined to have that illness early enough to cure it effectively. You see that with all sorts of diseases.

In Canada, you may not be able to get hip surgery if you are over a certain age—certainly not in time to have your lifestyle improved. The simple fact is, a single-payer plan inevitably leads to delay in the delivery of care and also rationing. In addition, of course, it leads to massive bureaucracies, inefficiency, and a reduction in quality. It drives out of the market people who create new products, the new research, the new drugs, because you are basically setting a fixed return on what a person can make if they invest in producing a new drug, and the production of new drugs is a very expensive business. It costs almost $1 billion and 12 years to bring a new drug to the market. It is extremely expensive. If you cannot get a reasonable return on your money, you are not going to be able to get investors. If your investors are looking at that and saying the government may step in and fix my return and change the years of exclusivity and create a formulary to determine how and what drugs can be sold and who can buy them and ration those drugs, that does not work. It reduces research, and therefore quality, and it reduces the ability to get good health care.

A public plan should be a nonstarter. It should never happen. I have proposed—and I think we should be proposing formal ideas; we have not heard formal ideas from the other side of the aisle yet and I hope we will get some soon—I have sat on a number of bipartisan groups, which have been constructive, especially the Baucus group has been very constructive, but we still don't have anything formal coming out of that group. The same is true with the HELP Committee, under Senator KENNEDY—and from the administration, for that matter, we do not have anything formal.

I think we have an obligation to lay down the specifics on what we want to do. I proposed ''CPR.'' That is the title I have given the proposal: Coverage, Prevention, and Reform. Essentially, it will set up a system where every American will be required to get health insurance, and we will have affordable health insurance for low-income Americans, people under 300 percent of poverty or less. They will have assistance to get health insurance. The insurance will be focused on the biggest concern for most Americans, which is when someone in your family gets sick or has a severe accident and your entire economic lifestyle has changed and, in fact, maybe you are wiped out and bankrupted by that event. Essentially, this proposal will make sure everybody in this country has meaningful health insurance, so they cannot be wiped out by a medical event.

Secondly, this proposal is focused aggressively on the issue of prevention. It changes the HIPAA rules so employers can put more money into giving people incentives to live healthy lifestyles.

That is critical to our society. We have diseases in this country that can be addressed through improving lifestyles. We have seen that, and a lot of companies have been successful in this area—in the area of obesity, which is a severe problem, and with diabetes and other huge costs to society, we can change the impact of those costs and those very detrimental health problems through a better lifestyle. We should incentivize that—monetarily incentivize that. That is what my proposal does.

In addition, the proposal incentivizes people to take preventive action relative to screenings and to getting early health care intervention, rather than late health care intervention. It does it through financial incentives. That is the best way to do things—pay money for being thoughtful and healthy.

Third, it looks at the system of reimbursement and says this is a chaotic system in this country, where we have stovepipes branching off everywhere. We need to have a system that reimburses, first, for quality, rather than simply for procedures, and one that says if you are delivering quality care, you will be reimbursed—especially if you are delivering quality care at less of a cost, and you are going to get a benefit for that—the providers will. We have seen study after study, now over a period of 20 years—most done by the group at DARPA—which has shown us it is not an issue of cost that produces quality, it is an issue of those who are performing the procedures.

We know, for example, that in some parts of the country it can cost 50 percent more to get a certain procedure, and you will have 20 percent less of an outcome than if you go to other parts of the country. For example, if you go to Mayo Clinic, it will cost less to get one procedure, and you will get a better outcome than if you go to a hospital in southern California, where it costs more and you get less of an outcome. It is the same if you compare Florida and Washington State. If we incentivize quality and reasonable costs, we know we will get better quality and lower costs.

We also know we have a haphazard procedure around here on how we have deductibles relative to Medicare and the various parts of it. Nobody knows what their deductible is because it changes depending on what type of treatment you are getting—Part A, B or D, whatever. We should standardize those and get more efficiency into the health care system.

How do we accomplish this? If you are going to get everybody in the system, you have to basically require that everybody be in the system. We have 47 million uninsured people. Of that number, 20 million can buy their insurance. They have incomes up to $75,000 or more. But they choose, as a matter of lifestyle, not to insure themselves. A fair amount of people—the other 27,000 people—either don't have the wherewithal or they are with companies that are so small they don't have the wherewithal to supply health care.

What I am suggesting is that everybody in America has to buy health insurance—the coverage I talked about—meaningful health insurance, with a heavy emphasis on prevention and reform. If you cannot afford it, then we will help you buy it. But you have to buy it. It is an individual mandate. This is an approach that I think will work. It doesn't require that we throw the baby out with the bathwater. It doesn't require that we entirely rewrite our health care system in this country to satisfy those who want to run the health care system out of the government.

It is not a nationalization of the health care system, not a single-payer or a public plan system. There will be innumerable competing insurance products out there for people to buy in order to meet these standards of coverage—innumerable. They will be settled by the marketplace. People will have choices. States will have an exchange program, and you will be able to see everything available to you and quickly decide what is best for you as a family or an individual. It is not an attempt to totally rewrite the health care system. It is an attempt to build on the present system, and it recognizes we have weaknesses, such as the fact that 47 million people are not covered and that we actually disincentivize preventive medicine and a healthy lifestyle under HIPAA and such that we have a reimbursement system that makes no sense and is chaotic and has grown up, over the years, as a result of the bureaucratic machine that would make Rube Goldberg seem simple. Take the strength of our system—we have private sector initiatives going on that are creating better health care, which doesn't cause people to have to suffer massive delays and doesn't create rationing in the marketplace, depending on your age, and doesn't put the government between you and your doctor. That is a good health care system, and we should not throw it out by going to a public plan, a single-payer system. We should build on the health care system we have and bring those who are not covered into it and bring all of us into an attitude of living healthier lifestyles and focusing on prevention, quality, and reform; thereby promoting research and better health care.

That is my proposal. I don't expect this proposal to win the day, but I hope it will be listened to as we go down the road because this is a huge issue. Seventeen percent of the American gross national product is spent on health care. We don't need massive amounts of money in health care. We spend 6 percent more of our gross national product than the next closest nation. There is a huge amount of money moving around in our system. We need more quality at a more reasonable cost.

In addition, a lot of people are quite happy with their health care system, with what they are provided by their employer—usually. Why should we throw them out the door too? Let's address that. What we need is to look at the system we have, its strengths, and build on those strengths. We need to look at its weaknesses and reform them. I know my proposal will help accomplish that, and I hope it will be taken seriously.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. UDALL of Colorado). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. DORGAN. Mr. President, I know we are on the 30 hours postcloture on the legislation that is the Family Smoking Prevention and Tobacco Control Act. I support that legislation. I applaud our colleague Senator KENNEDY for his leadership on this issue. It gives the FDA the authority to regulate tobacco, including ingredients in tobacco products and tobacco marketing, which I think is an important step for our Nation's health.

We talked a lot about this in the past. The fact is that smoking and the use of tobacco is dangerous to one's health. We know that. I had a doctor once say there are three things that will give you pretty good odds for a longer life. One is wear a seatbelt. The second is keep your weight down. And the third is don't smoke. Pretty sound advice. The ''don't smoke'' piece is about the health consequences of smoking.

We know especially the issue of marketing and marketing to children is a pernicious activity. We also know the best way you can get somebody hooked on cigarettes is to get them when they are kids, get them when they are young. Do you know of anybody who at age 35 is sitting in a La-Z-Boy recliner watching a color television set ruminating about life and thinking to themselves: What on Earth have I missed in life? What can I do to enhance my life? What should I be doing that I so far have been unable to do and they decide: I have to take up smoking. That just doesn't happen. If you don't get them when they are kids, you don't get them. That is why we pay a lot of attention to addiction to nicotine, marketing to children, and so on.

Let me say again the leadership of Senator KENNEDY and so many others on a bipartisan basis on this issue I think is very important. It deals directly with the issue of the health of the American people.

I do want to say, however, that I intend to offer an amendment tomorrow when we get on the bill itself. I want to describe why I am offering an amendment and what the amendment does.

The amendment is called the Pharmaceutical Market Access and Drug

Safety Act. This underlying bill deals with the FDA. So, too, will my amendment deal with the FDA. I will offer the amendment with Senator SNOWE from Maine, the Dorgan-Snowe bill which we worked on for a long while. It has very wide support in this Chamber from TED KENNEDY, JOHN MCCAIN, CHUCK GRASSLEY, DEBBIE STABENOW. So many others in this Chamber on a bipartisan basis have supported this concept.

Let us give the American people the opportunity that comes with the worldwide economy and the ability in the free market to choose your products. And here is the reason it is important to do that.

The American people at this point understand the value of prescription drugs. They are enormously valuable, and I commend all of those who produce prescription drugs. Yes, the pharmaceutical industry—good for them. Yes, the National Institutes of Health and in so many other areas with public funding as well that develop the approaches that result in lifesaving prescription drugs. I commend all of them, including the pharmaceutical industry.

But it is also the case that the pricing mechanism the pharmaceutical industry uses in this country is fundamentally flawed. They have a pricing mechanism that in most cases for major brand drugs, the American people are told: You get to pay the highest prices in the world. You, the American people, get to pay the highest prices in the world for the same pill put in the same bottle made by the same company. And it is not fair.

I have an example of that, and I ask unanimous consent to show them on the floor.

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

Mr. DORGAN. Mr. President, this is the drug called Lipitor. Most people understand what Lipitor is. It is a drug that is used to lower cholesterol. This happens to be made in Ireland and sent all over the world. These two bottles were sent to two different places—one to the United States and one to Canada. The United States consumer got to pay twice as much as the Canadian consumer. It is the same bottle, same pill, same company, FDA approved, and the American people are charged twice as much. And it is not just Lipitor. It is drug after drug.

The question is, why? Why should that be the case? It is not just Canada, it is virtually every other country in the world as well that enjoys lower cost prescription drugs, when, in fact, we pay a much higher cost for the identical drug.

This happens to be the price—$4.47 per 20 milligram tablet of Lipitor to a U.S. consumer, and just north of the border, $1.82 for the same drug. I could have used other countries. It would have shown the same result.

I have taken a busload of North Dakotans to Canada because I live in a State that borders Canada. In a one-room drugstore at Emerson, Canada, I saw individuals buy their prescription drugs and saw the savings drug by drug. I sat in a farmyard one summer afternoon with an old codger in his eighties from North Dakota. He was talking about health care. He said: You know, my wife has been fighting breast cancer for 3 years. He said: For 3 years every 3 months we have driven to Canada to buy Tamoxifen to fight her breast cancer. Why did we drive to Canada? Because we couldn't afford it in the United States. We couldn't afford to pay for the drugs for my wife's fight against breast cancer. It was 80 percent less costly for the identical drug just north of the border. That is not fair.

Again, it is not just Canada. It is virtually every other industrialized country where drugs are sold for a fraction of the price they are sold in the United States. These are FDA-approved drugs, made in FDA-approved facilities, and sent all around the world. The only difference is pricing. We are charged the highest prices in the world.

The Wall Street Journal had a piece on April 15 of this year, quoting some experts:

> These kinds of price increases—
>
> Speaking of prescription drugs—
>
> are way out of line with what's being experienced in the rest of the economy.

Said Ron Pollack, executive director of Families USA, a consumer health care advocacy organization.

Credit Suisse's Catherine Arnold said drug companies have increased prices so aggressively in recent months to wring sales out of products before any health care cost-cutting efforts eat into profits.

That is not fair. One might ask: How can they do it? They can do it because there is something in law that prevents the importation of prescription drugs, even FDA-approved drugs, prevents the importation into this country by anybody except the drug manufacturer itself. That means the American people are not given the same opportunity to shop worldwide for an FDA-approved drug. It means it is a free-trade economy except the American people cannot participate in that free trade.

What we propose to do is to offer a piece of legislation that gives the American people the opportunity to access FDA-approved drugs, the same drug made in the same place marketed differently but priced higher in the United States to access those same drugs. Do we do this because we want Americans to buy their drugs from other countries? No, that is not the point. The point is if they can access that same FDA-approved drug sold for a fraction of the price in another country, it will force the pharmaceutical industry to reprice their drugs at a lower cost in this country in a manner that is fair to the American people.

