

an oversight hearing on Tuesday, May 2, 1995, beginning at 9:30 a.m., in room 485 of the Russell Senate Office Building on the implementation of the tribal self-governance demonstration project authorities by the Indian Health Service.

Those wishing additional information should contact the Committee on Indian Affairs at 224-2251.

#### COMMITTEE ON SMALL BUSINESS

Mr. BOND. Mr. President, I wish to announce that the Committee on Small Business will hold a hearing on Thursday, May 18, 1995, at 9:30 a.m., in room SD-628. The focus of the hearing is the Small Business Administration's 7(a) Business Loan Program.

For further information, please contact Paul Cooksey at 224-5175.

#### ADDITIONAL STATEMENTS

#### NOTICE OF DETERMINATION BY THE SELECT COMMITTEE ON ETHICS UNDER RULE 35, PARAGRAPH 4, REGARDING EDUCATIONAL TRAVEL

• Mr. MCCONNELL. Mr. President, it is required by paragraph 4 of rule 35 that I place in the CONGRESSIONAL RECORD notices of Senate employees who participate in programs, the principal objective of which is educational, sponsored by a foreign government or a foreign educational or charitable organization involving travel to a foreign country paid for by that foreign government or organization.

The select committee received notification under rule 35 for William Triplett, a member of the staff of Senator BENNETT, to participate in a program in Abu Dhabi sponsored by the Abu Dhabi Chamber of Commerce from March 9-23, 1995.

The committee determined that no Federal statute or Senate rule would prohibit participation by Mr. Triplett in this program.

The select committee received notification under rule 35 for Senator BOND and two members of the staff, Warren Erdman and Brent Franzel, to participate in a program in the Republic of China on Taiwan, sponsored by the Chinese National Association of Industry and Commerce, from April 18-21, 1995.

The committee determined that no Federal statute or Senate rule would prohibit participation by Senator BOND, Mr. Erdman, and Mr. Franzel in this program.

The select committee received notification under rule 35 for William B. Bonvillian, a member of the staff of Senator LIEBERMAN, to participate in a program in Taipei sponsored by the Tamkang University from April 10-16, 1995.

The committee determined that no Federal statute or Senate rule would prohibit participation by Mr. Bonvillian in this program. •

#### DR. DAVID A. KESSLER'S SPEECH ON TOBACCO

• Mr. SIMON. Mr. President, recently, I had a chance to read a speech by Dr. David A. Kessler, the Commissioner of the Food and Drug Administration, to the Columbia University Law School.

I have been very favorably impressed by Dr. Kessler's commitment and doggedness over the years. My colleagues will recall that he was an appointee of President George Bush, and when Bill Clinton became President, I urged him to retain David Kessler, and I am pleased that he has done so.

His talk to the Columbia University Law School was about tobacco and specifically about young people and tobacco. He describes nicotine addiction as "a pediatric disease."

What tobacco companies are clearly trying to do, and unfortunately doing successfully, is to make smoking attractive to young people.

My wife and I recently took a vacation, at our own expense, I hasten to add, to Portugal and Spain, and the percentage of young people who smoke in those two countries, as well as in the rest of the world, unquestionably is higher than it is in the United States. But more young people are smoking in the United States, and according to Dr. Kessler, 7 out of 10 who smoke, report that they regret having started.

He does not mention in his remarks something I have read elsewhere, and that is someone who is a cigarette smoker is much more likely to get involved in hard drugs.

An area where I have some concerns is his comment on advertising.

I believe the Federal Government has to move very cautiously when it comes to first amendment matters.

It does seem to me, however, that it is only realistic and fair to ask the advertisers to warn more effectively about the dangers of cigarettes.

We require this of the manufacturer of other products.

The speech by Dr. Kessler is something we should be taking extremely seriously, and I ask that the speech be printed in the RECORD.

The speech follows:

REMARKS BY DAVID A. KESSLER, M.D.

It is easy to think of smoking as an adult problem. It is adults who die from tobacco related diseases. We see adults light up in a restaurant or bar. We see a colleague step outside for a cigarette break.

But this is a dangerously short-sighted view.

It is as if we entered the theater in the third act—after the plot has been set in motion, after the stage has been set. For while the epidemic of disease and death from smoking is played out in adulthood, it begins in childhood. If there is one fact that I need to stress today, it is that a person who hasn't started smoking by age 19 is unlikely to ever become a smoker. Nicotine addiction begins when most tobacco users are teenagers, so let's call this what it really is: a pediatric disease.

Each and every day another three thousand teenagers become smokers. Young people are the tobacco industry's primary source of new customers in this country, replacing adults who have either quit or died.

An internal document of a Canadian tobacco company, an affiliate of a tobacco company in the United States, states the case starkly:

"If the last ten years have taught us anything, it is that the [tobacco] industry is dominated by the companies who respond most effectively to the needs of the younger smokers."

If we could affect the smoking habits of just one generation, we could radically reduce the incidence of smoking-related death and disease, and a second unaddicted generation could see nicotine addiction go the way of smallpox and polio.

The tobacco industry has argued that the decision to smoke and continue to smoke is a free choice made by an adult. But ask a smoker when he or she began to smoke. Chances are you will hear the tale of a child.

It's the age-old story, kids sneaking away to experiment with tobacco, trying to smoke without coughing, without getting dizzy, and staring at themselves in a mirror just to see how smooth and sophisticated they can look.

The child learns the ritual. It is a ritual born partly out of a childish curiosity, partly out of a youthful need to rebel, partly out of a need to feel accepted, and wholly without regard for danger. It is a ritual that often, tragically, lasts a lifetime. And it is a ritual that can cut short that lifetime.

Many of us picture youngsters simply experimenting with cigarettes. They try smoking like they try out the latest fad—and often drop it just as quickly. But when you recognize that many young people progress steadily from experimentation to regular use, with addiction taking hold within a few years, the image is far different, far more disconcerting. Between one-third and one-half of adolescents who try smoking even a few cigarettes soon become regular smokers.

What is perhaps most striking is that young people who start smoking soon regret it. Seven out of 10 who smoke report that they regret ever having started. But like adults, they have enormous difficulty quitting. Certainly some succeed, but three out of four young smokers have tried to quit at least once and failed.

Consider the experience of one 16-year-old girl, recently quoted in a national magazine. She started to smoke when she was eight because her older brother smoked. Today, she says: "Now, I'm stuck. I can't quit... It's so incredibly bad to nic-fit, it's not even funny. When your body craves the nicotine, it's just: 'I need a cigarette.'"

In her own terms she has summarized the scientific findings of the 1988 Surgeon General's report. That report concluded: "Cigarettes and other forms of tobacco are addicting" and "Nicotine is the drug in tobacco that causes addiction."

Let there be no doubt that nicotine is an addictive substance. Many studies have documented the presence of the key addiction criteria relied on by major medical organizations. These criteria include: highly-controlled or compulsive use, even despite a desire, or repeated attempts to quit; psychoactive effects on the brain; and drug-motivated behavior caused by the "reinforcing" effects of the psychoactive substance. Quitting episodes followed by relapse and withdrawal symptoms that can motivate further use are some additional criteria of an addictive substance.

Are young people simply unaware of the dangers associated with smoking and nicotine addiction? No, not really. They just do not believe that these dangers apply to them.

For healthy young people, death and illness are just distant rumors. And until they experience the grip of nicotine addiction for themselves, they vastly underestimate its