cancer in 2007? She went to California and paid for the treatment out of pocket. Even a member of Parliament who supports the Canadian system recognized that the government plan didn't work for her. And with her own health at risk, she came to America and took advantage of what we offer here.

There is the case of the mother in Calgary, Alberta who was expecting quadruplets. I am the father of twins, and they came as a great surprise. Quadruplets is something I am not sure we could handle, and certainly they would require very good facilities to deal with a pregnancy that produces quadruplets. She is in Albert, Canada, and she is flown to Great Falls, MT, to deliver the quadruplets. Great Falls, MT, is not thought of as one of the great centers of health care excellence in the United States. Yet the facilities in this small town in Montana were better than any facility available anywhere in Alberta.

These are the examples of a government-run plan and because people who are getting the service don't control the money the government plan can end up focusing on overall cost control to the detriment of the people who are trying to access it. I don't think ultimately the American voters, having gotten used to the access that they currently have—being used to the idea that they do not have to wait—would ultimately tolerate a government plan.

My consult to President Obama and to my colleagues here in the Senate is to slow down a little. We are talking about restructuring 18 percent of the entire economy. We spend 18 percent of our GDP on health care. I agree absolutely that it is long past time that we addressed this issue; that we rationalize the challenge; and that we do things that make it far more effective.

As I have spent the last 3 or so years working with Senator WYDEN to try to understand the problem and fashion the Healthy Americans Act in a way that will solve the problem, I have discovered a great truth that I didn't realize before, and that is this: The greatest cost control factor in health care is quality. The best health care is the cheapest health care. And it has been achieved in those places that have focused on quality first and the patient first, and it has not involved any government intervention.

Dartmouth has done a study and told us the three cities in the United States where you get the best health care. They are Seattle, WA; Rochester, MN; and Salt Lake City, UT. I take some pride in that fact. And then the Dartmouth study goes on to say that if every American got his or her health care in Salt Lake City, UT, it would not only be the best in the United States, it would be one-third cheaper than the national average.

Those are the kinds of examples we should be focusing on and learning from, and then doing our best to write legislation that would support that. Slow down. We are not going to understand this in time for any artificial deadline set for some political agenda. I understand the sense of urgency that the Obama administration feels on this issue, and I share the idea that now is the time to address it. This is the Congress in which we should pass it. But I don't think setting a deadline to say it must be done in July, when we are talking about 18 percent of GDP, is that persuasive.

We can examine these alternatives a little more carefully than the present deadline will allow us to do. We can say: All right, why is quality the best cost control, and does our bill create the kinds of incentives and rewards focused on quality that will produce that result, instead of saying: Whatever else you do, you have to have a government option in there. You have to have a government plan that can compete with all the rest of this, and thus set us up for the kind of situation where we would move as a nation to imitate Great Britain or Canada or the others that have produced the kinds of examples I have talked about here.

So I am more than willing and I am anxious to work with President Obama and his administration, to work with my friends across the aisle. I have worked with Senator WYDEN for these past 3-plus years to try to fashion an intelligent solution. But I repeat what I said at the beginning: The sticking point in this entire debate is the demand on the part of the Obama administration that the final product have within it a government plan as one of the options. And if that happens, I vote against my own bill. If that happens, I do everything I can to say no. Because I am convinced if that happens, we end up with a situation where there is only one option that survives.

One of my colleagues has described this, I think, quite well. He says: Having a government plan as one of the options is a little like taking an elephant into a room full of mice and then saying: All right, this is a roomful of animals, let's let them compete. And as the elephant walks around the room, pretty soon there aren't any mice left. A government plan is the elephant in the room.

Those of us who want to solve this problem intelligently say: Let's learn from the examples of those people who have adopted a single-payer system. Let us realize that the American experiment in health care produces better outcomes in all of the areas I have outlined. And as politicians, let's realize that the American voter will never stand for the kind of rationing by delay that seems to have crept into every other system. Let's take our time to do it right. There is a bipartisan consensus to get it done. We can work together and make that accomplishment, if we are not quite so insistent that the government plan ultimately is the only way to go.

