

SUBCOMMITTEE ON PUBLIC
BUILDINGS AND GROUNDS
FEBRUARY 23, 1993
SMOKING POLICY IN FEDERAL
BUILDINGS, ALTERNATIVE
FUELS FOR THE FEDERAL
FLEET, AND CHILD CARE IN
FEDERAL BUILDINGS

WITNESSES:

THACKER-8
HOYT-40
KINNEY-67
BERES-82

MEMBERS' REMARKS:

TRAFICANT 2-7, 10-16, 21, 26, 29, 35-39, 45, 46, 53-56, 60-66, 69-77,
80, 81, 84-93

DUNCAN 5, 16-21, 46-52, 77-80, 87-91

TUCKER 6, 26-29, 56

CLYBURN 29-35, 62, 63

NORTON 10, 21-26, 36-38, 74, 75, 91, 92

EMERSON 53-62

TRANSCRIPT CONTROL
1-1 Original
1-2 File
1-3 TRAFICANT (Crawford)
1-4 DUNCAN (Easton)
1-5 Susan Brita
1-6 Rick Barnett
1-7
1-8
1-9
1-10 Witnesses

2026164384

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4 HPW054040 HEARING ON SMOKING POLICY

5 IN FEDERAL BUILDINGS, ALTERNATIVE FUELS

6 PROGRAM FOR THE FEDERAL FLEET, AND CHILD

7 CARE IN FEDERAL BUILDINGS

8 TUESDAY, FEBRUARY 23, 1993

9 U.S. House of Representatives

10 Subcommittee on Public Buildings and Grounds

11 Committee on Public Works and Transportation

12 Washington, D.C.

13

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15

16 The subcommittee met, pursuant to notice, at 9:00 a.m., in

17 room 2253, Rayburn House Office Building, Hon. James A.

18 Traficant, Jr. [chairman of the subcommittee] presiding.

19 Present: Representatives Traficant, Norton, Johnson,

20 Applegate, Clyburn, Molinari, Tucker, Duncan, Petri,

21 Emerson.

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22

23 Mr. TRAFICANT. The Subcommittee on Public Buildings and
24 Grounds will come to order.

25 The subcommittee is pleased to convene this morning to
26 receive testimony from three GSA officials and one expert
27 witness on the following issues: smoking in Federal
28 buildings, the GSA Child Care Program, and the GSA
29 Alternative Fuels Program, which is managed by the
30 Transportation Division of the Federal Supply Service.

31 As we all know, smoking and the effects of secondary smoke
32 on non-smokers are national health issues. Questions of
33 liability and responsibility now surround these issues. The
34 Federal Government has an obligation to provide a healthy
35 work place for its employees as well as the general public
36 who use our buildings.

37 I believe many have noticed today, in the Washington Post,
38 specifically, in the State of California Governor Wilson has
39 issued an executive order banning smoking from all "public
40 places." In addition to that, we now see the private
41 sector concerned about the liability issue, and McDonald's
42 is beginning a pilot program to ban smoking in their
43 restaurants. The bottom line is, if Ronald McDonald can
44 address the issue, certainly the Congress, who usually
45 either follows or gets out of the way, can start to lead on
46 some of these important issues. That will be first on the

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47 agenda.

48 However, I'd like to add that this is not to take
49 testimony of the damages, but how we as a government treat
50 it, and also for some specific information from an expert
51 that we have asked to come down here with us.

52 With regard to child care, in many instances economic
53 conditions have created the necessity for both parents in a
54 family to work. The need, availability, and access to
55 quality child care are critical issues to working families.
56 As part of its Quality Work Place Program, the General
57 Services Administration has initiated a program to provide
58 for child care in Federal buildings. Additionally, GSA
59 established an Office of Child Care and Development Programs
60 to develop a national GSA child care program. That will be
61 our second item.

62 The third deals with alternative fuels. Energy
63 consumption and energy conservation have been firmly
64 established as topics of national concern and focus. GSA is
65 responsible for management of the Federal vehicle fleet and
66 employing the most economical means to manage this fleet.
67 GSA, through the Federal Supply Service, has been in the
68 forefront of developing an alternative fuels program.

69 Our witnesses at this morning's hearing include P. Gerald
70 Thacker, the Acting Commissioner of the Public Buildings
71 Service. This service of GSA is responsible for smoking

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72 policy as well as child care programs. Following Mr.
73 Thacker, we will hear from Dr. John W. Hoyt. Dr. Hoyt is
74 currently the Chairman of the Department of Critical Care
75 Medicine at St. Frances Medical Center in Pittsburgh,
76 Pennsylvania, and is the Clinical Professor of
77 Anesthesiology and Critical Care Medicine at the University
78 of Pittsburgh, which is my alma mater. Dr. Hoyt is a
79 recognized expert in cardiopulmonary disease and the effects
80 of smoking on these diseases.

81 The final two witnesses from GSA include Dr. Patricia
82 Kinney, Acting Director of the Office of Child Care and
83 Development Programs, and Allan Beres, Assistant
84 Commissioner, Office of Transportation and Property
85 Management, Federal Supply Service, which is responsible for
86 developing an alternative fuels program for our Government.

87 The Chair will now recognize the Co-Chair, Congressman
88 John Duncan from Tennessee, who is this subcommittee's
89 ranking minority Member, for the purpose of an opening
90 statement.

91 [Mr. Traficant's prepared statement follows:]

92

93 ***** INSERT *****

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94

95 Mr. DUNCAN. Well, thank you, Mr. Chairman. I have no
96 opening statement, but I do want to say that I commend you
97 for holding these hearings on these various topics. You're
98 showing once again that you want this to be a very active
99 subcommittee, and I salute you for that.