The estimates of what this will save are $50 billion in 10 years—$50 billion in savings in this country. That is not insignificant at all.

One of the things that is always raised by those who support the practice of the pharmaceutical industry is this is going to cause all kinds of safety concerns. Can you imagine the counterfeit drugs that will come across?

I just described this drug Lipitor. This is not made here. It is made in Ireland and then shipped in. How do we know this is real? The provisions in the legislation that we have created actually provide safety requirements that exceed those that now exist with respect to batch lots and pedigrees and all kinds of new resources for the FDA to do more audits than they now do, to do more inspections than they now do.

Don't anybody come to the floor of the Senate raising those kinds of issues because they do not exist. This legislation is legislation that has very stringent safety requirements and will provide an opportunity for the American people for some basic fairness.

Here is a quote from Mr. Hank McKinnell, former Pfizer CEO. He said:

> Name an industry in which competition is allowed to flourish—computers, telecommunications, small package shipping, retailing, entertainment—and I'll show you lower prices, higher quality, more innovation, and better customer service. There's nary an exception. OK, there's one. So far, the health care industry seems immune to the discipline of competition.

That is exactly why the pharmaceutical industry can decide this afternoon behind a closed door: Here is what we are going to do to our prices, and if you don't like it, tough luck, because we have the capability to make it stick.

I don't come to the floor of the Senate as someone who has some sort of grief against the pharmaceutical industry. As I said when I started, the pharmaceutical industry plays a very important role in health care in this country. I have a grief against their pricing policy, however.

I held hearings on this issue long ago. A group of us on the floor of the Senate—Republicans and Democrats—has tried for some long while only to be blocked to pass legislation that would give the American people the opportunity to access the identical prescription drugs that are sold for a fraction of the price in the rest of the world and do it in a manner that is fair to the American people. We have been blocked in that opportunity.

This is an FDA bill on the floor of the Senate. This is the place to offer this amendment.

I visited with my colleagues this morning, Democrats and Republicans. I talked with Senator STABENOW, Senator SNOWE, Senator MCCAIN, and many others this morning about this amendment to this bill. On a bipartisan basis, we believe this will help the American consumer. It is long overdue. And at a time and during a year in which there is a lot of discussion about health care issues and the problems confronting this country in health care, one of the most significant problems is this dramatic march of price increases in health care.

Look, we spend more money per person on health care than any other group. We spend more money than any group of people in the world per capita by far, and we rank 41st in life expectancy. Something is not working out quite so well there. One of the areas of these price increases in health care that leads the pack is the issue of prescription drugs. Prescription drugs allow us to manage disease, in many cases keep people out of an acute care bed, which is very expensive. We know the ability to manage health care conditions through the use of prescription drugs has been very helpful and has been lifesaving to many Americans and people around the world. We understand that completely.

Those who oppose the amendment I am proposing would say: Look, all that will do then is shut down or at least reduce the revenue that the drug companies have, pharmaceutical companies have and, therefore, they will do less research and, therefore, have less opportunity to unlock the mysteries of these dreaded diseases and find the very next cure for Parkinson's, Alzheimer's, or some other disease.

It is interesting to me that the costs or the amount of funds spent for marketing and promotion by the pharmaceutical industry, at least from information I have, exceed the amount of money they spend on research. How many people in the morning have a little television set somewhere near while they are brushing their teeth getting ready for work. The television set is on, and there is a voice on the television set and a really interesting picture and it is describing some awful symptom that you have that you want to get rid of, and they are describing the symptom and describe the 85 things that could go wrong if you take the pill they are pushing. Then they say: Go to your doctor and ask him if the purple pill is right for you. I don't know what the purple pill does; I don't know what it is about, but the commercials are so intriguing and so persuasive, you almost want to go ask someone if the purple pill is right for you.

There is so much advertising relentlessly pushing prescription medicine at consumers—who can only get it if a doctor prescribes it in the first instance—how about cutting back on some of that advertising? So don't tell me that if they have to charge a price that is competitive with other prices around the world for the prescription drugs they sell in the United States that somehow it will injure their research.

Let me say that a fair amount of the research goes on here at the Federal Government level through the National Institutes of Health and the contracts all across the country, and we are substantially increasing that investment. I believe in that and I support it. I am one of those who has pushed and pushed because there are so many things that we can unlock with respect to these mysterious diseases, and we can make this a much better future if we invest in the research necessary.

When we find the capability and research to address these diseases, very often we see that research available to pharmaceutical industry companies that then market a pill or market some medicine as a result of it. And they do some research themselves—not insignificant, by the way—and find opportunities in their own companies as well to introduce and provide life-saving medicines. So my hat is off to all of them. It is just that I insist on fair pricing for the American people, and that has not been the case for a long time.

I am offering an amendment that is going to save this country $50 billion over the next 10 years. My colleague, Senator SNOWE, and I, along with many other colleagues, have introduced this piece of legislation—with more than 25 colleagues now, but we have had far more than that many in previous Congresses—and we are impatient. This has been a long tortuous trail and we are impatient to get this done on behalf of the American people.

I wanted to come today, even during the 30-hour postcloture period, to say that when we are on the bill tomorrow, I intend to offer this legislation and to do it in a way that advantages the American consumer to be able to access the same quality prescription drugs that other consumers around the world are accessing for similar prices. At the moment that is not the case. We are overcharged. The drugs are overpriced. It is unfair to the American consumer, and it is past time—long past the time—for this Congress to do something about it.

Mr. President, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. BURR. Mr. President, as I stated earlier today, I will be back time and time and time again to help my colleagues, one, understand what bill is being considered this week in the Senate but, more importantly, the ramifications of doing the wrong thing.

I think most Americans would agree that we should do everything we can to regulate tobacco products as relates to the youth of our country. By the same standard, I think that we have an obligation as Members of the Senate to make sure we don't in fact limit the choice of adults who choose a tobacco product. I believe that you don't limit that if you responsibly regulate the product. I believe you do limit it if in fact to make something fit you design a regulatory scheme that by default limits the future options adults might have.

I left off earlier talking about the core mission of the Food and Drug Administration being to protect the public health by ensuring the safety and efficacy of pharmaceutical products, biologics, medical devices, cosmetics, and the food supply. God knows we have been challenged over the last couple of years with the food supply. Whether you talk about contaminated peanut butter or spinach in California, a number of things have come into play, and I think many of us would agree the Food and Drug Administration has been deficient in the area of food safety. As a matter of fact, the people now authorizing bills to dump on the FDA the responsibilities for tobacco were very critical of the FDA as it related to their food safety oversight, so it shouldn't shock any of us that I think they are misguided in where they have chosen to focus their efforts toward regulating this industry.

Let me add to that the former—just recently former with the change in administration—FDA Commissioner's statements about this bill.

> The provisions in this bill would require substantial resources, and FDA may not be in a position to meet all of the activities within the proposed user fee levels. As a consequence of this, FDA may have to divert funds from its other programs, such as addressing the safety of drugs and food, to begin implementing this program.

This is not something I have schemed up. This comes from the former Commissioner of the FDA, who says that within the framework of the Kennedy bill, the user fee levels alone may not be enough for us to set up this regulatory framework and, therefore, we might have to divert funds from other programs, such as addressing the safety of drugs and food to begin this program.

Let me explain. To implement this program, it will cost $787 million a year—$787 million a year. I will propose, along with Senator HAGAN, a substitute—that when HHS was asked to tell us how much they needed to absolutely fund that new entity to regulate the tobacco industry they told us they would need $100 million. So there is already an option on the table that allows us to take user fees from the industry to fund a $100-million-a-year program to regulate the entirety of tobacco; or we can choose to put it at the FDA, where we are basically going to do the same thing and the former FDA Commissioner said the $787 million devoted to user fees may not be sufficient to meet the regulatory requirements set forth in this legislation.

It is actually a little bit worse than that, because the CBO stated that before the Kennedy plan can be implemented—which is paid for by a shell game of requiring military servicemembers to mandatorily participate in TSP, the savings plan, the 401(k) of the Federal Government—to pay for the program you have to come up with $200 million to kick the program off. You know, it is a catch-22. The Kennedy program can't even be implemented from the shell game of funding they

have set up, but more importantly it is going to cost almost eight times more than if we were to regulate tobacco in a separate entity under the guidance of the Secretary of Health and Human Services—the same person who has the guidance of the FDA; the same Secretary.

What we are going to propose is that we set up a new agency to in fact regulate the tobacco product, but not get it confused with other core missions, such as the safety and efficacy of drugs and biologics and devices. That would be a huge mistake, I believe.

Let me, if I could, quote Jack Sullum's April 2008 op-ed in Reason Magazine in talking about the Kennedy bill. He said:

A consumer protection bill that reduced competition, raised prices, restricted choice, blocked information, and made products more hazardous could not really be counted as a success. The act imposes new regulatory burdens and advertising restrictions. The compliance costs and reduced competition are likely to raise prices. The bill not only authorizes the prohibition of safer tobacco products in the censorship of potentially lifesaving information about relative risks; it gives the FDA permission to make cigarettes more dangerous by ordering reductions in nicotine content. Such a mandate aimed at making cigarettes less attractive to new smokers would force current smokers to absorb higher levels of toxins and carcinogens to obtain their usual doses of nicotine. According to supporters, this bill, backed by the biggest tobacco company, will enable the FDA to protect smokers from big tobacco. But who will protect smokers from the FDA?

That doesn't come from RICHARD BURR or any other Member, this comes from an individual who has had an opportunity to read the bill, something a majority of the Members in the Senate have not done. If Members of the Senate read the Kennedy bill, they would never put the jurisdiction of tobacco with the FDA. They would never jeopardize the safety of drugs, of cosmetics, of devices and biologics. In fact, the Kennedy bill authorizes the prohibition of safer tobacco products.

Let me say that again, because I don't think everybody realizes what I said. The bill prohibits safer tobacco products and the censoring of potentially lifesaving information about relative risks among tobacco products. But this is being sold as a public health bill. This is being sold as a bill that reduces youth access, youth usage of tobacco products.

Let me tell you what we did in 1998. It really wasn't what we did. We were, I guess, smart enough to stay out of it. The tobacco companies, understanding that there was a tremendous health cost that resulted from their products, came up with a settlement with all the States. It was called the Master Settlement Agreement—the MSA—and we will talk about the MSA a lot over the next few days. How much was the MSA? It was a guaranteed award of $280 billion over a period of time, and every year the companies make that payment to the States. These funds were to be used for health care costs and programs associated with tobacco use, mainly cessation programs. The industry was actually paying States to run cessation programs to get people to stop smoking—to stop using tobacco products.

If States spent the MSA money the way the CDC recommended to them every year, trust me, we wouldn't be here today. We would not be talking about the FDA taking over the jurisdiction of the regulatory responsibilities of tobacco, because had States used the money that was devoted for these cessation programs, the reduction in smoking would have been dramatic.

Let me add that, according to the CDC, smoking rates among Americans decline annually 2 to 4 percent currently—2 to 4 percent a year. The CBO, when looking at the Kennedy bill, estimated that, when implemented, this legislation would only decrease smoking by 2 percent annually. In other words, doing nothing versus the Kennedy bill, we have a trend line that gets us to a 15.97 percent usage of tobacco products in the year 2016; under the Kennedy bill, as scored by CBO, you would have a usage of cigarettes—of smoking products—of 17 percent in 2016. That is almost a 2-percent difference—a 2-percent additional decline, if we do nothing. And I am not here proposing that we do nothing. I am here proposing we do a new regulation, but we don't do it in a way that necessarily jeopardizes the safety, the gold standard of the Food and Drug Administration.

I think it is shocking in talking about the MSA, the $280 billion over these number of years designed to help States with their health care costs and with cessation programs. What have the States been doing? Let me pick a few of them, if I could. Of the amount the CDC recommended to the State of Connecticut that they spend on cessation programs—programs designed to get people to stop using tobacco products—how much did Connecticut spend? It is easy, 18.9 percent of what the CDC recommendation was—18.9 percent. I don't know whether they built sidewalks or highways or paved roads or what they did with it, but they certainly didn't do it to try to get people to quit smoking.