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

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

The 30 hours postcloture under rule XXII has expired. The question is on agreeing to the motion to proceed to H.R. 1256.

The motion was agreed to.

FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT

The PRESIDING OFFICER. The Senator from Connecticut is recognized.

Mr. DODD. Mr. President, I ask unanimous consent the only amendments in order today after the amendment is offered by myself, Senator DODD, the HELP Committee substitute amendment, be the Lieberman amendment re: TSP, and the substitute amendment of Senators BURR AND HAGAN.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

ORDER FOR RECESS

Mr. DODD. Mr. President, I now ask unanimous consent the Senate stand in recess from 6 p.m. to 6:30 p.m. My intention would be to address for a few minutes some comments and then would defer to others who may want to speak until we recess at 6 p.m.

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

The clerk will report the bill.

The assistant legislative clerk read as follows:

A bill (H.R. 1256) to protect the public health by providing the Food and Drug Administration with certain authority to regulate tobacco products, to amend title 5, United States Code, to make certain modifications in the Thrift Savings Plan, the Civil Service Retirement System, and the Federal Employees' Retirement System, and for other purposes.

Mr. DODD. Mr. President, I rise to offer an amendment in the nature of a substitute to H.R. 1256.

As I understand it from the leadership, while there will be some comments I will make this evening, briefly, about the substitute, and others may have some comments to make before the evening concludes, there will be no votes this evening. The leadership has notified us of that, so colleagues ought to be aware there will be no votes at all this evening.

If I could, I wish to take a few minutes to describe the substitute amendment, and I will yield the floor to others who want to talk before the 6 p.m. hour arrives and others who may come back around 6:30 to make some additional comments.

AMENDMENT NO. 1247

The PRESIDING OFFICER. The clerk will report the amendment.

The assistant legislative clerk read as follows.

The Senator from Connecticut [Mr. DODD] proposes an amendment numbered 1247.

Mr. DODD. I ask unanimous consent the reading of the amendment be dispensed with.

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

(The amendment is printed in today's RECORD under ''Text of Amendments.'')

Mr. DODD. Mr. President, this substitute amendment represents the work of the Committee on Health, Education, Labor and Pensions, which was reported out of our committee by a vote of 15 to 8 prior to the Memorial Day recess. In this substitute we have included some very important changes as a result of good work by my friend and colleague from Wyoming, Senator ENZI. I thank him and thank his staff, as well as the majority staff, for their work in reaching agreement on this amendment. It was important to my colleague from Wyoming that we improve the language on civil monetary penalties on companies that violate the law, and I agree with those suggestions. Senator ENZI also made clear, and I agree with him, that we need to make sure that over time, Congress and the public need to understand how this bill is being implemented, so we have enhanced the reporting requirements on the Food and Drug Administration and called on the General Accountability Office to make a study of the bill's implementation.

These are strong provisions and I appreciate very much the diligence of my colleague from Wyoming, his work, and the work of his staff as well.

Otherwise, the substitute would still give the Food and Drug Administration the authority to regulate the tobacco industry and put in place very tough provisions for families that, for far too long, have been absent when it comes to how cigarettes are marketed to America's children.

We cannot afford to wait any longer. Every day we delay, as I have said over and over, another 3,000 to 4,000 children across our country—as they did today and will again tomorrow, will again every single day—3,000 to 4,000 of our young people are ensnared by the tobacco companies that target them with impunity as they try smoking for the very first time. Those numbers are incredible; 3,000 to 4,000 every single day take that first cigarette, begin that process. Almost a third to a quarter of them will actually become addicted. Roughly a third of that number will die, in many cases prematurely, because of that process that starts today with 3,000 to 4,000 children.

A thousand of these children become addicted. Of these addicted, a third, as I said, will die eventually of smoking-related diseases. Absent any action by this Congress, more than 6 million children alive today will die from smoking, including more than 76,000 people in my own State of Connecticut.