100 There is a great concern about smoking as people continue
101 to become even more health-conscious in this country. I do
102 want to, if we're going to hold hearings on this, make sure
103 that these hearings are open and fair and include testimony
104 from a wide range of witnesses, and I know that's your
105 desire also, because we need to make sure that the
106 information that is provided is as accurate as possible. I
107 grew up in a family where nobody smoked, and like many
108 people today, I'm anti-smoking. But I think that you can
109 also be anti-smoking while not being anti-smoker, because I
110 do recognize that many, many good people in this country,
111 including quite a few Members of Congress who are friends of
112 ours, smoke. So we want to see if we can have a balance in
113 what we come up with.

114 But I appreciate your concern, and I look forward to going
115 on with the hearings in an expeditious manner.

116 Thank you very much.

117 Mr. TRAFICANT. Thank you, Mr. Duncan.

118 I'd like to add that today's hearing more or less

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119 discusses the Federal Government policy. We will be having
120 a hearing on H.R. 881, the ban on smoking in Federal
121 buildings, in about mid-March, and I think your comments are
122 right on target, and we will ensure and make sure that you
123 have an opportunity to participate and ensure that both
124 sides are represented.

125 Next here, a new Member from Texas, Mrs. Eddie Bernice
126 Johnson.

127 Ms. Johnson?

128 Ms. JOHNSON. Thank you, Mr. Chairman. I look forward to
129 working with you and the other Members of this committee.
130 This morning I'll simply say I'm looking forward to the
131 witnesses.

132 Mr. TRAFICANT. Thank you.

133 Also with us--I call him "the mayor"--a bright young
134 Member from California, Honorable Walter Tucker.

135 Mr. Tucker?

136 Mr. TUCKER. Thank you very much, Mr. Chairman, and I also
137 look forward to working with you and the rest of the
138 committee on this very important issue. I applaud you for
139 taking leadership on this extremely important issue, and I'm
140 sure the American people will appreciate our
141 conscientiousness on this health issue.

142 Thank you.

143 Mr. TRAFICANT. Thank you, Mr. Tucker.

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144 Also with us is the Chairman of Water Resources from the
145 Public Works and Transportation Committee, not only a
146 colleague of mine from a neighboring district, but a mentor,
147 so if I fall apart as Chairman, we'll have to blame him.
148 He's my advisor, I guess. Chairman Doug Applegate.

149 Chairman?

150 Mr. APPLGATE. Thank you, Mr. Chairman. I don't think our
151 Chairman needs any advice. I think he has been well-
152 informed. He's come up through the ranks, and he knows
153 what's going on. He's going to make an excellent Chairman
154 of the committee, and I look forward to working with him.

155 Mr. TRAFICANT. Thank you, Chairman. I appreciate those
156 comments.

157

158 Mr. TRAFICANT. Our first witness will be Mr. P. Gerald
159 Thacker, the Acting Commissioner of the Public Buildings
160 Service, General Services Administration. While Mr. Thacker
161 is getting ready, I would like for everybody to summarize,
162 if they could, rather than reading from a lengthy document.
163 We'd like to know what you really feel rather than what
164 you're really reading. Your documents will be placed and
165 incorporated officially into the record of the meeting.

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166

167 TESTIMONY OF P. GERALD THACKER, ACTING COMMISSIONER, PUBLIC
168 BUILDINGS SERVICE, GENERAL SERVICES ADMINISTRATION

169 Mr. THACKER. Good morning, Mr. Chairman and Members of the
170 subcommittee. I do have a more extensive statement than my
171 opening remarks to enter into the record, if I may, please.

172 As you stated, under the act that established the General
173 Services Administration in 1949, the administrator was given
174 the responsibility of issuing the rules and regulations
175 about what is allowed and what isn't allowed in public
176 buildings in order to provide a safe and healthy and
177 productive work place for the public that comes into the
178 building, as well as the employees.

179 Nearly seven years ago, after consulting with
180 representatives of the tenant agencies and with over six
181 national labor unions, the administrator of GSA issued
182 regulations prohibiting smoking in Federal buildings, except
183 in areas that were specially designated by the heads of the
184 departments and agencies that were tenant in these buildings
185 as smoking areas. The intent of those regulations was to
186 allow smoking only where the smoker would be physically
187 isolated from fellow employees who were not smoking.

188 When, in the fall of 1992, the Environmental Protection
189 Agency added secondhand smoke to the list of Class A
190 carcinogens, along with such other carcinogens as benzene

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191 and asbestos, we met with representatives of these tenant
192 agencies once again to discuss that particular problem. As
193 you probably know, the air in modern office buildings is
194 usually recirculated throughout the building. About 75 to
195 85 percent of the air is recirculated air at any one time,
196 rather than being totally brought in fresh from the outside.
197 Therefore, smoke from cigarettes or other tobacco items
198 almost anywhere in a building eventually circulates
199 throughout the rest of the building and exposes non-smokers
200 to this cancer-causing agent, even when they don't come in
201 direct contact with a smoker.

202 It was the consensus of the building tenant
203 representatives that met with us that smoking should be
204 banned in Federal buildings. There are, of course, several
205 ways of doing that and several variations on how to do it.
206 It can be done by regulations issued by GSA, it can be done
207 by simply an order of the head of the department or agency
208 affecting the employees of his or her department, it can be
209 done by executive order, and, of course, it can be done by
210 legislation.

211 At this time, I'm aware that all of these options are
212 under consideration both within the Executive Branch and in
213 the Congress, and we very much appreciate your having
214 invited us to come today to discuss this matter with you.
215 I'd be very happy to answer any specific questions that we

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216 | can about the issue.

217 | Mr. TRAFICANT. Thank you, Mr. Thacker.

218 | Before we move into some questions, I'd like to recognize
219 | a new Member from South Carolina, Mr. Jim Clyburn.

220 | Jim, would you like to make a brief statement?

221 | Mr. CLYBURN. No, thank you, Mr. Chairman.