It is easy to come up here and pass something that you can turn around and say: Well, this should work, rather than to actually devote money to actually doing something that matters. As a matter of fact, let me say that the smoking prevalence among youth in Connecticut is 21.1 percent.

The alcohol prevalence in youth in Connecticut is 46 percent. The use of marijuana prevalence among youth is 23.2 percent. The use of marijuana in youth in Connecticut is 23.2 percent; alcohol, it is 46 percent; of tobacco, it is 21.1 percent. Why aren't we addressing the real problems? Alcohol usage prevalence among youth is twice what tobacco is. Marijuana is 2 percent higher than tobacco.

Illinois. Of the CDC recommended amount to go to cessation, how much did they spend of the recommended amount? Mr. President, 6.1 percent—6 percent of what CDC said they ought to be spending of the FSA money on programs to reduce the rate of smoking. They used 6 percent. And 19.9 percent of the prevalence among youth in the use of tobacco; 43.7 percent of alcohol; 20.3 percent of marijuana. Again, alcohol and marijuana are higher in youth prevalence than tobacco usage. Six percent of the CDC recommendation devoted to programs to try to reduce the use of tobacco products.

Massachusetts. Of the CDC recommendation as to how much should go to programs to get people to stop the use of tobacco products, 15 percent; 85 percent devoted to something else—building sidewalks, filling in budget gaps—but not to reduction in the use of tobacco products.

But this is such a prevalent issue, we are going to spend a week or longer of the Senate's time talking about how we jeopardize the gold standard of the FDA when States that have had the funds since 1998 to reduce the problem chose to use them on something else because it wasn't a big deal.

In Massachusetts, 17.7 percent prevalence in youth usage of tobacco products; 46.2 of alcohol; 24.6 of marijuana.

Missouri. Of the CDC recommendation for cessation programs, how much did they spend? They spent 3.7 percent. For 96-plus percent, they said: We are not going to spend this on what the CDC recommended that we do to reduce tobacco consumption. We are going to spend it on what we want. Mr. President, 23.8 percent youth prevalence of tobacco usage; 44 percent for alcohol; 19 percent of marijuana usage. Thank goodness marijuana usage in Missouri is lower in the rate of prevalence among youth than tobacco.

Nevada. Of the CDC recommendation of how much they devote in Nevada to reduce tobacco usage, 12.6 percent. And 13.6 percent youth prevalence—they do a tremendous job with making sure the usage by youth is minimal, 13.6 percent; 37 percent for alcohol; 15.5 percent for marijuana.

New Hampshire. Of the CDC recommendation, they spent 5.7 percent on programs to get people to stop smoking. Nineteen percent youth prevalence for smoking; 44.8 percent youth prevalence for alcohol; 22.9 percent youth prevalence for marijuana.

New Jersey. Of the CDC recommendation, 8.5 percent; 19.8 percent for smoking prevalence in youth; 46.5 percent alcohol prevalence for youth; 19.9 percent marijuana prevalence for youth.

Ohio. How much of the CDC recommendation for programs to actually reduce consumption of tobacco products? It is 4.9 percent. Tobacco use prevalence among youth, 21.6 percent; alcohol, 45.7 percent; marijuana, 17.7 percent.

Texas. Of the CDC recommendation, 4.7 percent. Over 95 percent of the recommendation of the CDC, if you wanted to reduce youth prevalence of smoking, 95 percent went somewhere else. Twenty-one percent prevalence in youth smoking; 48 percent alcohol; and 19 percent in marijuana.

This is a sampling for now 11 years during which they have had the funding to do the programs. They have seen a greater need in the States, a greater need to the tune in some cases of 96-plus percent that they were going to devote to something else because the prevalence of youth smoking wasn't that big a concern to those States. They diverted the money. Now, all of a sudden, this is such a pressing issue even though the trendline says doing nothing actually reduces the use of tobacco products, of smoking, more than the bill that is being considered. If we did nothing, it would do better, but all of a sudden we have religion in the Senate.

Here is an opportunity to actually pass something and to go home and say: Here is what we have done. Ten years ago, we promised you the FDA would have jurisdiction, and we didn't do it.

What they forget is, 11 years ago, when we passed the FDA Modernization Act, we opened up the entirety of the FDA as we redesigned how they functioned, and no Member of Congress offered an amendment to give the FDA—11 years ago—the responsibility for tobacco. Every Member focused, over 2½ years in crafting that legislation, on making sure that this mission statement, the responsibility for protecting the public health by assuring the safety and efficacy of drugs, devices, cosmetics, food safety, that we didn't do anything to diminish this. Now, all of a sudden, 11 years later, we are claiming that for 10 years we actually wanted FDA to have jurisdiction of tobacco, and we are willing to jeopardize the mission of FDA on drugs, devices, biologics, and food safety just because we want to give them this new jurisdiction.

Read the bill. Actually spend the time to sit down and read the bill. You will find out how we are jeopardizing the future of the American people relative to drug safety.

Let me quote from the American Association of Public Health Physicians in its white paper on the case of harm reduction. We will talk about reduced-risk products and harm reduction a lot of over the next several days.

From the white paper:

> 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. In practical terms, enhancement of current policies based on the premise that all tobacco products are equal risk will yield only small and barely measurable reductions in tobacco-related illness and death. Addition of harm reduction components, however, could yield a 50 to 80 percent reduction in tobacco-related illness and death over the first 10 years and a likely reduction of up to 90 percent within 20 years.

That is from the American Association of Public Health Physicians. That basically says what you are getting ready to do is a huge mistake. You are getting ready to grandfather every tobacco product on the market today and you are ruling out these new products that might come to market in the future that would have a devastating impact on the reduction of death and illness among the American people, which has a direct impact on health care costs.

From the Royal College of Physicians in Sweden:

> In Sweden, the available low-harm smokeless products have been shown to be an acceptable substitute for cigarettes to many smokers, while ''gateway'' progression from smokeless to smoking is relatively uncommon.

Why is this important? You will hear people say these new smokeless products shouldn't come to the marketplace because that is an opportunity for youth to get hooked on nicotine and then to turn to smoking. Smokeless product has an age limit, just like cigarettes. As a matter of fact, I quoted the numbers on marijuana prevalence for youth. Marijuana is illegal. It does not have an age limit to it. It is illegal. Yet, for most of the States I referenced, the prevalence among youth of marijuana usage was higher than that of tobacco. Where is the outrage?

Dr. COBURN will come to the floor at some point before the end of this debate. He will offer a recommendation that we give the jurisdiction to the FDA for smoking marijuana. Why? Because smoking marijuana does more health hazard to one's lungs than smoking tobacco. I will let him make the case because he is a doctor and deserves the credibility of his profession.

There are 14 doctors in the 111th Congress, with two of those doctors in the Senate: Dr. COBURN and Dr. BARRASSO.

One of the House M.D.s, MICHAEL BURGESS, a member of the Health Subcommittee of the House Committee on Energy and Commerce, felt compelled to explain why he voted against this bill in the House, a doctor who voted against the companion bill to the Kennedy bill. He practiced medicine in North Texas for 25 years and lost both parents to tobacco-related illness. He said:

> The FDA is a beleaguered agency that cannot do what we currently require it to do with food and drugs. Agency officials have stated the FDA is badly understaffed and underfunded. Yet, with this bill, we are giving the agency an entire new group, tobacco. This is hardly a logical rationale, let alone safe for the American public. Until the agency is able to demonstrate on a consistent basis that they have the capacity to do all we currently require them, we should not give them additional responsibilities.

That is a doctor of 25 years who is basically looking at the work of the FDA and saying: Nobody in their right mind, especially a medical professional, would consider this to be a wise thing, to offer the FDA additional jurisdiction.

Until they can prove that they understand the responsibility of the FDA, which is to protect the public health by assuring the safety and efficacy and security of human and veterinary drugs, biological products, medical devices, our Nation's food supply, cosmetics, and products that emit radiation, until they do that, why would we even consider giving them any more?

That is a medical doctor of 25 years making that statement when he voted against this bill in the House.

This bill is going to pass, make no illusions about that. Why? Because Members haven't read it. If they did, there is no way they would vote for it. The truth is, this is going to be popular at home. They will go home and say: I gave the FDA regulation of tobacco products. They will not go home and say: We had an opportunity since 1998 to reduce youth usage of tobacco and our State decided not to even meet the recommendations of the CDC, much less the others. We thought it was more important to build sidewalks or fill budget gaps than to meet these new targets. Now we have the answer to it because giving it to the FDA, no child will ever smoke again. Baloney. If they are under 18 today, they are finding some way to buy tobacco. It is illegal, but it should not surprise us when we look at marijuana usage, where we have a product that is not age limited, it is illegal, and more youth use marijuana than use cigarettes.

We really have to focus on this, if, in fact, we want to make sure we don't do the wrong thing.

Let me, at this time, cite part of a letter from Elizabeth Whelan. Dr. Whelan is the president of the American Council on Science and Health. This letter was sent to Congressman STEVE BUYER and Congressman MIKE MCINTYRE in the House. She writes:

> (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.

Limit 40 million addicted smokers to the same old quit or die options.

We are going to see, over the next several days, people come to the floor and say this is about public health, this is about reducing youth usage, this is about addressing the health risks of tobacco. Yet every professional who has written on this issue has said: What we are getting ready to do in the Senate is the worst thing we could do. It is going to make the problem worse. It is going to raise the cost of health care, not lower it. It is going to lock more people into choosing cigarettes

versus smokeless products or other nicotine products that might get them off of cigarettes as an addiction.

In addition to not advancing the public health, I firmly believe this bill will further overburden the FDA and doom the FDA at its core mission of safety and efficacy of drugs and devices and biologics and food safety.

Again, Mr. President, I plan to visit the floor a lot, as will some of my colleagues, over the next several days as we have an opportunity to continue to talk about this bill but also to offer amendments on this bill.

The FDA grew out of a single chemist in the U.S. Department of Agriculture in 1862 to a sprawling agency today of nearly 10,000 employees comprising chemists, pharmacologists, physicians, microbiologists, veterinarians, pharmacists, lawyers, and many others. Let me assure you, they are some of the most talented people we have in this country—the most dedicated professionals—to make sure this core mission is met every day. The worst mistake we could make is to give them something that does not fit in the mission of FDA because I do not care how much you try, you just cannot prove that tobacco is safe and effective. It just cannot happen.

If the effort is to get more Americans to make the choice of giving up the habit, then do not create a system that does not allow new products that Sweden and other countries have experienced reduce the amount of usage. Certainly, do not fall prey to the belief that if we pass this legislation we are going to reduce drastically the use of tobacco products. As a matter of fact, as CDC proved, doing nothing reduces the use of tobacco products 2 percent more than if we pass the Kennedy bill. CBO estimate for the Kennedy bill; CDC estimate if we do nothing.

If the effort is to get it right, one would suggest we are doing it wrong. If the effort is to make sure we address public health to reduce the prevalence of youth usage, not to limit the choice of adults, why in the world would you give it to an agency, jeopardizing its core mission by prescribing to the agency an impossible task of bringing new, reduced-risk products to the marketplace?

Where would you create a new regulatory body where you grandfathered every product that currently contributes to death and disease and say: If new products are created that reduce the risk, that reduce the harm, we are going to make it unbelievably difficult for you to be able to market those products. I do not think that is what the term ''only in America'' was meant to portray. The insanity of what this institution is getting ready to do—why, the American people, they must think we are crazy by now. If they do not today, they will by the time this bill passes.

Again, Mr. President, I will be on the floor frequently between now and then. I am committed to not only point out the difficulties and challenges of the legislation that serves as the base bill but am committed early on to present a substitute bill that brings every bit as much regulatory oversight and responsibility to the tobacco industry but will allow new, less harmful products to come to the market that will allow adults—people of legal age—to choose to use those products, if they choose to, and especially to use them if they are trying to reduce their dependency on smoking. That is the way you reduce the risk of death and disease. You reduce the cost of health care in this country. It is not necessarily by allowing the FDA to have jurisdiction. If I was wrong, I would not point to these States that underfunded the commitment needed to successfully do cessation programs that were paid by the tobacco industry and in most cases found that the prevalence of marijuana use among youth is higher than the prevalence of tobacco use. Marijuana is illegal. Tobacco does have an age limitation.