The purpose of this historic public health legislation is very simple. It is to protect America's children and to give them the longer, healthier future they deserve. This is a cry from parents as well, including parents who smoke. As I said earlier, parents who smoke, if all of them could be here in this Chamber today and have the privilege that I have to have a microphone attached to my pocket here to talk about this, as smokers, would plead that their children never ever begin this habit. If they could wish anything, they would wish their children would avoid this deadly habit. So it is not just those who do not smoke or those who are offended by it or those who are worried about the health implications. I don't know of anybody who wants to see a young child begin the habit of smoking.

Yet for almost 10 years we have been unable to get this bill passed—almost 10 years of effort, led by our colleague from Massachusetts, Senator KENNEDY, who has tried over and over to get this legislation up and to get it adopted by both Chambers.

For the benefit of our colleagues, they should know this Chamber has adopted legislation, but at the time we did, the other body didn't. Candidly, the other body has acted as well, but when they did, we did not. So we have had this kind of circus going on over the last 8 or 10 years, where when the Senate acted, the House didn't; then the House acted but the Senate didn't. We are on the cusp of both Chambers acting and a President who will sign this bill into law to make a difference for the millions of people who have been adversely affected by this subject matter.

I also want to address some of the points our opponents of the bill have been saying about the legislation. Let me be clear. The Food and Drug Administration is absolutely the right agency for this job. It is the one Federal agency with the necessary scientific expertise, regulatory experience, and public health mission to do the job. No other agency of government is able to do all three of these.

Many others can do good work, but they can't do all three. They don't have the scientific expertise, they don't have the regulatory experience, and they don't have the public health mission that the Food and Drug Administration does.

The FDA regulates food, drugs, cosmetics, even pet food, but they do not regulate tobacco. They can regulate what your cat has and what your dog has but not what your child starts today, the 3,000 to 4,000 who do. We have been able to get that done so your pets are OK, but your child may not be because of our failure over the years to make sure tobacco will be regulated by the FDA. Tobacco, we know, is the most dangerous consumer product sold in the United States, or anywhere in the world for that matter. Yet it is currently exempted from oversight by the agency that regulates virtually every other product that Americans consume.

Some have said this bill will drain precious resources away from the FDA. In fact, what we have done with this bill ensures that the Food and Drug Administration is given adequate resources to perform its new tobacco product responsibilities without taking any resources from its other important activities. We do this by setting up a special division within the FDA to do just this job and we allocate specific resources, collected as user fees, to fund the very efforts we are seeking to accomplish. So all of the other functions the FDA does are not going to be adversely affected because of what we have written into this bill. The legislation does this, as I said, by assessing user fees on the companies and the cost of regulating tobacco is paid entirely by these user fees.

Some have also suggested that we should not act because States have squandered the funding provided in the Master Settlement Agreement on smoking and tobacco products. Some States have, and we do not defend their actions. But this is not a reason for inaction now, when we can protect as many children as we will with the adoption of this legislation.

Furthermore, while the 1998 Master Settlement Agreement on tobacco between the States and the tobacco industry was a very positive step, it simply did not go far enough. In order to protect the public and to prevent and reduce smoking, especially among children and kids, tobacco products must be regulated by the Food and Drug Administration. Since the Master Settlement Agreement was signed, marketing expenditures by the tobacco industry have reached record levels. The industry spends $13 billion a year—$13 billion a year—to market their products to America's children.

This bill would restrict the tobacco industry's ability to market to children. Mr. President, 400,000 people die every year from tobacco-related illnesses. That is more than die from alcohol abuse, automobile accidents, violent crime, illegal drugs, and suicide. All of them combined do not equal the number of deaths caused by tobacco products and by cigarettes. In order to make up those loss numbers, the industry targets the youngest of our citizens, our children. They do it with a $13 billion appropriation to go out and actually solicit the children to become addicted to these products.

Let me be clear that despite what some have claimed, this bill does not grandfather any existing tobacco products. In fact, this legislation will finally allow the Food and Drug Administration to take action on these products that have had special protection for decades. For the very first time, the FDA will have the broad authority to require changes in existing tobacco products and make them less risky or less addictive.