222 | Mr. TRAFICANT. I'd also like to recognize the Vice Chair
223 | of our committee, Eleanor Holmes Norton from the District of
224 | Columbia.

225 | Eleanor?

226 | Ms. NORTON. Thank you, Mr. Chairman. I will ask that my
227 | statement be admitted into the record.

228 | Mr. TRAFICANT. Without objection, your prepared statement
229 | will appear in the record.

230 | [Ms. Norton's prepared statement follows:]

231 |

232 | ***** INSERT *****

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233

234 Mr. TRAFICANT. If we could, then, what is, just in your
235 own words, the current GSA policy regarding smoking in
236 Federal buildings?

237 Mr. THACKER. The intent of the current policy is to
238 isolate smokers from non-smokers within the building. So in
239 the Federal property management regulations, which is where
240 these rules are published, it permits the heads of
241 departments and agencies to designate specific areas for the
242 employees under their jurisdiction as smoking areas. Those
243 smoking areas, again, are intended to be isolated from the
244 general building population. Otherwise, smoking is
245 prohibited within Federal buildings outside of those
246 designated smoking areas.

247 There are some specific areas that the regulation
248 prohibits smoking in regardless of the agency head's action.
249 In auditoriums, for example.

250 Mr. TRAFICANT. Have you incurred any costs in effecting
251 that type of a program since you have designated areas
252 within the building structure itself?

253 Mr. THACKER. For the most part, GSA has incurred very
254 little cost, if any. Some departments and agencies have
255 taken further actions on their own to ventilate those
256 designated smoking areas or to include some air filtering
257 systems within a designated area for smokers.

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258 Mr. TRAFICANT. If you have that information in writing,
259 could you submit that if we leave the record open?

260 Mr. THACKER. We'll see if we do have something about what
261 that has cost. I'm not sure there is an accumulation of
262 that information, but we'll look and see, yes, sir.

263 Mr. TRAFICANT. I'd ask unanimous consent that that
264 information, once sent, be incorporated into the minutes of
265 the record. Any objection?

266 [No response.]

267 Mr. TRAFICANT. Hearing no objection, so ordered.

268 [The information follows:]

269

270 ***** INSERT *****

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271

272 Mr. TRAFICANT. Is there a policy, Mr. Thacker, addressing
273 environmental tobacco smoke?

274 Mr. THACKER. At this point, no separate policy. If you're
275 talking about the secondhand smoke, at this point, no
276 separate policy in that regard, no, sir.

277 Mr. TRAFICANT. What is the sort of evolution of this
278 non-smoking policy in Federal buildings? Maybe you can give
279 us a little background on that. It seems that GSA was sort
280 of on target.

281 Mr. THACKER. Again, it was about seven years ago that GSA
282 and representatives of the tenant agencies housed in GSA-
283 controlled space, which represents about a million Federal
284 employees nationwide in some 7,800 buildings, both
285 Government- owned and leased, met and decided that because
286 of the evidence then on the record about the effects of
287 smoke, both on smokers as well as non-smokers, that smoking
288 in general should be banned from most areas of public
289 buildings, again, except within designated areas where the
290 smokers could be physically isolated, in a sense, from the
291 general building population, employees and the public.

292 That feeling was discussed with, again, six of the
293 national employee unions and was finally published about
294 seven years ago in a Federal property management regulation,
295 which has the general effect that we just described--that is,

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296 to allow heads of departments and agencies to designate
297 specific areas within buildings for smoking and to prohibit
298 smoking elsewhere within the public buildings.

299 Mr. TRAFICANT. Under what authority did GSA issue the
300 non-smoking regulations?

301 Mr. THACKER. Under the basic statute that established GSA
302 in 1949, the administrator has the authority to publish
303 rules and regulations describing what can be done and can't
304 be done, what sort of behavior is allowed, in that sense, in
305 public buildings. So it was published under that authority
306 in the Federal property management regulations.

307 Mr. TRAFICANT. Did GSA reach some type of agreement on
308 these non-smoking policies with labor unions?

309 Mr. THACKER. Yes.

310 Mr. TRAFICANT. What was the nature of that agreement?

311 Mr. THACKER. Again, I wasn't directly involved at that
312 time, seven years ago, with those discussions, but six of
313 the national labor unions were consulted about the policy,
314 and I think there was a consensus reached that both for the
315 protection of non-smokers as well as the convenience of
316 smokers, that that policy, as finally issued, would be
317 satisfactory to the national labor unions.

318 I understand there are now some more specific agreements
319 between individual labor unions and individual departments
320 and agencies that contain more specific information at a

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321 particular installation, for example, about what is allowed
322 and not allowed in terms of smoking, what the designated
323 areas are, and so on. I'm not personally familiar with the
324 exact nature of all those, though.

325 Mr. TRAFICANT. To the best of your knowledge, are there
326 any programs which GSA has instituted or plans to institute
327 that would attempt to encourage employees not to smoke?

328 Mr. THACKER. Yes. In fact, there are some 115 Public
329 Health Service installations providing various levels of
330 emergency health care as well as well-being services to
331 Federal employees in public buildings, and the Public Health
332 Service has sponsored all across the country smoking
333 cessation clinics, as well as making information available
334 to employees about the effects of smoking on their health.

335 Mr. TRAFICANT. To what other areas under GSA jurisdiction
336 would the GSA smoking policy be applied? For example, what
337 do you do with your sizable fleet of vehicles?

338 Mr. THACKER. GSA manages in the interagency fleet
339 management system some 136,000 vehicles that are leased to
340 the Federal community. It is currently under consideration
341 within GSA and the responsible office is clearing a
342 regulation, I'm told, that would restrict the use of tobacco
343 products in those 136,000 vehicles. Again, there has been
344 consultation by the responsible office with the Federal
345 agency fleet managers about this proposed ban, and there ha

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346 been overwhelming support, I understand, for that proposal.
347 Many were already considering, apparently, adopting the same
348 policy for their agency-owned fleets--that is, the ones that
349 are not directly managed by GSA.