Our belief that we can just wave a magic wand, give it to a new agency, and that youth numbers are going to go down—well, we might be lucky enough to get them to go down, probably not more than they are naturally going down. I wish we were here debating why the prevalence of marijuana use—an illegal drug—is higher among America's youth than tobacco is. I think the country would be better served if that were the debate we were having on the Senate floor and not a debate about how we jeopardize the safety and efficacy of drugs and devices and cosmetics and food safety in the future.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. KAUFMAN). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. CARDIN. Mr. President, I rise in strong support of the Family Smoking Prevention and Tobacco Control Act. This legislation has been a long time coming, and for millions of Americans affected each day by tobacco addiction and the hazards of secondhand smoke, for hundreds of thousands diagnosed each year with lung or throat cancer, it provides potentially lifesaving protections that are long overdue.

I wish to commend Senator KENNEDY for his leadership of the HELP Committee in crafting this comprehensive bill. It will give the U.S. Food and Drug Administration the legal authority to regulate tobacco products, curb sales to children, and restrict misleading tobacco advertising.

For many years, the Federal Government has known about the addictive nature of tobacco products and the damaging effects of cigarettes on smokers. We have seen the seductive and deceptive advertisements that have targeted children, women, minorities, and even smokers suffering from tobacco-related illnesses. We have read the evidence spelling out the numerous carcinogens added over the years to increase consumers' dependency on cigarettes. Despite overwhelming data showing the products' destructive effects, the industry's representatives, under oath, refuted well-documented scientific findings about the additives in their products and concealed their own internal research reports.

So far, the Federal Government has been powerless to effectively regulate the industry. The bill before us tackles this obstacle head-on and gives the FDA the power it has lacked in years past to make Americans aware of tobacco's dangers and to reduce tobacco use. It is a much needed and responsible approach to the epidemic of smoking addiction in this country.

The toll taken by tobacco use in our Nation is devastating. State data compiled by the Campaign for Tobacco-Free Kids outlines the effects in my own State of Maryland. More than one in seven Maryland high school students smoke cigarettes, and each year 22,000 Maryland children try cigarettes for the first time. Of these, 6,600 become new daily smokers each year. Although the sale of cigarettes to those under 18 is illegal, 12.5 million packs of cigarettes are smoked by children in my State each year. It is clear that better tools and stronger enforcement of our laws are needed.

The mortality data shows why we must be alarmed by these numbers. More than 6,800 Marylanders die each year from their own smoking, and 780 nonsmokers die each year from exposure to secondhand smoke. For every person in Maryland who dies from smoking, approximately 20 more Marylanders are suffering from serious smoking-caused diseases and disabilities or other tobacco-caused health problems.

The Senate will begin to consider health reform legislation this month. A major goal of that effort will be to reduce health care costs in this Nation. Well, the legislation on the floor today is a good place for us to start.

It is estimated that the annual health care expenditures in Maryland that are directly caused by tobacco use totals almost $2 billion, and expenditures from secondhand smoke exposure another $79 million. Our State's Medicaid budget alone spends $476 million each year to address tobacco-related illnesses. We can save health care costs and save lives by passing a strong tobacco regulation bill and sending it to the President for his signature.

Perhaps the best case I can make for the passage of this bill comes from Ms. Geraldine Lloyd, who lives in nearby Frederick, MD. She is a courageous woman who has asked that her story be shared with Congress so we can take the necessary actions to protect the

American people. Geraldine started smoking at the age of 15 and became a pack-a-day smoker within the first year. Geraldine spent 15 years trying to quit smoking but was unable to do so.

Finally, Geraldine was diagnosed with throat cancer. After radiation and 17 surgeries, she has been left speechless and has to breathe through a hole in her neck. After 11 years of not smoking, she was diagnosed with lung cancer in 2004. In her own words, this is her story:

I was born in 1943, into generations of smokers. Both my grandfathers were North Carolina tobacco farmers, and my mother's father was a lobbyist for Liggett & Myers Tobacco Company. Although they died before I was born of heart disease and lung cancer, they remained vivid symbols of my roots, until four years ago, when I discovered that my mother's grandfather coined the term ''I'd walk a mile for a Camel'' and was paid royalties for the slogan until he died. It was also the last cigarette I smoked.

I'm absolutely certain that I was addicted as a child to secondhand smoke. I was constantly sick with chest infections and spent the best years of my life coughing and struggling to breathe. I loved sports, but never had the lung capacity to participate because I was in a futile cycle of withdrawal. I found no relief until I started smoking at the age of 15, escalating to a pack a day within a year.

I didn't try to quit until my mother died in 1975 from brain and lung cancer. But I couldn't. My father died four short years later, from cancer of the throat and the lung. They were both pack-a-day smokers.

Witnessing what smoking had done to them, I was determined to stop. I spent the better part of 15 years trying to quit, using every imaginable over-the-counter treatment as a way of escape. I underwent hypnosis, therapy, acupuncture, patches, gum, and could never remain abstinent for more than a few weeks. Each and every time I quit and began again, the addiction became more ruthless, leaving me less and less capable of coping without them.

I was diagnosed with throat cancer in 1993, and through the next four years I underwent radiation and surgery, and sixteen subsequent surgeries to save my esophagus. Lengthy stays in hospitals, and the stress of breathing through a stoma (a hole in my neck), relieved me of the physical addiction. Looking at myself in the mirror took care of the rest.

Since then, I have been speechless, with the aid of electro-larynx, and dedicated to helping children understand addiction to nicotine. In 2004, after a lengthy recovery, and 11 years of not smoking, I was diagnosed with another cancer, in the lung.

I'm in remission, but my life has been drastically changed. The compromised life I lived while smoking was a vacation compared to the life I've been forced to live since surviving cancer.

The collective and unspeakable horror of allowing an industry to run with a free license to kill is finally being heard. We represent lives of freedom and happiness robbed from nicotine addiction due to an industry that remains unregulated, with rampant freedom to manipulate their product to suit their greed. I have survived, but so many do not. Sometimes survival is the cruelest joke against tobacco's victims. The tobacco industry has been laying down a genetic map of pain, suffering, sorrow, and unconscionable human injustice for decades, and it is time for it to stop.

Mr. President, I want Geraldine Lloyd to know we have heard her message and we take it to heart. It is time to empower the Federal Government, through the FDA, to put an end to the tobacco industry's longstanding practices and to begin to eliminate the threat of tobacco-related illnesses that have taken so many American lives and harmed so many others.

I am proud to be a cosponsor of this legislation. I urge my colleagues to support it overwhelmingly. We owe it to our children, we owe it to our Nation, and we owe it to Geraldine Lloyd.

With that, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mrs. HAGAN. Mr. President, I know we are going to have a lot to say about the pending business, the FDA tobacco bill, over the course of the week. I have a number of amendments, and I know many of my colleagues also have amendments they wish to offer as well.

Those amendments and the specific concerns they seek to address we will have an opportunity to discuss when we get to that stage of the process. For the moment, I simply want to lay out some of my general concerns about this legislation.

This broad, sweeping legislation will have a devastating impact on the economy in my State of North Carolina and on the lives of many of my constituents. In my State, we have 12,000 tobacco farmers. We also have over 65,000 jobs in North Carolina tied to the tobacco industry. North Carolina generates about $587 million annually in farm income from tobacco. The economic impact of tobacco in North Carolina is $7 billion.

As you know, we are in the midst of an economic crisis, and the bill before us today is further going to devastate our economy in North Carolina by putting thousands of people out of work and exacerbating the already high level of unemployment throughout the State.

First, we are going to hear about how this bill will prevent youth from taking up smoking. I fully support that goal. In fact, I know that every day probably about 3,500 youth across the United States try their first cigarette, and another thousand become regular, daily smokers. Clearly, we have to do something to prevent youth smoking.

But the bill before us goes much further than that. It grants the FDA extremely broad authority to take actions that it considers to be in the interest of public health. That is an interesting standard—especially when you consider that cigarettes, when used as intended, are a dangerous, unhealthy product. I know that and you know that.

Given that cigarettes are an unhealthy product, asking the FDA to take actions in the interest of public health puts them in a very difficult position. It creates a practically unprecedented regulatory conundrum for the FDA that will require them to go much farther than the stated mission of reducing youth smoking.

Another issue is the product standards. Under the bill we are going to be considering this week, not only can the FDA take actions that reduce smoking, but they would also have the authority to change what actually constitutes a cigarette. I will discuss that point in more detail later, but I will state now that, unequivocally, this bill gives the FDA the authority to set standards for tobacco products, whether or not the technology actually exists today to meet those changing standards.

If we are, one, asking the FDA to set standards in the interest of public health and, two, we are giving them the authority to require the removal of harmful components from tobacco products—including components that are native to the tobacco leaf itself—and, three, if we are allowing them to move forward with these regulations even if the technology doesn't exist today, what do we expect the FDA to do? What would any of us do if we were in that position? This legislation puts the FDA in an impossible situation.

I will close by saying that I have many friends in North Carolina who are wonderful tobacco farmers. Many of their families have been growing tobacco for generations. I am very concerned about the impact this bill will have on their livelihood. I think that a reasonable compromise can be found on this bill, and I look forward to discussing some of the ways this legislation can be improved as we move forward in the process.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Ms. STABENOW. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

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

Ms. STABENOW. Mr. President, I rise to speak about an amendment that my friend from Kansas, Senator BROWNBACK, and I will be introducing at the appropriate time, to this very important underlying bill that we have in front of us. I want to particularly thank our majority leader for supporting this effort, given the important timing of this particular legislation to the economy and to those involved in our auto industry—our dealers in communities across the country. I thank him for allowing us to put this forward and hopefully have the support of colleagues to be able to place this on this bill so it can be moved to the President as quickly as possible. Timing is very much of the essence on this amendment.

I also thank Senators DURBIN, VOINOVICH, LEVIN, BROWN, MIKULSKI, LIEBERMAN, and others who are cosponsoring the legislation we have introduced, and those who are cosponsoring this amendment as well.

This is the Drive America Forward Act. It will save jobs in America. It will help our dealers across the country, both those who are going forward as dealers and those who, under Chrysler and GM bankruptcies, have been told that they will have to either liquidate or look for other options as business people. It will help stimulate the economy. This is very much a stimulus. It will save money for consumers. And it will also lower carbon emissions—all of that in one amendment. We are very hopeful that we will have a strong bipartisan vote at the appropriate time when this amendment comes forward.

Under the program that we are outlining in our amendment, consumers may trade in their older vehicles and receive vouchers worth up to $4,500 toward the purchase of a new vehicle that is more fuel efficient, a car or truck that is, in fact, more fuel efficient.

I thank colleagues in the House who have done terrific work on this particular piece of legislation. Chairman WAXMAN and Congressman MARKEY, and Congressman STUPAK and Congressman DINGELL from Michigan, worked together through the Energy and Commerce Committee in the context of the bill that was reported out a couple of weeks ago from Energy and Commerce on energy and climate change. They had this provision in their legislation. I thank them.

We have taken their language, working with them every step of the way. We have addressed some issues to allow dealers to make sure this is operationally going to work best in terms of the administrative side of it. We have combined those efforts into this amendment. It is critical that we pass it at this time.

It goes, really almost without saying, when we look at what happened yesterday with General Motors, when we look at what happened in terms of Chrysler—and we are looking for some very good news either by the end of this week or next week on Chrysler, hopefully to come out of bankruptcy—wouldn't it be a wonder that, as they do, we have in place an incentive program for purchasing new vehicles, turning in older vehicles and purchasing new ones?