Some opponents have sought to downplay the significant impact of this bill. The Congressional Budget Office has estimated that the bill will reduce adult smoking by 2 percent over 10

years. This is true. But what opponents do not tell us is that a 2-percent decline in adult smoking is about 900,000 fewer adult smokers. That is not insignificant, almost a million people. That 2 percent sounds small, but when you translate it into actual numbers, it is somewhere in the neighborhood of 900,000 to a million people. More importantly, opponents leave out the fact that, according to the Congressional Budget Office, this bill would reduce youth smoking by 11 percent. Such a decline would save the lives of some 700,000 children from premature smoking-related deaths.

For adults to quit smoking is hard. I could be a personal witness to this, having been a smoker. I can tell my colleagues how hard it is to quit. People I know try every day and fail. It is hard. It is a very addictive product. So as a former smoker, I know what this is like and how hard it can be for people to break this habit. But 90 percent of the adults who smoke started as kids. They started as children. If we can break that link with children so that they don't begin this deadly habit, then we can start saving lives. And if lives don't impress you, how about money? It is billions of dollars we spend every year as part of our health care costs. A lot of those don't die but end up being sick or ill for years in a very debilitated fashion as a result of smoking-related products, particularly cigarettes.

In a few days, we are going to be dealing with health care. There is a lot of division here about what we ought to do on health care. One subject matter we are not divided on is prevention. To avoid chronic illnesses, the best way is to prevent them from happening in the first place. If we thought we could make a dent of even 100,000 lives, what about 200,000 lives because we made a difference in the number of children who started this deadly habit each year? What better way to begin the debate about prevention than going after the one cause, the self-inflicted wound that we impose on ourselves because of smoking habits? That is self-infliction that we do. We know it kills. We know what damage it does. Here we have the ability in a few days, maybe, or less, to actually do something in a meaningful way that has never, ever happened before. Cat food, pet food, dog food get regulated by the FDA, and finally tobacco will, tobacco and cigarettes.

Passing this bill will be a historic victory for our Nation's health, helping parents protect their children, as every parent across the country tonight would pray and hope their child would never begin this deadly habit. Their Federal Government is now going to be of some assistance. We are going to provide for these products the same kinds of protections we do for animals in terms of what they eat every night in your homes. We will now say the same kind of protection ought to be afforded to your children. Parents deserve peace of mind when it comes to how dangerous tobacco products are marketed. With this legislation, that is precisely what we will give them.

I commend my colleagues in this Chamber who over the years have voted, when they have had the opportunity, to implement this legislation. I thank immensely our colleague from Massachusetts, Senator KENNEDY. I thank Mike DeWine of Ohio, who is no longer with us as a Member. He was Senator KENNEDY's partner on this issue, as were HENRY WAXMAN and TOM DAVIS on the House side. This has had bipartisan support. Tonight, our friend from Massachusetts is at home recovering from his own struggle with illness. But he may be watching at this hour. We want him to know how grateful we are to him for his undying efforts to make this bill a reality.

I thank MIKE ENZI. MIKE cares deeply about this issue. He gets passionate about a lot of subject matters, but this is one where I have seen the most passion by my colleague from Wyoming. He can tell his own personal stories of what he has witnessed over the years. While he may have some problems with this particular proposal, he has no problem with the idea that we ought to be cutting back and making significant inroads in children beginning this deadly habit.

Our substitute is a bipartisan effort to bring together these ideas and once and for all to do something in a way that will make a difference in the lives of millions of people in this country and hopefully one day around the world as well. This habit is not confined to our own Nation. We can't legislate for the world, but we can legislate for ourselves, to say to America's parents that tonight and over the next day or so we will make a huge difference, I believe, in their children's lives by limiting the ability of this industry to appeal and market directly to their children. That is what this bill does.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina.

AMENDMENT NO. 1246 TO AMENDMENT NO. 1247

Mr. BURR. Mr. President, I ask unanimous consent to call up an amendment in the nature of a substitute, No. 1246, and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from North Carolina [Mr. BURR], for himself and Mrs. HAGAN, proposes an amendment numbered 1246 to amendment No. 1247.

Mr. BURR. I ask unanimous consent that reading of the amendment be dispensed with.

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

(The amendment is printed in today's RECORD under ''Text of Amendments.'')