350 Of course, the concern is based primarily on potential
351 health hazards to people who are traveling in the cars with
352 smokers, but also I think there are some economic
353 considerations--that is, that the policy will reduce the cost
354 associated with selling vehicles where occupants have used
355 tobacco products--that is, the cleanup cost--as well as some,
356 I understand, depreciation in the value of the vehicle when
357 smokers have been using the cars.

358 Mr. TRAFICANT. Mr. Thacker, I appreciate your direct,
359 forthright testimony here.

360 Mr. Duncan, I know you're in a tough situation on this in
361 Tennessee, and I yield to the Vice Chairman here.

362 Mr. DUNCAN. Mr. Thacker, what has been the result of the
363 GSA smoking policy? Have there been any studies or surveys
364 which have shown that productivity has gone up or
365 absenteeism has gone down? Have there been any surveys
366 about how the employees have reacted? Are the smokers
367 unhappy? Are the non-smokers happy with it? What can you
368 tell us about the results of your policy?

369 Mr. THACKER. As far as I'm aware, there have been no
370 surveys by GSA conducted about the issue. I think based on

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371 the response of the representatives of the largest tenant
372 agencies of GSA in discussing this matter at least on two
373 separate occasions with them recently, there seems to be
374 overwhelming support for extending the ban further than it
375 has already been extended--that is, prohibiting smoking more
376 aggressively in public buildings than is now allowed.

377 Mr. DUNCAN. When you say "overwhelming support," you're
378 talking about among Federal employees?

379 Mr. THACKER. Among the representatives of these tenant
380 agencies that account for a large portion of the million or
381 so employees. But I do want to be clear, Mr. Duncan, we
382 have not in GSA consulted at this point with any of the
383 national labor unions about this matter, although I
384 understand some of the tenant agencies have done so.

385 Mr. DUNCAN. When you say "overwhelming support," have
386 you taken surveys on that, or is that based just on
387 comments?

388 Mr. THACKER. Just on the comments in these general
389 meetings.

390 Mr. DUNCAN. The staff tells me that there was a recent
391 draft regulation put down by the Department of Health and
392 Human Services regarding smoking in the Federal work place.
393 Are you familiar with that and what it says?

394 Mr. THACKER. I am familiar generally with that executive
395 order that was drafted by Health and Human Services before

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396 the change in administration. I understand that that is
397 being revisited. It was not signed by outgoing President
398 Bush.

399 Mr. DUNCAN. What does that say? They don't seem to know
400 exactly what it says.

401 Mr. THACKER. It generally, I understand, would have
402 accomplished the prohibition that would have extended the
403 prohibition against smoking in public buildings and would
404 have, in fact, included more than just the kind of space
405 under GSA's control. It would have been a Government-wide
406 ban with some very specific exceptions in the executive
407 order, primarily, as I remember, to housing facilities that
408 were used for housing, say, for the military.

409 Mr. DUNCAN. I see. So it would have gone far beyond the
410 property that GSA controls.

411 Mr. THACKER. That's correct, yes, sir.

412 Mr. DUNCAN. What percentage of the Federal buildings in
413 the GSA inventory have separate ventilation areas?

414 Mr. THACKER. Very few. I would say almost none, although
415 there are buildings being built today that, at the specific
416 request of one of the tenants or others, would have
417 separately ventilated smoking areas. But at present, I
418 would say there are very few, largely because there have not
419 been a lot of Federal buildings constructed in the past few
420 years. There are a number under way now, of course.

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421 Mr. DUNCAN. Would that be an expensive procedure to
422 retrofit those buildings?

423 Mr. THACKER. To retrofit existing buildings could be more
424 than just expensive. It might be impossible to do. In new
425 construction, we've developed an estimate that it might run
426 from \$30 to \$50 a square foot to separately ventilate a
427 small room, and it then, of course, has some recurring costs
428 for replacing the filters in the system and so on. In older
429 buildings, it might be extremely difficult to provide a
430 separately ventilated area.

431 Mr. DUNCAN. Does your agency monitor for airborne
432 pollutants, or do you leave that type of thing up to the EPA
433 and others?

434 Mr. THACKER. We monitor when required, not on a continuing
435 basis in every building. But if there is some reason to
436 suspect a problem in a particular building, or if there is
437 some ongoing work in a building, say, for asbestos removal,
438 for example, that would cause some concern, then, yes, we
439 would monitor. But we don't monitor every building on a
440 continuing basis.

441 Mr. DUNCAN. Besides the comments that you mentioned
442 earlier from certain, I guess, top officials that you've
443 talked with, have you received any letters or petitions that
444 you know of yourself from, let's say, the rank-and-file
445 Federal employees to expand the GSA smoking policy?

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446 Mr. THACKER. I've personally seen one or two. I would not
447 say a lot, simply because I think most of the complaints
448 would initially go to the head of the department or agency
449 for which an employee works. But I have personally seen a
450 couple of letters that have come to my office from Federal
451 employees expressing concern about the fact that secondhand
452 smoke has now been designated as a Class A carcinogen and
453 expressing concerns about being exposed to that secondhand
454 smoke in the work place.

455 Mr. DUNCAN. Do you have any idea what percentage of
456 Federal employees smoke?

457 Mr. THACKER. I don't. I would assume that it must be
458 close to the national average, which I think now is about 25
459 percent of the population, a quarter of the population.

460 Mr. DUNCAN. Do you think it would take a lot of time away
461 from employees' work if they had to go outside of buildings
462 to smoke instead of to designated smoking areas?