We will get people back into these dealerships. We will be able to help communities across the country, neighborhoods, large and small, where the local dealership is, where, because of the economy, because of the lack of financing for too long—and we appreciate President Obama and the auto team in helping create the financing mechanisms for people to finance the purchasing of a vehicle and for dealers to finance their floor plans—for too long everyone was hit by the global credit crisis, the economy and the economy at large. We found an extremely difficult situation for dealers as well as the automakers and suppliers.

Obviously, there are still many challenges. We know that thousands of dealerships across the country are currently in peril. This is an opportunity to immediately stimulate auto sales, to bring people back into the dealerships, to turn in vehicles that are worth $4,500 or less—and this is a program where you are taking the old vehicle off the road, so we know we are not talking about somebody turning in a vehicle that is worth $10,000 or $15,000 for a $4,500 voucher—older vehicles, vehicles that we know are less fuel efficient, to turn those in, get them off the road, buy a new vehicle and, at the same time, have the other benefits that go with it.

We know that across the country it is not only the automakers about which I care deeply, as do others, and the great suppliers of the industry but the dealers, and from sales to administrative staff, to advertising outlets, to the local suppliers. Many dealerships are being forced to close or cut back because vehicle sales are down. This will help immediately. It couldn't come at a more important time.

The Drive America Forward Act will send buyers back to showrooms, keep people working in cities and towns across America.

President Obama called on us yesterday to pass a fleet modernization bill, to increase demand and get buyers back into the showrooms. Our bill does exactly that. Sometimes it is called cash for clunkers. Sometimes it is called fleet modernization. We call it a good old-fashioned jobs bill. This is Drive America Forward. That is exactly what we want to do with this amendment. It will stimulate the economy.

New vehicle sales are down nearly 40 percent compared to last year due, in large part, to the credit crisis, to job losses, and dwindling consumer confidence. It has affected every automaker, not only GM, Ford, and Chrysler, which I am very proud to have as part of Michigan's economy, but every single automaker has been affected which is why other countries have responded with similar plans.

If we look right now, auto sales are down 40 percent from last year. If we look at January to May of this year and January to May of last year, there is a 40-percent reduction. Imagine a dealer, an automaker or supplier trying to keep the doors open and 40 percent of their business is down. GM is down 41.8 percent; Toyota, 39 percent; Ford, 36.8 percent; Chrysler, 46.3 percent; Honda, 34.4 percent. We could keep right on going across the board as we look at auto companies and what is happening. This would be available to all the dealers, all the auto companies.

At this point, we want to make sure we are providing stimulus across the board in the economy. The average dealership employs 53 people, so we are talking truly about small businesses. That is almost 160,000 people nationwide, more than the combined workforce of GM and Chrysler. That is how many people work for dealerships. This is about getting people into the dealership, getting people back into a position to buy automobiles and to keep those folks working and keep the economy going in communities across the country. Moreover, local dealerships have cut spending on advertising, as companies have, which hurts newspapers and radio and television revenue at a time when local businesses are suffering. We know the stories. We have heard of the ripple effect. We have heard from those dealerships that are being given notice about closing, the impact of that.

I have said before, I grew up in one of those dealerships. My dad and grandfather, in a community of about 2,500 people in Clare, MI, had the Olds dealership. We were very proud of that. One of the side benefits for me is I always had an automobile to drive. That made me pretty popular among my friends, although they only let me drive the old ones. But the reality is, this is a part of the fabric of America. When we talk about my dad and grandpa's dealership, they were the ones sponsoring the Little League team and buying the ads in the newspapers and the nonprofits that were doing fundraising drives and so on. This bill, the Drive America Forward Act, will help places such as my dad's and grandpa's. That is what this is all about.

It is going to save money for consumers. The Department of Energy estimates that a consumer who drives a vehicle that gets 30 miles per gallon will save approximately $780 a year compared to a vehicle that gets 18 miles per gallon. We are saying under this program that if you have a car that gets 18 miles per gallon or less, you qualify. You turn it in, you can get a higher mileage vehicle and get from $3,500 to $4,500. We are saving consumers money by that.

In Michigan right now, everybody I know who is in Michigan could find a lot of ways to use $780 more as a result of that savings.

In addition to saving jobs, the program will save fuel. As buyers turn in their older, less-efficient cars, more fuel-efficient vehicles will take their place, and the fuel savings could exceed 1 billion gallons per year.

Finally, the bill helps lower carbon emissions. If the program removes 10 percent of the V–8 engines from the road, carbon dioxide emissions will be reduced by tens of millions of metric tons annually. It can take up to 20 years to replace most cars on the road today with new, more efficient cars. That could take longer because of the economic downturn. People are waiting to buy a new car. Automotive purchases are way down, about 40 percent. This will turn that around. This will help incentivize turning that around.

The oldest cars on the road are also the ones that pollute the most. The dirtiest 10 percent of the cars account for more than 50 percent of the smog and carbon monoxide. The dirtiest one-third of the fleet accounts for more than 80 percent of the pollution. The dirtiest one-third of the automobiles account for 80 percent of the pollution. I talk about these issues because they are very important. I also go back to the beginning. This is about a stimulus. This is a terrific thing, that we are adding cost savings and fuel economy savings and getting rid of carbon pollution. This is all very good. There will be others who talk about other ways to do this that would have more savings on that end. Unfortunately, it would sacrifice our ability to help the auto industry.

Right now what we have is the ability to do both. It is critically important that whatever we do, we make sure our American automakers can benefit. We have to make sure we are not putting in place something where the fuel efficiency standards, the goals are so high or written in a way that creates an incentive for foreign automakers, while curbing those folks right now who need our help the most.

This is a balanced bill. This gives us the ability to benefit from increased fuel efficiency. It gives us the ability to deal with cost, to deal with carbon pollution. But it does so in a way that, at the end of the day, treats American automakers fairly and gives them the opportunity fully to participate, so the Chrysler dealers we have been hearing from, the GM dealers, as well as the great Ford Motor Company will be able to benefit as much as the other companies. That is what this does. That is why there has been a tremendous effort put into this. It doesn't seem like it would take that much to put this together, but in order to make sure we are complying with our trade laws, so we were allowing any company to participate under our trade laws but making sure we were being fair to our own companies that have been here and created the middle class of this country and are going through so much right now, every single line has been reviewed and discussed and reviewed again.

The House did terrific work, putting together language that is fair for everybody. That is what this bill is all about.

In the context of talking about all the hard work, I thank my key staff person, Colleen Briggs, who has lived and breathed this issue for several months. I told her I would name this after her, at least in my office, because there has been so much work that has had to go into this effort. I thank her for her hard work. I thank also the White House auto task force that has been so committed to doing whatever we can to support jobs here, manufacturing jobs, auto jobs, and every way we can to incentivize, whether it is being able to get the financing one needs, supporting the industries as they go through the bankruptcy process or this incentive. I thank them for their support in doing that.

I also, once again, thank my friend from Kansas who has been a stalwart on this issue. We have had a true partnership on this which I appreciate very much. I very much appreciate that both of us are leading this effort, as well as other colleagues on both sides of the aisle who are cosponsoring this amendment.

I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas.

Mr. BROWNBACK. Mr. President, I am delighted to join my colleague from Michigan in support of this bill. This is the right way forward. She has outlined most of the provisions, and I will add a few points, if I may.

It is a humbling time for auto manufacturers globally. She went through the figures for all auto manufacturers, and there has been a huge falloff in the market. As the global credit crisis has impacted the world, maybe the industry hit the most has been automobile manufacturing on a global basis. We saw the numbers in the United States. One of the ways other countries have responded is with what they call scrappage programs. We have heard it referred to in different terms but several countries have looked at doing a type of scrappage program. It has been very successful. I was looking at the numbers. In March, Germany, France, and China saw increases in car sales—all three did scrappage programs—of 40 percent, 8 percent, and 8 percent, respectively.

During the same period of time, the United States and the United Kingdom did not have scrappage programs, and we saw declines in car sales of 37 percent here and 30 percent in Great Britain. That is the difference these programs are making on a global basis because the credit crisis has hit this industry the most. A lot of things one has to buy on a regular basis. We have to buy gasoline, food, shoes for the kids. But often, for a lot of people, they look at their car or pickup, and they say: I am not sure what is going to take place. I will hold off on this one. So they hold off and the sales tank. That is what has taken place. People say: I am not sure what is going to take place; therefore, I am going to hold off.

I have a brother who is a veterinarian who was saying to me the other day—he has an old pickup in his business. He is doing just fine in his business. He said: I am just going to wait a while. I said: No. This is the time we need you in the marketplace. This gets him back to the marketplace. It has been proven effective in other countries to get people back in the marketplace. It has worked in other places. We now see that the United Kingdom—that did not do the scrappage program—has enacted their own scrappage program. That is another reason why I think we should do that one here.

There is another point, and I think it is an important one to make. It is often very difficult to find ways to support manufacturing without breaking international trade rules because we have a number of international trade rules that restrict what governments can do to help a particular industry.

As to the World Trade Organization, this is a legal and consistent way for us to help automobile manufacturing without breaking any trade rules. That is important because we cannot be getting into some sort of trade sanctioning or there being offsets to it. This one is consistent with that.

Another thing I think is very important—and my colleague from Michigan was very good to talk about this—this is a balanced approach that helps the environment, helps the economy, and helps our energy sector as well with us being more efficient with energy.

I think as we move forward with concerns about CO_2, concerns about the environment, concerns about the economy, concerns about domestic energy production and the need for domestic energy production, we have to balance the three Es: energy, the environment, and the economy. This bill does that. So here you are stimulating the economy, reducing your energy demand, and improving your environment—all at the same time.

And this bill—and this, to me, as a fiscal conservative, is the key point—also uses funds that have already been appropriated. There is no new money on this bill. These funds have been appropriated. They are going to be reprogrammed. I believe they will be reprogrammed. We are being told by the Obama administration that if this passes, this will be implemented with reprogrammed funds. So those funds—having already been approved by the Congress—would be used in a more effective way for a consumer-driven economic stimulus that helps the local dealerships, that helps the car manufacturers, that helps the environment, that helps our energy dependency in a very positive way.

It has worked around the world. It will work in the United States. It will get people such as my brother back in the showroom, I hope. I am certainly going to push him to do that, as all of us will. We have seen an unprecedented falloff in car sales. It helps in a State such as mine where there are a lot of work trucks being used. This voucher program is targeted for use and utility by businesses that use trucks, and they can use that on this one as well. It works, and it helps out there.

For all those reasons, I urge my colleagues to support this bill. It is balanced. We have worked a long time on it.

Senator STABENOW recognized her staff member. I have had Landon Fulmer in my office working for some period of time on this issue to get it to where it would work. It would be simple, it would be direct, it would hit, and it would hit quickly. He has

worked to do that, as her staff has. I think we have got a good product here, and it is not any new appropriated money.

I would say particularly to my colleagues on my side that I am very concerned about where our deficit and debt is going. This is no new appropriated money to do this, which I think is key.

For those reasons, I urge the backing of this bill.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. CHAMBLISS. Mr. President, I rise today to discuss the Family Smoking Prevention and Tobacco Control Act.

Let me be clear from the outset. Thanks to public information campaigns that have been waged for decades, the 45 million Americans who smoke already know that cigarettes are dangerous. If you smoke, chances are you could die from smoking.

This legislation does little, if anything, to change that. The proponents of the bill say it is public health legislation that will lower the cost of medical care. That is a very noble goal. Everyone is in favor of saving lives and bringing down health care costs.

But this bill will not accomplish that. Instead, it engages in overregulation with no practical effect on smoking rates. The Congressional Budget Office says it would only result in a 2-percent reduction in smoking rates over 10 years and would have a minimal impact on health care savings.

Meanwhile, according to the Centers for Disease Control and Prevention, smoking rates are already declining an average of 2 to 4 percent over that same period of time. So according to the CDC, if we do nothing, we will still have a decline in smoking rates equal to or greater than what CBO says this bill will do.

The goal of any Federal tobacco regulation should be to keep children from smoking or using tobacco products and to help adult users stop or, at a very minimum, to use a less harmful product. But the bill does just the opposite. If this bill passes, cigarette manufacturers such as Philip Morris and Reynolds America will be prevented from using the terms ''light'' and ''low tar.'' That means their cigarettes will still be on the market but under different names, not leading to fewer smokers, but leading to consumer confusion.