Mr. BURR. Mr. President, let me say it is shocking that the argument as to why we should do this is because the Food and Drug Administration regulates cat and dog food, what we have just heard. The truth is, the FDA regulates every pharmaceutical product, every medical device, every biological product, lifesaving drugs, chronic disease, treatments, therapies. It is in charge of food safety, of products that emit radiation. It is the gold standard of the world from the standpoint of the approval and assurance of safety and efficacy of things Americans take that are prescribed by doctors and filled by pharmacists. They know when they go home, they can take it because it is safe and effective. Now we are talking about giving that same agency a product for which they can't prove safety and efficacy—their core mission statement for every product they regulate. They will have to turn their head on tobacco because it kills. It causes disease. It isn't safe. This makes no sense.

What the substitute does is create a tobacco harm reduction center. It locates it at the Department of Health and Human Services, under the Secretary—the same Secretary who oversees the Food and Drug Administration.

Within that tobacco harm reduction center, it gives the authority to the center to regulate all cigarettes, cigarette tobacco, roll-your-own tobacco, smokeless tobacco, and other tobacco products that are deemed by the Secretary to be necessary for regulation. We don't lessen the regulation of this industry. As a matter of fact, as Members have an opportunity to hear tomorrow about this substitute amendment, we increase the regulatory authority. We do it under the same guidance of the Secretary of Health and Human Services. We define what adulterated and misbranded tobacco products are. We give the tobacco harm reduction center the ability to pull products directly from the market and to prevent those products from going to market. Misbranded product would be a label that is false or misleading, labels that don't contain all the information, are not in compliance with section 109, and tobacco or ingredients are not disclosed. It requires tobacco manufacturers to submit extensive lists of ingredients, substances, compounds, and additives by brand style to the tobacco harm reduction center. It requires the center to determine and make public a list of harmful constituents, including smoke constituents and by brand styles. It requires annual registration and submission of additional information by the manufacturers to the center. It requires establishment of tobacco product design standards and establishes tar and nicotine ceilings for cigarettes. It eliminates candy and fruit descriptors on cigarette advertising and marketing. It gives the center the authority to remove tobacco products from interstate commerce if such products pose an unreasonable risk of substantial harm to public health.

This is about public health. The objective of any bill should be to reduce

youth usage, to reduce disease, to reduce death. If we put it in the FDA, we grandfather a tremendous amount of smoking products, but we don't allow a pathway for new, less harmful products to reach the marketplace. In our case, we allow reduced-risk products to come but under the supervision, the direction of the harm reduction center.

It requires all tobacco manufacturers of imported tobacco products to establish and maintain records, make reports, provide information as the Secretary requests, not as we prescribe. It requires premarket approval of new combustible tobacco products before entering interstate commerce. It bans the use of such descriptions as ''light,'' ''ultra-light,'' and ''low tar'' on packaging, advertising, and marketing of cigarettes. It requires testing and reporting of all tobacco product constituents, ingredients, additives, including smoke constituents and by brand styles. It creates a scientific advisory committee of 19 people. It establishes a new warning label that communicates the health risk of cigarettes, with placement for cigarettes on the front of the packaging. It requires ingredient disclosures and other information on all tobacco packaging. It has the graphic warning labels required. It establishes new warning labels that communicate the health risks of smokeless tobacco. It requires ingredient disclosure and information on tobacco products. The list goes on and on.

The authors of the base bill and the substitute that has been offered in its place suggest that they do a better job of making sure that youth don't access tobacco products. That is just wrong. Every State sets an age limit. One bill does not police the process more than the other.

The one thing this substitute does, this amendment in the nature of a substitute, is we ban print advertising except in a publication that is an industry publication. So every general print ad, every general print publication, a publication that a mom might buy but a teenager might look at, we eliminate advertising. What does the base bill do? It limits it to black-and-white advertising.

Don't come to the floor and suggest one does a better job than this substitute. When you ban advertising, you have banned the ability to market to the youth. When you ban descriptors and other items such as candy and fruit descriptors, we do that as effectively, we just do it through a harm reduction center. Why? Because it is under the same leadership of the Secretary of HHS.