463 Mr. THACKER. I think there probably are a number of
464 facilities where that is the only possibility--that is, the
465 employees actually have to leave the space and go outside.
466 I really don't know. I can see that it might certainly take
467 several minutes to go outside the building and smoke or to
468 designated smoking area. It would probably be best to
469 actually ask that question of some of the agencies with that
470 kind of a practice.

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471 Mr. DUNCAN. Well, one last related question. Our Aviation
472 Subcommittee went a few days ago, and one of the places we
473 went was to the Boeing plant outside of Seattle, and I
474 noticed they had employees who had to leave the building to
475 smoke. Have you had any contact or seen any studies or read
476 any articles about companies that have instituted that type
477 of policy and what their record is or what their findings
478 are in regard to that?

479 Mr. THACKER. I have not personally, no, sir. I know there
480 are many, and I know there are in fact some buildings just
481 in the Washington, D.C., area, for example, where, because
482 of particular concerns about the air circulation problem,
483 smoking is done only outside the building. You can walk up
484 and down the streets and see smokers standing outside in all
485 kinds of weather smoking.

486 Mr. DUNCAN. Okay. Thank you very much.

487 Mr. TRAFICANT. Thank you, Mr. Duncan.

488 Ms. Norton?

489 Ms. NORTON. Thank you, Mr. Chairman.

490 Mr. Thacker, how many buildings does GSA currently
491 control?

492 Mr. THACKER. About 7,800 buildings nationwide, which
493 accounts for some 260 million square feet of space. That's
494 about 10 percent of the Government-wide inventory of space,
495 but it accounts for some million Federal employees. We

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496 house about a million Federal employees in that space, and
497 it accounts for about 40 percent of the general-purpose
498 office space.

499 Ms. NORTON. How much of this space is leased space, Mr.
500 Thacker?

501 Mr. THACKER. About 45 percent of the total is leased
502 space. The other 55 percent would be in a Government-owned
503 facility.

504 Ms. NORTON. Is any of the leased space subject to GSA's
505 non-smoking policy?

506 Mr. THACKER. All of the leased space is subject to the
507 same regulations as Government-owned space. There is no
508 distinction in the regulation between Government-owned and
509 leased.

510 Ms. NORTON. Does this occur when the Government shares a
511 building with others, State or private parties?

512 Mr. THACKER. The space that's actually under lease to the
513 Federal Government is subject to the current regulation.
514 That is, smoking is prohibited, except where the agency head
515 has designated within that leased space specific smoking
516 areas.

517 Ms. NORTON. Do you have any information on whether or not
518 this policy in leased space has had an effect on others
519 sharing leased space with the Federal Government?

520 Mr. THACKER. I have nothing in a general way. I only have

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521 some personal anecdotal information about that kind of a
522 problem.

523 Ms. NORTON. I'd like to hear what that information is.

524 Mr. THACKER. I was actually located in a leased building
525 here in the District for several years, and when we moved
526 into the building, we had the private office areas
527 designated as smoking areas. Over time we received a number
528 of complaints from other tenants in the building who did not
529 allow smoking at all in their space that secondhand smoke
530 was being circulated throughout the building from our office
531 areas, and we eventually banned smoking within those office
532 areas to comply essentially with what the other tenants in
533 the building were already doing. So our employees who
534 wanted to smoke went outside the building to smoke.

535 Ms. NORTON. The preferable policy, then, would be even in
536 leased space to have a uniform policy, where that would be
537 possible.

538 Mr. THACKER. I think you're touching on something of a
539 troublesome area, yes, ma'am, and that is that it works both
540 ways. If we have a very stringent policy prohibiting
541 smoking entirely, then if we're a minor tenant in a leased
542 building which has the normal 75 to 85 percent recirculated
543 air, then it might be very difficult for a lessor to provide
544 our space totally smoke-free if the tenants are allowed
545 elsewhere in the building to smoke. On the other hand,

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546 we're probably causing some problems, as I outlined, for
547 lessors who have a smoke-free environment in the rest of
548 the building by our allowing Federal employees to smoke in
549 designated areas within leased space.

550 Ms. NORTON. Do you think the Government is ahead of or
551 behind the private sector in this regard?

552 Mr. THACKER. I think in many localities we are ahead, and
553 in others we're probably behind.

554 Ms. NORTON. On the question of inside versus outside, does
555 GSA encourage, for example, use of outside space as well for
556 smokers?

557 Mr. THACKER. We haven't encouraged or discouraged it. I
558 think we have really left it up to the individual
559 departments and agencies to comply with the general
560 regulation. That is, the general policy is to have a smoke-
561 free work place and allow smoking only in specifically
562 designated areas. So I think in many buildings that may
563 have been the conclusion of the tenant agencies that smoking
564 outside was the only real solution.

565 Ms. NORTON. Probably the most effective solution if you
566 want to keep secondary smoke from recirculating in the
567 building.

568 Mr. THACKER. Yes, to have no smoking at all inside. Yes,
569 ma'am.

570 Ms. NORTON. You say you've done no studies to indicate how

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571 successful this policy has been. Are there any ways to
572 enforce this policy?

573 Mr. THACKER. I think only in the sense that each head of a
574 department or agency is ultimately responsible for enforcing
575 the regulation. My understanding is that most of them take
576 it very seriously and do enforce it. There may, again, be
577 individual offices where it is a continuing problem, but I
578 think for the most part, from what we understand, it is
579 supported by managers as well as employees and is somewhat
580 self-enforcing.

581 Ms. NORTON. Of course, one advantage of law over
582 regulation is that an enforcement mechanism is more easily
583 built into law.

584 Mr. Chairman, I must say another advantage of law over
585 regulation is that law might apply this policy to the House
586 of Representatives. As one who has gone in the 4th floor
587 ladies room of Longworth to discover it each day more and
588 more filled with smokers as somebody decide that that is to
589 be the smoking area, I have seen the advantage of having the
590 laws and regulations of the United States apply to those of
591 us in the House of Representatives.