Just as bad is the overregulation that this bill will put on the already beleaguered tobacco farmer, in effect, helping put those who are left out of business. It would allow the FDA to enter just about any tobacco farm in the country. And it would indirectly require tobacco manufacturers to dictate production methods to farmers. It would also require the development of a new, unnecessary regulatory process at the FDA to set pesticide residue tolerances. This would duplicate a process that already exists at the Environmental Protection Agency. It makes no sense to pile these new responsibilities onto the FDA since the agency is barely able to keep up with its present duties.

Oddly, under this bill, the FDA—an agency that is designed with ensuring the safety of drugs—would be given regulatory authority over an inherently dangerous product.

Again, cigarettes will kill you. We have known that for decades. Even if the FDA managed to cut smoking-related deaths in half, it would still be vested with regulating a product that kills 200,000 people each year.

The American Association of Public Health Physicians has said that even if the FDA has the authority to remove some harmful ingredients in cigarettes, changing the chemical nature of tobacco itself or lowering nicotine levels will not measurably reduce tobacco-related illness and death.

This bill is slated to spend $5.4 billion taxpayer dollars to provide even more Federal regulation which will have no real effect. About a quarter of that money will be raised off the backs of our men and women in uniform, who will be forced into a mandatory thrift savings plan program to pay for yet another Government program that simply does not work.

This legislation mandates TSP participation for new Government and military personnel. This may sound good in theory, but even with an opt-out provision—which the legislation does call for—it is bad policy for our soldiers, our sailors, our airmen, and marines, who, at junior ranks, frankly, earn very little money and are often under 20 years of age. That is why the Chairman of the Joint Chiefs of Staff opposes this provision and says if you are going to have any revenue-raising money, it should be an opt-in provision with respect to TSP for our military men and women.

Mr. President, I ask unanimous consent that the letter from Admiral Mullen, Chairman of the Joint Chiefs of Staff, be printed in the RECORD.

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

CHAIRMAN OF THE JOINT CHIEFS OF STAFF
Washington, DC, May 29, 2009.

Hon. JOHN MCCAIN,
Ranking Member, Committee on Armed Services, U.S. Senate, Washington, DC.

DEAR SENATOR MCCAIN: Thank you for your letter of concern regarding H.R. 1256, the Family Smoking Prevention and Tobacco Control Act.

I have reviewed the legislative language and the Services' views on the pending legislation. I disagree with the language contained in H.R. 1256, Division B, Title I, Section 102(a)(2)(E)(ii). While this language allows for Services to suspend automatic enrollment, which is the preference of the Navy, Air Force, and Marine Corps, I disagree with placing the onus on the Service Secretaries to ''opt-out'' of automatic enrollment.

My recommendation is that the language should be written to reflect that the Service Secretaries must ''opt-in'' if they desire to make enrollment in TSP automatic for Service members.

Thank you for your concern regarding the financial well being of our Service members. I am sure you will agree with me that financial education by our senior leaders is paramount, and I have every confidence in their abilities.

Sincerely,

M. G. MULLEN,
Admiral, U.S. Navy.

Mr. CHAMBLISS. Mr. President, we may not like smoking, and we should do everything we can to keep cigarettes away from children. But adults in this country have a choice, and many of them, aware of the inherent dangers, still choose to smoke. Spending billions of taxpayer dollars on an ineffective program to convince them otherwise, while regulating our farmers out of business, and taking away more of our troops' paychecks, is not good policy. It is more shortsighted government.

With that, Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mrs. SHAHEEN). Without objection, it is so ordered.

Mr. COBURN. Madam President, I wish to speak for a few minutes on the bill we are proceeding toward and to ask a few questions of the American public.

We have a bill that is going to regulate tobacco, and I am OK with us regulating tobacco. I do not have any problems with it. I think we should do it. What we should be doing is banning tobacco. Nobody up here has the courage to do that. It is a big business. There are millions of Americans who are addicted to nicotine. And even if they are not addicted to the nicotine, they are addicted to the habit.

But we have a bill, we are trying to do something positive, and we find ourselves constrained by our own shortsighted vision. We have an agency called the Food and Drug Administration. I have had a lot of experience with them. I manufactured medical devices in the 1970s and had several investigational new drug permits under them. I know the rigors under which INDs are managed and the care that is put forth by the employees of the Food and Drug Administration, as well as their advisory councils, as we go through that.

But if we go back and look at the charge of what the Food and Drug Administration is, the Food and Drug Administration is about safety and efficacy—''safety,'' meaning they are responsible to make the judgment that if we are going to approve this medicine or this device that is within an acceptable risk—there is always going to be down sides to anything they approve, but within an acceptable risk, in total, it is going to be better for the country.

In this bill, we allow existing tobacco products not ever to be eliminated. So we are going to take products that we know are not safe and we know are not efficacious and we are going to apply the resources of an agency that is having trouble meeting its demands right now, as well as meeting the demands of food safety right now, and we are going to take resources and put them there.

The first problem with that is we send a totally mixed message to the Food and Drug Administration: Your job is no longer about safety and efficacy; your job now is to warn everybody about the downside of tobacco.

We know that. What we have to do is stop new addiction. We know that. If we really want to make a difference in health and we want to eliminate dependence on tobacco, what we have to do is to stop the addiction. We have had all of these lawsuits through the years where billions of dollars have gone into attorneys' coffers, and about 40 percent of it has gone into, supposedly, stop-tobacco-use programs, and we are going to say to the Food and Drug Administration: Your job is about safety and efficacy, making sure that what it says it does, it does, and we are going to turn them into a different kind of agency. I believe that is where this bill is misdirected.

We ought to have an agency that does control tobacco, that does heavily regulate its advertising in terms of the warnings on the packages, in terms of limiting what young people can get to, so we can actually stop this trend toward addiction. But to do it in the Food and Drug Administration sends a mixed message: No longer is our job efficacy, no longer is our job safety; our job is to control advertising, we are going to control packaging, we are going to control and have them report to us on the contents of all of these thousands of bad products that are associated with tobacco, that are in tobacco—not just nicotine and not just the effects of the tobacco, whether it be inhaled or chewed or sucked on. The fact is, we are going to change the direction of the agency.

So what should we do? We should regulate tobacco. We should set up a way for us to do that which will effectively stop new addiction, especially among young people because that is where it starts. It starts with the young, and there are certain personality types as well as certain genotypes that, even with some of the medicines we have today, cannot wean themselves from the addiction to nicotine.

So why wouldn't we go another way? We have the Department of Health and Human Services, of which FDA is a part. Why wouldn't we create a smaller agency that is just about tobacco, just about regulating tobacco, so that we can see clearly—and we can also do it, by the way, for about a fourth of the cost of what it is going to cost to do it under the FDA. So for one-fourth of the cost, we can create a new agency within HHS that will be solely focused on this and this only, that will have one primary objective, and we will force and guide and direct and measure whether they are accomplishing their purpose. Instead, we are going to hide it in another agency that is struggling today.

We are at $400 million to get a new drug through the FDA right now. That is the cost of processing. That doesn't even talk about the research costs, but the new drug. That is just the cost to get it through the trials and get it through the FDA. We have all of these drugs today that aren't approved, that could be saving people's lives, because we can't get it through the FDA. And now, what are we going to place on the FDA? We are going to place the regulation of tobacco on the FDA.

Tobacco is not safe. In no way is it efficacious for any individual. Yet we are going to put a segment within the FDA and say: Run it the way you are running the rest of the business. It makes absolutely no sense to me. It doesn't mean that the goal behind this legislation isn't a good goal. It is. It is a good goal, but how we are doing it and where we put the control of this is totally counterintuitive.

I think if you would ask anybody in America, you want the people who are approving the drugs that are good for you to also control—why don't we put alcohol under them? Why don't we put the DEA under them, under the FDA? If, in fact, we want a controlling agency, then let's move it to the DEA—the Drug Enforcement Agency—or Alcohol, Tobacco and Firearms, right? Why don't we put it in ATF? We already have other agencies. But to put it in the FDA, when the total goal of the FDA is to approve new products for our benefit, our safety, and to cure health needs—tobacco creates health needs; it doesn't cure them. The only thing I know that it cures is if you get a wasp or a red hornet sting and you take some chewing tobacco and put it on the sting, it takes the pain away. I experienced that a lot as a young boy. My grand dad would pull it out and put that plug right there, and the pain would go away very quickly. That is the only efficacious thing I know about tobacco.

So I would just ask my colleagues to think again about what we are doing. Let's do the intent of the bill, but let's do it in a way that makes sense, that doesn't send a cross signal, and either put it into one of the other organizations we already have that is handling products that are bad for Americans—not products that are good for Americans—or let's put it into a separate agency where we can see it transparently and clearly.

I wish to make one other point. Inside this bill is the banning of any new nicotine products. I wish to tell my colleagues that is totally shortsighted. If you are a smoker today and we could get you off of smoking even though we still give you nicotine and we can do that through a new product, such as a dissolvable flavored lozenge, where we supply the nicotine addiction to your body but you are no longer creating lung disease, chronic obstructive pulmonary disease, bolus emphysema, or increasing your chances for heart disease and hypertension, markedly increasing your chances for lung cancer, if we could convert that to something that would satisfy the demand yet wouldn't harm the rest of your body—we ban that in this bill. We stop all positive movement through commercial products to create a nicotine source that is other than chewing tobacco or cigarettes or cigars.

So why would we want to do that, especially if, in fact, we could take these millions of smokers today who, most of them, their habit is—there are two addictions they have. One is the nicotine craving that actually hits at the intercellular level. It is called a nicotinergic interface in terms of receptors on certain parts of the body. If we could do that in a way that would allow us to put nicotine in there to solve it but not cause all of the other disease, why would we say with this piece of legislation that we are never going to let that happen? Yet we are. I don't understand it. We could do that in a way where that could be highly restricted to only people who had a prescription, where they were already nicotine addicted.

So there are things we are missing in here from a general health standpoint that are going to be very harmful because what we are saying is: You can use the nicotine patch, you can take some of the new drugs that work in the brain to relieve the nicotine addiction, but rather than supply something in a harmless way that has no other ill health effects—I don't understand why we would not do that.

So I would appreciate my colleagues considering my comments. I believe the FDA is the last place we ought to put this. I think we ought to do it. We ought to change some of the things on how we are going to do it. We ought to create a capability to have nicotine supplied other than through chewing tobacco or cigars or cigarettes so that we can take the effects of it that we know are very harmful today and lessen them for the citizens who are addicted to nicotine.

My hope is that we wake up before we pass this bill because what we are really going to do is we are kind of shooting ourselves in the foot. If we really want to stop and help those people who are already addicted and really want to prevent new addictions, then

we have to allow for some of these new products, and we ought to do it at an agency that doesn't have purposes counter to what the charge of that agency is.

With that, I yield the floor to my friend from Oregon. I also thank him for being so kind to allow me to go first.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Madam President, before he leaves the floor, let me tell the distinguished Senator from Oklahoma that I very much appreciate working with him on health care legislation. We did it in the House, and we are going to do it again. I think this time the Senate is going to make history and have comprehensive health reform, and I look forward to working with my colleague on it.

I come here today to express my strong support for the Family Smoking Prevention and Tobacco Control Act. The lead sponsor of this legislation is, of course, Senator KENNEDY. I say ''of course'' because the fact is, for four decades Senator KENNEDY, often against great odds, has consistently come back again and again to lead the fight to improve health care for the people of our country. Sometimes it was for children. Sometimes it was for seniors. Sometimes it was for the disabled. Sometimes it was for those who have suffered mental illness. I could go on and on, and we would be here until breakfast time if I were to try to itemize all of the major pieces of health reform legislation Senator KENNEDY has authored over the last four decades. It is very appropriate that he is the lead sponsor of this legislation. The fact is, after Congress passes this important bill and takes steps to improve public health, we will be very fortunate that Senator KENNEDY is going to lead the Senate once more on comprehensive health reform. I wish to make clear as a member of the Senate Finance Committee that I am very much looking forward to Senator KENNEDY's involvement in this issue and his championing of the cause of fixing American health care. He has been the leader on this issue for four decades.