I don't want to jeopardize the gold standard of the FDA. I don't want to compromise the gold standard that it has to meet the test of safety and efficacy so the American people have trust in products. We jeopardize that when we give the FDA this mission.

Some will claim the FDA is the only one that can do it. As I showed before, there is the regulatory chart for tobacco today in the United States. Every Federal agency is listed up here, including HHS. FDA has no current jurisdiction. They have no expertise to regulate tobacco.

It is the most regulated product sold in America today. But I am not on the floor arguing that this is enough. We can do better. We can consolidate that regulation. We can build on the strengths of all of these underneath the heads. But to add FDA is a huge mistake.

We just got faxed to us the endorsement of this substitute amendment, No. 1246, by the American Association of Public Health Physicians. The Association of Public Health Physicians endorses the Burr-Hagan amendment. All of a sudden, health care entities are looking at these two bills, and they are saying: The amendment in the nature of a substitute, No. 1246, actually does accomplish what is best for public health. And public health physicians are willing to put their name on it.

We are going to have an opportunity tomorrow to talk at length about what is in the substitute. My colleague, Senator HAGAN, cosponsor of this bill, will have an opportunity to address it either tonight or tomorrow. I look forward to the opportunity to do that.

I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 6:30 p.m.

Thereupon, at 6 p.m., the Senate recessed until 6:30 p.m. and reassembled when called to order by the Presiding Officer (Mr. BENNET.)

FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT—Continued

Mr. ENZI. 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.

Mr. LAUTENBERG. 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. LAUTENBERG. Mr. President, basic instinct in humankind directs so much attention to the well-being of our children. We do it in various ways. Now you see it creeping into better nutrition. We see it in our attention to environmental conditions, to global climate change. We see it in our attention to deal with violent behavior against children. We do whatever we can to protect our kids, to protect them and do whatever it takes to do what we can to make sure they grow up healthy, they have long lives.

One of the ways we can be effective is to protect our kids against addiction. I use the word deliberately. ''Addiction'' immediately conjures up a view of drugs—prescription drugs, prohibited drugs. We are not talking about that addiction. I am talking about a serious addiction, an addiction to tobacco—to tobacco—that has such a devastating effect on the people who smoke and often on those who are around the people who smoke.

We heard from Senator DODD earlier about what happens from smoking. It kills more than 400,000 Americans each and every year. Many of them are of younger ages. In addition to the lethal dose, there is that kind of attack on health that disables people—emphysema, conditions that affect the heart, all kinds of things. We know lung cancer is among the most dangerous.

Senator DURBIN, who was a Member of the House at the time, and I decided to take up the fight against big tobacco and their powerful special interests more than 20 years ago when we wrote the law banning smoking on airplanes. We stood up to big tobacco because smoking on airplanes was so unhealthful. We learned the dangers of secondhand smoke. Many of the people who were cabin attendants were subjected to terrible respiratory discomfort and danger.

As a matter of fact, there was a study that was done, and it said even those who never smoked—people who worked in the cabin of the airplane—would show nicotine in their body fluids weeks after they had worked a trip. That is how pervasive this was. But big tobacco fought back. They fought back ferociously. They unleashed their forces. Money flowed to protect their addicted clientele and to keep them there. They brought phony science and high-paid lobbyists to squash this assault on behalf of public health. They had phony experts testify to Congress, up here on television, saying unashamedly that there was no evidence that secondhand smoke was dangerous, even though they knew in the tobacco companies. In the 1930s they learned that nicotine was so addictive and that it would continue to help them earn enormous profits. We fought back, and we succeeded in banning smoking on airplanes. It was a tough fight because of all of the misinformation that the industry spread. That then started a smoke-free revolution, and it did change the world culture on tobacco.

Some years later I authored a law that banned smoking in buildings that provided services to children, any building that had Federal funds. It could have been a library, a clinic, a daycare center; whatever it was, there was no smoking allowed in those buildings, except if it was in a separate room that ventilated directly to the outside. They fought us on that, but the people won. It is as clear to me today as it was then that this industry has not earned the trust to regulate itself. That is a plea they make, but no one believes they mean it.

Ten years ago, I was able to gather unpublished, internal reports by the tobacco industry showing that so-called