592 Indeed, the Joint Committee on the Organization of
593 Congress, on which I serve, is right now considering how to
594 and whether to apply most of those laws to the Congress
595 itself, and I just want to say in light of the initiative

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596 | you've taken here on this very important subject about which
597 | there has been very recent scientific evidence, if I had my
598 | druthers, there would be few laws that I would apply to the
599 | Congress before I would apply this law as well.

600 | Mr. TRAFICANT. I agree with you, and I appreciate that.
601 | Does that mean by your comments that you are personally
602 | going to deal with the issue of Chairman Brooks' cigar?

603 | [Laughter.]

604 | Ms. NORTON. I pass that on to my Chairman.

605 | [Laughter.]

606 | Mr. TRAFICANT. I thought you would. I appreciate that.

607 | Mr. Tucker?

608 | Mr. TUCKER. Thank you very much, Mr. Chairman. I think a
609 | lot has been covered already. Just a couple of questions.

610 | First, let me say, Ms. Norton, that if you need any
611 | testimony or support on that in the joint committee, I would
612 | be more than happy to support the position that that should
613 | apply to Congress.

614 | Mr. Thacker, are you aware that other States have such a
615 | ban?

616 | Mr. THACKER. Yes. In fact, I think the Chairman made
617 | reference this morning to an article that has just appeared
618 | in the Washington Post where Governor Wilson in California
619 | has placed a ban on smoking in space either owned or leased
620 | by the State of California.

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621 Mr. TUCKER. Being from California, just as a matter of
622 commentary, I'm more than happy to see that occur. I'm
623 informed that there are, what, six or seven other States
624 that have similar bans?

625 Mr. THACKER. I'm not personally aware of the others, but
626 I'm not surprised to hear that there are others, and
627 probably some municipalities as well have taken that step.

628 Mr. TUCKER. Are you aware or informed of how many people
629 die as a result of smoking per year?

630 Mr. THACKER. I'm not aware of the specific number, no,
631 sir.

632 Mr. TUCKER. You are aware, however, that there are several
633 deaths as a result of secondhand smoke per year?

634 Mr. THACKER. Yes. I think the EPA study on which their
635 decision was based defines that very well and explains very
636 clearly why they reached the conclusion that secondhand
637 smoke should be added to the list of Class A carcinogens.

638 Mr. TUCKER. My information is that the number is somewhere
639 around 53,000 deaths per year. Does that sound consistent
640 with the information you have?

641 Mr. THACKER. I believe that is correct, but perhaps Dr.
642 Hoyt, when he speaks later, would be able to address that
643 more exactly.

644 Mr. TUCKER. Would that be an integral factor, an important
645 factor in your overall determination that this type of a ban

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646 should occur for the purposes of health reasons throughout
647 all Federal buildings?

648 Mr. THACKER. I think clearly once the EPA study was
649 completed and it made its decision, then the matter moved
650 very clearly now from the area of convenience or
651 inconvenience to individual employees to a matter very
652 clearly of health and safety for non-smokers, both employees
653 and the public who come into public buildings.

654 Mr. TUCKER. Would there be any other attendant or
655 supportive reasons, such as productivity or morale, that
656 would factor into the establishment of this type of a ban?

657 Mr. THACKER. Oh, I'm certain, and in addition, I think
658 there are some very practical reasons as well, and that is,
659 again, because of the recirculation of air in most modern
660 buildings, there is a cost associated, although we haven't
661 done any particular studies at GSA, with having to clean
662 spaces, for example, in which there are smokers. Certainly,
663 it doesn't go away. The chemicals in the smoke attach
664 themselves to surfaces, and there is some additional cost of
665 cleaning those surfaces, as the fleet management people
666 found, I think, in reselling automobiles that are excess to
667 the needs of the Government.

668 Mr. TUCKER. So would it be fair to say that the
669 countervailing arguments on either side would be, on one
670 hand, I guess, pro-smokers would say that the cost of havin

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671 smokers go outside, the inconvenience and the cost to
672 productivity, weighed against the cost of cleaning, the cost
673 of risk to life and health and morale and productivity, on
674 the other side, would be the kind of balancing that we're
675 dealing with here?

676 Mr. THACKER. Those would at least be the benefits and
677 costs, yes. There probably are others. As we talk, we
678 could probably come up with even more.

679 Mr. TUCKER. Thank you very much.

680 No further questions, Mr. Chairman.

681 Mr. TRAFICANT. Thank you, Mr. Tucker. As a new Member
682 when I look back eight years ago, I see you there, and I
683 appreciate your participation.

684 Mr. Clyburn?

685 Mr. CLYBURN. Thank you, Mr. Chairman.

686 Mr. Thacker, you said there are about one million
687 employees occupying space--

688 Mr. THACKER. Under the control of GSA, yes, sir.

689 Mr. CLYBURN. Have you done a survey of those one million
690 people to see where they stand on this issue?

691 Mr. THACKER. No, we have not. Again, consultation has
692 been largely with the representatives of the agencies in
693 which they work, but not a Government-wide survey. Again,
694 think the consultation seven years ago before the initial
695 prohibition was issued with the national labor unions

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696 indicated a good deal of support for that decision at that
697 time.

698 Mr. CLYBURN. You said the labor unions indicated that
699 there was a good deal of support for the position--

700 Mr. THACKER. Again, I wasn't involved in the direct
701 negotiations or consultations with the labor unions, but I
702 think that out of those consultations came a support for the
703 initial prohibition seven years ago.

704 Mr. CLYBURN. For the initial prohibition.

705 Mr. THACKER. Yes. Currently, we have not consulted with
706 national labor unions about a wider ban, although I think
707 some of the departments and agencies who have employees
708 represented by those labor unions have had some
709 consultations with them.