I come to this topic with I think a personal perspective that also affects my role as a policymaker. In 1994, when I was a Member of the House, I served on the Health and Environment Subcommittee. It was chaired by HENRY WAXMAN, a great champion of trying to protect children against the dangers of tobacco. Chairman WAXMAN had the CEOs of major tobacco companies before his subcommittee. He put all of the CEOs under oath, and as expected, Chairman WAXMAN did a tremendous job in terms of laying out the case for public health. In fact, he was so effective, that by the time it came to my turn, I was hard-pressed to find a question he hadn't already asked the tobacco CEOs. Just as I was thinking about packing up, I turned to some of Chairman WAXMAN's staff, who are wonderful public servants, and I asked whether any of the members of our committee had asked the tobacco executives if they thought nicotine was addictive. The staff all told me nobody had. They said: You ought to ask them. I wish to take a minute to lay out that historical record of what happened.

I asked each one of the tobacco executives that day back in April of 1994 whether they thought nicotine was addictive. The president of Philip Morris spoke first and said:

I believe nicotine is not addictive, Yes.

Then the chairman and CEO of Reynolds Tobacco Company spoke and said:

Mr. Congressman, cigarettes and nicotine clearly do not meet the classic definition of addiction. There is no intoxication.

Then the president of U.S. Tobacco spoke. He said:

I don't believe that nicotine or our products are addictive.

The chairman and CEO of Lorillard said:

I believe that nicotine is not addictive.

The chairman and CEO of the Liggett Group said:

I believe nicotine is not addictive.

The chairman and CEO of Brown & Williamson said:

I believe nicotine is not addictive.

Finally, the president and CEO of American Tobacco said:

I, too, believe that nicotine is not addictive.

I made a vow after I had asked that question that during the time I would have the honor of serving in the House and later the Senate, to make an effort to do everything I could to hold tobacco companies and other companies that mislead the American people accountable. Today, we are able to do that because of the outstanding leadership of Chairman KENNEDY. He is giving us the opportunity to hold accountable the tobacco companies that mislead the public with respect to their marketing practices and with respect to advertising. The Kennedy legislation is, in my view, very much needed to protect the public health—particularly the health of our young people—because it will give us the authority to hold the tobacco companies accountable for their actions.

This is also relevant to the next major health bill that we will be dealing with in the Senate which will take the form of comprehensive health reform—health reform that ensures all Americans have good, quality, affordable coverage and, particularly, does so in a way that holds costs down.

I, gratefully, had a chance to meet with the President today at the White House. The President, who has clearly signaled this will be a top priority for him, has now sent the message that history, to a great extent, is going to judge us on our ability to hold down runaway health costs and cut costs for American families.

In my home State alone, $1.1 billion in health care costs are directly attributed to smoking per year, and it costs the Oregon Medicaid Program nearly $287 million per year. Nationwide, $96 billion in health care costs are directly attributed to smoking. This includes $24.7 billion in smoking-caused Medicare expenditures.

There are enormous financial costs specifically associated with people at an early age getting addicted to tobacco use. Then, of course, there is the extraordinary loss of life that comes about as a result of tobacco. According to the Centers for Disease Control, in the United States, over 400,000 deaths each year are directly attributable to tobacco use. The FDA has given the authority to regulate food and prescription drugs, and it certainly makes sense that the FDA regulates tobacco, which is responsible for the death of over 400,000 Americans per year.

The Senate, because of the leadership of Senator KENNEDY, has the unique opportunity to reduce the financial and human toll of tobacco. I wished to recount, briefly, that hearing in 1994, because ever since that time, when the tobacco executives said under oath that nicotine wasn't addictive, I have wished to be part of an effort to hold the tobacco companies accountable when they mislead the American people. As a result of the outstanding leadership of Chairman KENNEDY, it is possible for the Senate to finally hold these companies accountable by passing this legislation. I hope that Senators on both sides of the aisle will join me and Chairman KENNEDY in supporting this long overdue bill.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. DURBIN. Madam President, this week the Senate takes up a bill that is long overdue. It is a historic opportunity for us to finally protect our children in this country from tobacco addiction. I didn't realize, when I was elected to the House of Representatives, in 1982, that the issue of tobacco would be a major part of my congressional activity. My family, similar to virtually every family in America, has been touched with tobacco death. My father died when he was 53 years old of lung cancer. I was 14 years old. He smoked two packs of Camels a day back in the 1950s, when even doctors were saying in magazines how safe it was to smoke. His cough was a sound I will carry to the grave in my memory. When I hear that smoker's cough, I can pick it out of a crowd. As a kid, I heard it over and over, night after night, day after day, until he passed away on November 13, 1959. That is my story on tobacco. Every family in America has a story to tell.

Tobacco products are some of the deadliest products sold in America but, unfortunately, the least regulated.

The tobacco industry has been successful in keeping tobacco products outside the regulatory authority of the FDA. They said it is not food and it is not a drug; therefore, we are exempt. That specious argument continues until this day, when we are finally facing reality. Tobacco is, in fact, a carrier of a drug—nicotine—which is addictive. That addiction is what leads to more smoking, more tobacco exposure, and more death.

The Family Smoking Prevention and Tobacco Control Act is a strong bill that will protect the public health and reduce tobacco use, especially among kids.

Forty-three million American adults currently smoke. That is one in five. Ninety percent of them started smoking in their teenage years, before they were adults. You wonder why. Well, I remember, when I was a kid, the first time my cousin, Mike Peterson, and I decided to sneak out behind the garage with cigarettes and try them out. It was an adventure. We were being like the grownups whom we wanted to be like someday. Luckily, for me, I stopped. Mike didn't. Mike passed away 10 days ago. He was a year younger than I, but, unfortunately, the ravages of tobacco and the addiction lead to cancer, COPD, and ultimately cost him his life at the age of 63. That happens a lot. Some kids quit, some kids don't quit; those who don't quit get addicted. Their addiction can lead to death, as it did for my cousin and childhood friend, Michael Peterson.

Every day in the United States more than 3,500 kids try smoking for the first time. A thousand of them become regular daily smokers.

In Illinois, almost 20 percent of the kids smoke, and together they consume about 34 million packs of cigarettes a year. We know tobacco is the largest preventable cause of death in America. For the longest time, the tobacco lobby held Congress in the grip of its hands. It would not allow the passage of any significant legislation. It was too powerful.

We knew their power meant they would be able to continue to sell their products, leading to devastating results. A few years back, I decided to take them on. It wasn't to get even for my own family circumstance, but I thought there was an unfair and unjust situation. It resulted in a change in the law, which changed a lot of things in this country. Mine was the first bill to pass the ban smoking on airplanes. At the time, it was considered a fool's errand to try to defeat the tobacco lobby. When I offered the bill in the House of Representatives, it was opposed by the leadership on both sides of the aisle, Democrats and Republicans. Somehow or another, through faith and good luck and the help of people such as former Senator and Congressman Claude Pepper of Florida, I was able to bring this matter to the floor for a vote, and I won, to my great amazement. We banned smoking on airplanes for flights of 2 hours or less.

Eventually, Senator LAUTENBERG picked up the issue in the Senate, and he showed amazing leadership in passing it in the Senate. The two of us managed to make this the law of the land. I don't want to take too much credit, but once people started thinking: If secondhand smoke is unsafe in an airplane, why is it safe in a train or in a bus or in an office or in a school or in a hospital or in a hallway? Pretty soon, the dominoes started falling across America. Laws were passed—local, State, and Federal laws—which have made smoking the exception in closed quarters and have changed the way we look at smoking today, from the time just 15 or 16 years ago, when it was considered to be the normal thing to do and objecting to it was considered out of normal.

That has changed, but still there is a lot to do. The tobacco industry hasn't stopped. They are still selling and marketing their product. As they do, more and more people become addicted, get sick, and many of them die. Tobacco companies, it was found in 2006 by Judge Kessler in the U.S. Court of Appeals in the District of Columbia, issued a final opinion finding that the tobacco companies had engaged in a decades-long scheme to deceive and defraud the American public.

Last month, a three-judge panel of the U.S. Court of Appeals for the District of Columbia issued a unanimous opinion upholding Judge Kessler's finding of liability. Let's review some of Judge Kessler's findings. He found the tobacco industry falsely denied, distorted, and minimized the significant adverse health consequences of smoking for decades. The tobacco companies were aware that smoking and nicotine are addictive, but they publicly denied it.

Just 15 years ago, the CEOs from seven major tobacco companies stood before a committee of the House of Representatives, raised their hands, and swore under oath that nicotine was not addictive. That was the death knell of their credibility. People knew better. I knew better. My dad died from lung cancer. He couldn't stop smoking. My friend Mike Peterson died of COPD. He smoked a cigarette the night before he died. He just couldn't stop. It is a terrible addiction.

The tobacco industry falsely denied that they can and do control the level of nicotine delivered in order to create and sustain addiction. They knew they were piling that chemical into their product, and they knew that as long as they could, they had you hooked and it would be darn tough to quit.

Tobacco companies falsely marketed so-called light and low-tar cigarettes. They turned out to be just as harmful as the others.

From the 1950s to the present day, tobacco companies have intentionally marketed to kids. Of course you want to convince kids to smoke because they are not mature enough to make the right judgment. If a kid waits until he becomes an adult to decide to smoke, he is not going to do it. He will be a lot smarter. He will not be addicted. Tobacco companies track youth behavior and preferences and use marketing themes that resonate with kids.

The list goes on and on and clearly demonstrates that this industry cannot be trusted to do the right thing. That is why we need the bill that is on the floor of the Senate.

The tobacco industry has a long and disturbing history of marketing its products to kids and young people. The financial reasons are obvious. Ninety percent of adult smokers began smoking cigarettes when they were teenagers or younger.

In the 1980s, R.J. Reynolds was looking for a way to revitalize its Camel brand, which was primarily popular with older smokers. To increase Camel's appeal to younger smokers, it created the Joe Camel cartoon character. Joe Camel became as recognizable as Mickey Mouse with a lot of kids—just what the folks who made Camel cigarettes wanted. While Joe Camel is no longer around, the problem of marketing to young people still remains.

Tobacco companies doubled their marketing expenses between 1998 and 2005. They now spend over $13 billion a year on marketing. They claim they don't market to kids, but just look at this ad. How about this one: Great Camel cigarettes. They are offering a back-to-school special. That certainly is marketing to kids. We know as parents and adults exactly what they are trying to do. This picture was taken from a shop in Camden Wyoming, DE. They knew what they were trying to do—lure these kids into tobacco at an early age—and their advertising did its best to draw them in. These companies are not going to waste a penny advertising on groups they don't think they can win over. So they go after the kids.

This bill recognizes the importance of curbing marketing to kids. It would empower the Food and Drug Administration for the first time to establish reasonable marketing restrictions that adhere to our first amendment guarantees under the Constitution. For example, the bill bans outdoor advertising near schools and playgrounds, prohibits colorful and alluring images used to appeal to young people. It limits ads to only black-and-white text in newspapers and magazines with significant teen readership. It ends incentives to buy cigarettes by prohibiting free giveaways with the purchase of tobacco products. Remember all the stuff they used to peddle in the name of cigarettes? Backpacks and caps—you name it. That kind of stuff is going to end. It gives the FDA the authority to respond to the inevitable innovative attempts by tobacco companies to get around these restrictions. It strengthens restrictions on youth access to tobacco

products by requiring retailers to verify the age of all over-the-counter sales of tobacco products and prohibits vending machines and self-service displays unless they are in adult-only facilities.

In addition to restricting marketing and youth access, the bill lifts the shroud of secrecy the tobacco industry has used to hide the contents of its products for decades. For virtually all other consumer products, manufacturers are required to disclose what is in their product. Walk into any grocery store, take a product off the shelf, and you will see a list of ingredients. But cigarettes and other tobacco products, some of the most dangerous products American consumers can buy, do not have to follow the same rules as other consumer products. The tobacco industry does not want you to know what is in its products, and for good reason.