710 Mr. CLYBURN. But you would not be opposed to doing all of
711 that before you go to any wider ban?

712 Mr. THACKER. Depending on what vehicle you might want to
713 use to do that. Certainly, if we were to issue regulations
714 from the General Services Administration, we would certainly
715 do that. I think if, for example, there were an executive
716 order issued--currently, one is being reviewed by Health and
717 Human Services--then the consultation would be carried out by
718 another executive agency, probably not the General Services
719 Administration.

720 So I'm just saying that if we issued the regulation,

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721 certainly we would do that. If some other party issued the
722 regulation or if there were legislation, then someone else
723 would probably do that.

724 Mr. CLYBURN. You indicated earlier that you knew of no
725 cost involved or you said no studies were done to determine
726 the costs involved. To follow up on Ms. Norton's question,
727 suppose in a building where you occupy maybe 50 percent of
728 it and the other 50 percent is occupied by a private company
729 without a ban, what would be your solution to that? Would
730 you move out and go to some other building?

731 Mr. THACKER. We might compare it to the current policy on
732 asbestos, and I'm conjecturing, because we would certainly
733 need to discuss this not only within the Government, but
734 also with people who lease space to us. But the current
735 policy regarding asbestos is that GSA will not lease space
736 that contains asbestos. So it might well be that if we had
737 a requirement to have a smoke-free environment for Federal
738 employees in a leased building, that if a lessor could not
739 meet that requirement for whatever reason, we would not
740 lease space. If we were in the space perhaps, when the
741 lease came up for renewal, if it were fairly short-term,
742 that particular location would no longer be eligible to
743 lease space unless it could comply with the ban.

744 Mr. CLYBURN. Then in order to implement this policy, if it
745 were to go into effect, there could be significant costs

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746 involved in the implementation of the policy.

747 Mr. THACKER. That's assuming that the cost of leasing
748 space in a smoke-free environment would be more costly than
749 leasing comparable space in a building that couldn't provide
750 a smoke-free environment, and I'm not sure that we could say
751 that would be the case.

752 Mr. CLYBURN. Well, that's not the only assumption you
753 could make here. It may mean moving out of there, the cost
754 involved in moving out of the space.

755 Mr. THACKER. Physically moving, yes.

756 Mr. CLYBURN. Well, that would be a cost, wouldn't it?

757 Mr. THACKER. Yes, it would.

758 Mr. CLYBURN. Okay. What would your reaction be to an
759 employee who would--take this another step and say that
760 Employee A, who went outside to smoke and came back to the
761 office or the work station, and Employee B, smelling that
762 smoke in Employee A's clothes, then would feel that that's
763 offensive and that could be a health problem. Do you see
764 this policy going to that extent?

765 Mr. THACKER. I don't. I don't know that there are any
766 studies that would indicate that is a health problem. I
767 think the study has to do with the actual smoking within the
768 space as opposed to simply having the smell of smoke on
769 clothes. I'm not aware of any studies that would indicate
770 what you just described is a health problem. It may be

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771 offensive to an individual employee, but I'm not sure that
772 we have evidence it is--again, perhaps Dr. Hoyt would be able
773 to answer that more exactly.

774 Mr. CLYBURN. All right. So you're saying that the policy,
775 then, should turn on health alone?

776 Mr. THACKER. It currently does, yes, and I would assume
777 that all of the discussions I've heard about either proposed
778 regulations or legislation deal with health and safety
779 issues.

780 Mr. CLYBURN. Well, am I wrong in recalling that when the
781 policy was first written, I think in 1986, that there was
782 also--I don't think it was anecdotal. It took into
783 consideration the rights and privileges of non-smokers as
784 well.

785 Mr. THACKER. Yes.

786 Mr. CLYBURN. So, then, the current policy itself is not
787 totally resting on health.

788 Mr. THACKER. The current policy, again, I think was based
789 on evidence that, both for health reasons and for other
790 reasons, employees should be entitled to a smoke-free
791 environment. In order to accomplish that at the time, I
792 think the idea was that if smokers could be physically
793 isolated from non-smoking employees, that that would be
794 sufficient, and that was usually accomplished by simply
795 having a space or spaces within a building designated for

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796 smoking, and smoking was not allowed anywhere else within
797 the building.

798 But I think once the Environmental Protection Agency
799 concluded, based on the study it had done, that secondhand
800 smoke is more than simply an inconvenience, that it is in
801 fact a carcinogen and a Class A carcinogen, we looked then
802 at the reality of where the air comes from in modern office
803 buildings, and the reality is, again, that 75 to 85 percent
804 of the air within a modern office building is actually
805 recirculated--only 15 to 25 percent of it is brought in fresh
806 on a particular cycle--and that secondhand smoke anywhere in
807 the building was likely eventually to recirculate to some
808 extent throughout the rest of the building.

809 I think we may have come to that conclusion anyway over
810 time, but I think the criticality of the decision certainly
811 is accelerated when EPA made its decision to add this to the
812 list of Class A carcinogens.

813 Mr. CLYBURN. This is my last question, Mr. Chairman.

814 Do you think in an ultra-modern building that allowed
815 the recirculation of air or allowed for independent units
816 wherein the air would not be recirculated throughout the
817 entire building, then this policy would not rest on health
818 grounds?

819 Mr. THACKER. Yes, that would be true. I think, if I
820 follow your question, it would be possible to create in the

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815 the recirculation of air or allowed for independent units
816 wherein the air would not be recirculated throughout the
817 entire building, then this policy would not rest on health
818 grounds?

819 Mr. THACKER. Yes, that would be true. I think, if I
820 follow your question, it would be possible to create in the

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821 space an area that is sealed off from the rest of the space
822 in a building and one in which the air is not recirculated
823 from that space into the rest of the building and where the
824 smoke is ventilated directly to the outside, without an
825 opportunity to mix with the other air in the building. It
826 certainly would be possible to create that kind of a space.