Cigarettes are not just tobacco leaves rolled up in paper; they are sophisticated, highly engineered products. In addition to tobacco leaf, cigarettes contain additives and chemicals that increase the kick of nicotine and mask the harshness of tobacco smoke. The act of lighting a cigarette creates a toxic soup of more than 4,000 known chemical compounds, all carefully added to that little cigarette in the hope that you will enjoy it so darn much you will become addicted for life. According to the National Cancer Institute, there are 69 known and probable carcinogens in cigarette smoke. Is it any wonder people develop cancer from smoking?

Researchers at Harvard University School of Public Health have also discovered that tobacco companies increased nicotine levels in cigarettes by nearly 12 percent between 1997 and 2005. They were pumping nicotine into these cigarettes knowing it was more addictive, knowing they had these folks hooked for life.

This bill ends the special treatment of the tobacco industry by requiring manufacturers to disclose to the FDA the ingredients, including substances in the smoke, of each brand of tobacco product. It requires the Secretary of Health and Human Services to publish a list of harmful and potentially harmful constituents in each brand of tobacco products and requires tobacco companies to provide information they have on the health effects of existing and future tobacco products. Why did it take us so long to do this? We knew for decades what was going on here. But the tobacco companies were just too powerful. They stopped us. Now we have a chance to change that. This bill on the floor will finally give consumers across America the information they need, the information which researchers need to stop this insidious addiction.

For a product as deadly as tobacco, public disclosure of ingredients is not enough. The FDA should be able to require the industry to reduce or eliminate harmful ingredients or additives to protect the public health. For decades, the industry has manipulated its products at the expense of American consumers. No other industry in America is allowed to freely choose the types and amounts of toxic substances that are in their products—only tobacco companies, and that is going to end with this bill. This bill gives the Food and Drug Administration the authority to set standards to reduce these harmful ingredients, to reduce nicotine levels, and to ban those candy and fruit-flavored cigarettes popular with kids.

Another long overdue reform is to establish a credible process for ensuring that health claims about tobacco products are scientifically proven. Almost as soon as cigarettes became a widely used product, companies started making false claims.

In the 1920s, Lorillard came up with a slogan: ''Not a Cough in a Carload.''

In the 1930s, Philip Morris said smoking their cigarettes was less irritating than other brands and ran ads advising the public to ''Ask Your Doctor About a Light Smoke.''

In the 1940s, R.J. Reynolds ran an ad campaign for Camel cigarettes with the slogan ''More Doctors Smoke Camels than Any Other Cigarette.''

In the 1950s and 1960s, tobacco companies introduced ''light'' and ''low tar'' cigarettes to ease the growing concern about the harmful effects of smoking. The marketing of these light and low-tar cigarettes was so successful that they quickly dominated the market. Some advertisements explicitly encouraged smokers to switch to these new products instead of quitting. But the tobacco companies never had to demonstrate these new products would actually reduce harm. In fact, scientific evidence has shown light and low-tar cigarettes have not lowered health risks.

Tobacco companies continue to develop new products and make health claims that cannot be validated. This bill will prohibit tobacco companies from using misleading descriptors such as ''light,'' ''mild,'' and ''low'' to describe their products. It gives the FDA authority to review a product before it can be marketed as a ''reduced harm'' product to ensure sound science is behind that claim. These are reasonable requirements for any product in America and certainly for a deadly product such as cigarettes and tobacco.

The warnings currently displayed on cigarettes and smokeless tobacco products are more than 20 years old. Let's be honest about this. The warnings on cigarette packages are widely ignored. They have been virtually the same for decades. People don't even read them or pay attention to them. But that is going to change. This legislation requires large, clearly visible warning labels on 50 percent of the front and back of a pack of cigarettes, with graphic and textual messages such as ''Warning: Cigarettes Cause Cancer.'' You will not be able to miss it. You may miss some of the advertising and colorful photographs, but the message is going to be clear for anyone who can read. Warning messages are to comprise at least 20 percent of an advertisement. That is a big change.

This is something we introduced 20 years ago to finally change these warning labels. Congressman HENRY WAXMAN has been a great champion and advocate on this subject. We just could not pull it off. The tobacco companies were too powerful. Now we have a chance to beat them with this bill on the floor. These reforms will start to reduce the terrible toll tobacco has taken on families across the Nation.

I used to say from time to time when I would reflect on this and people would say: You are going too far, DURBIN, just too much regulation, I have yet to meet the first parent who has said to me: I have great news. I just learned last night that my daughter started smoking. I never heard that said. We know intuitively as adults it is a terrible thing when a child takes up smoking and use of tobacco. It can lead to an addiction that can harm them.

The FDA is the right agency to do this. It is the only agency with the science, the regulatory experience, and the public health mission to get this job done. Through a user fee on the industry, the bill gives the agency the funding it needs to get this job done.

This is a strong public health bill and a bipartisan bill. After more than 10 years and, in my case, more than 20 years, we have never been so close to giving the FDA the authority to regulate tobacco products. I urge my colleagues to resist efforts to weaken this bill or to add provisions that jeopardize its enactment. FDA regulation of tobacco products is long overdue. The time for Congress to act is now.

I would like to say in closing that it is a shame that my colleague and friend, TEDDY KENNEDY, is not here. He is recovering, as we know, from his own battle with a brain tumor. I talked with him a couple weeks ago, and he sounded just great. I wish he could be on the floor with us because I know how much this bill means to him personally. TEDDY KENNEDY, on this issue and so many others, stood there and fought that lonely battle, faced rollcall after rollcall when he could never get enough votes. And now the moment is at hand to come up with the votes necessary. In his name and in the name of all the people over the years who have fought so valiantly for tobacco regulation, people such as Congressman Mike Synar of Oklahoma and TEDDY KENNEDY—all of them dreamed of the day when this would pass. We now have a chance, this Senate in this Congress this year, to finally do something to start saving lives across America and bring the kind of sensible regulation of tobacco that has been long overdue.

Madam President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. UDALL of Colorado. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

MORNING BUSINESS

Mr. UDALL of Colorado. Madam President, I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each.

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

COMMENDING THOMAS O. SUGAR

Mr. BAYH. Mr. President, I rise today to honor Mr. Thomas O. Sugar, who has served as one of my most valued and trusted aides in the U.S. Senate and in the Indiana Governor's office. I am proud to have this opportunity to recognize Tom for the remarkable service he has rendered on behalf of the people of Indiana.

Tom is a native of Kokomo, IN, an auto town in the heart of our proud manufacturing State. Tom never forgot where he came from, and he has been a faithful and passionate emissary of the hard-working, middle-class Hoosiers who inspired him to enter public service in the first place.

Tom's career in government and politics began when he served as a campaign field organizer for Jim Jontz, who represented Indiana's fifth Congressional District. Throughout his 7 years of service for Congressman Jontz, Tom held a variety of positions, culminating in his ascension to chief of staff in 1991.

I was fortunate to have Tom join my staff as director of communication and planning during my second term as Indiana Governor. Among his many achievements, Tom orchestrated a successful conference on promoting responsible fatherhood that brought together leaders of the most successful fatherhood programs in the country. He also helped plan the Governor's adoption initiative, heralding needed reforms in Indiana's adoption system.

Tom served as my campaign manager for my first Senate race in 1998 and then took over as my chief of staff, a position he has held for over a decade. Tom has carried out this demanding role with unceasing skill, diplomacy, and determination. His portfolio has been considerable. Tom has been a top adviser on a range of significant policy issues, helping to improve our Nation's educational system, supporting working families, strengthening national security, and expanding volunteer opportunities for Americans to serve their country.

In addition to playing a crucial role on policy issues, Tom has served as a leader and a mentor to members of my staff in both my Indiana and Washington offices. Tom had a knack for discovering new talent, and he helped hone the professional development of countless public servants.

Most importantly, Tom is a devoted father to his sons, Jackson and Carter, and a loving husband to his wife Nancy. Tom cares about the people he works with and treats his colleagues like extended family. Tom was always ready with a kind word during times of plenty and an understanding ear during periods of personal difficulty and loss.

This week, Tom leaves my office to pursue a new opportunity helping lower income students finish their college and postsecondary education. The newly formed National Consortium for College Completion is extraordinarily lucky to have Tom as a part of their organization. While I will deeply miss having Tom on my Senate staff, I look forward to hearing about the work he will do on behalf of students in need across our country.

Tom is a trusted aide, a dear friend, and a true-blue Hoosier whose contributions to the State of Indiana are immeasurable.

Mr. President, I am pleased to recognize Tom's extraordinary contributions to this body, and I wish him the best of luck in his future pursuits.

ADDITIONAL STATEMENTS

REMEMBERING ERNEST P. KLINE

● Mr. CASEY. Madam President, the Commonwealth of Pennsylvania recently lost a distinguished former lieutenant governor and a life-long Pittsburgh sports fan, Ernest P. Kline. Ernie passed away of congestive heart failure after a life that tells the story of a Pennsylvanian with the determination to reach his goals, a love of public service, and a devoted father and grandfather. Today I honor his memory.

Ernest P. Kline was lieutenant governor of the Commonwealth of Pennsylvania from 1971 to 1979. During his 8 years of public service, he worked to advance the causes of women and older citizens. After his career in public service, Ernie was president of Kline Associates in Palmyra, PA. His story is a Pennsylvania story of hard work and deep abiding commitment to help people.

Ernie and his two brothers were raised by a single mother in Webster, just outside of Pittsburgh. It was the love and support of his extended Italian-American family, his teachers, and his devout Catholic faith that would shape him into the statesman he came to be. Ernie was the starting quarterback of his Rostraver high school football team. He attended Duquesne University but had to drop out early due to financial constraints. He became a radio-news broadcaster. While working with the radio station in Charleroi, he met his beloved wife Josephine. They would have celebrated their 60th wedding anniversary June 25th.

When covering a Beaver Falls city council meeting for WBVP-AM, Ernie realized that he wanted to enter public service. He went home, told his family, and was elected to the city council of Beaver Falls, PA, in 1955. Nine years later, Ernie was elected to the senate of Pennsylvania, later becoming the youngest Democratic floor leader ever. After 7 years in the State senate, he was elected lieutenant governor of the Commonwealth.

His life of public service continued after he left elected office through volunteering with different nonprofit organizations such as the Ronald McDonald House and the United Way. He continued supporting Democratic politics his entire life. Ernie also loved to fish and root for the Pittsburgh Steelers.

He and Josephine raised 7 children and they were blessed with 12 grandchildren. Ernie was a loving father and devoted grandfather who instilled in his family a love of Pennsylvania and the value of a life in public service. More importantly, he was a dad who made sure the kids did all of their homework and all of their chores.

Ernie Kline was a person of integrity and compassion. He never forgot where he came from and the values that guided his life. I extend my sincere condolences to Josephine and the Kline family for their loss. His life story will continue to inspire his family and many others to devote their lives to public service and to the poor and the powerless.●

JUDGE COLLEEN KOLLAR-KOTELLY

● Mrs. FEINSTEIN. Madam President, shortly before the recess, U.S. District Judge Colleen Kollar-Kotelly completed her service as presiding judge of the Foreign Intelligence Surveillance Court. By law, after serving for a maximum of 7 years, judges of the FISA Court, who are designated from the U.S. districts courts by the Chief Justice of the United States to serve on the FISA Court in addition to their regular judicial responsibilities, are not eligible for redesignation.

Now that Judge Kollar-Kotelly has completed her distinguished service on the FISA Court, it is fitting to take note of the admirable service she has rendered as the presiding judge of an institution that is central to our Nation's commitment to conduct foreign intelligence within the rule of law.

Judge Kollar-Kotelly was appointed in 1984 to serve as an associate judge of the Superior Court of the District of Columbia. In 1997, she was appointed by President Clinton to serve on the U.S. District Court for the District of Columbia. In 2002, Chief Justice William H. Rehnquist designated her to be presiding judge of the FISA Court. Her ability to earn the trust of two Presidents and a Chief Justice is noteworthy in itself.