827 Mr. CLYBURN. So if that were true, then, a ban on the
828 building would then go outside of the health policy.

829 Mr. THACKER. I think the reality of our problem is that
830 creating that kind of a space is very difficult and perhaps
831 impossible to do in many of the buildings we're now in,
832 Government-owned and leased. It is less of a problem,
833 certainly, if you're building a new building to provide that
834 kind of a space.

835 Mr. CLYBURN. Just for the record, I want you to know that
836 the State agency I ran, Mr. Chairman, had such a building,
837 and we did have a separate air conditioning unit that
838 recirculated aside from the building, and it didn't cost us
839 a lot of money to do that, either.

840 Mr. THACKER. Our estimate, again, is about \$30 to \$50 a
841 square foot to construct such a space, and they're usually
842 not extremely large, depending on how many people are in the
843 building.

844 Mr. CLYBURN. Right. Absolutely.

845 Mr. TRAFICANT. Thank you, Mr. Clyburn.

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846 Ms. Norton, do you have a question?

847 Ms. NORTON. I have one followup question, if I can, Mr.
848 Chairman.

849 You indicated no data is available on the effects of this
850 policy, but do I understand you to say that the employee
851 representatives, whom I like to call unions, have been
852 strong supporters of this policy?

853 Mr. THACKER. I need to be very exact, I think, about what
854 we have done recently. When the policy was initiated seven
855 years ago or so, there was at that time, I think, a very
856 wide consultation both at the national level with six of the
857 national labor unions and, I think, within individual
858 departments and agencies with the particular labor unions
859 representing employees in those departments and agencies.
860 The prohibition on smoking in public buildings that came out
861 of that regulation seven years ago, I think, was supported
862 as necessary and sufficient at that time by the labor
863 unions.

864 In looking at the current situation--that is, the need to
865 review that policy as a result of EPA action--we have
866 consulted with management of the major departments and
867 agencies that make up the million or so Federal employees in
868 GSA-controlled space. We have not directly consulted with
869 any of the national labor unions about this question. I
870 think, though, some of the departments and agencies have

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871 done so. I'm not personally aware of the outcome of that.

872 Ms. NORTON. As I recall your testimony, did you not
873 earlier say that some of the unions would prefer the policy
874 to be even stronger than it is?

875 Mr. THACKER. I'm not directly aware of that. I know the
876 tenant representatives--that is, the management that met with
877 us to discuss the issue--had a consensus that the policy
878 should be extended to include absolute prohibition in public
879 buildings. I don't know if that reflects any of their
880 conversations individually with labor unions.

881 Ms. NORTON. Do you know of any labor union opposition to
882 the policy?

883 Mr. THACKER. I personally am not aware of any.

884 Ms. NORTON. Mr. Chairman, I indicate those questions in
885 light of the absence of data on where employees stand,
886 because labor union leaders have to be elected, and I doubt
887 that they would support something that their members did not
888 strongly support.

889 Mr. TRAFICANT. I appreciate your comments. This is more
890 or less dealing with Government policy in some foundation.
891 We will be holding a hearing on the bill itself, H.R. 881,
892 and representatives from all philosophies on the issue and
893 health concerns and support and non-support, et cetera, will
894 be brought before that particular hearing, and labor
895 representatives will also be there to offer their words of

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896 testimony as well. So that will be handled as we deal with
897 H.R. 881.

898 In addition to that, I would like to say just briefly
899 before we move on here that we will be marking up H.R. 490
900 immediately after this hearing. I'd like the Members, if
901 they could hang in here with us, to move forward.

902 I just have one brief question that might call for just a
903 one-word answer, and I want to commend you again, Mr.
904 Thacker, for your forthright nature in giving us your
905 information. But Chairman Applegate had to leave, and he
906 said, "'I'd you to just ask one question that just needs a
907 one-word answer.'" He says, "'Do you personally support GSA
908 policy?'"

909 Mr. THACKER. I support the current policy, and I
910 personally would support a much stronger policy.

911 Mr. TRAFICANT. Thank you very much. Thank you, Mr.
912 Thacker.

913 [Mr. Thacker's prepared statement appears on page .]

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Mr. TRAFICANT. Our next witness is Dr. John W. Hoyt,

918

Chairman, Department of Critical Care Medicine, St. Frances

919

Medical Center, Pittsburgh, Pennsylvania.

920

Doctor, good to see you here.

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921
922 TESTIMONY OF JOHN W. HOYT, M.D., CHAIRMAN, DEPARTMENT OF
923 CRITICAL CARE MEDICINE, ST. FRANCES MEDICAL CENTER,
924 PITTSBURGH, PENNSYLVANIA

925 Dr. HOYT. Thank you.

926 I'd like to speak from the perspective of being an
927 intensivist. That's a new term that's maybe about five or
928 10 years old, and it relates to physicians who devote their
929 entire practice to working in intensive care units in
930 hospitals around the country. I'm here representing the
931 Society of Critical Care Medicine, which is an organization
932 of 7,000 people that includes physicians that work in
933 intensive care units around the country.

934 Probably the best way in which I could relate the effects
935 of smoking that I have seen in my practice--and I've been the
936 director of an intensive care unit either at the University
937 of Virginia or in Pittsburgh since 1976--would be to relate a
938 case presentation, and this occurred last Wednesday night
939 when I was on call in the Medical/Surgical Intensive Care
940 Unit at St. Frances Hospital in Pittsburgh.

941 A patient, Mr. M, was seen in the emergency room around
942 midnight with very prominent shortness of breath. He had
943 been losing weight over the last six months, 25 to 30
944 pounds, and he had felt particularly poorly over the last
945 week. He thought he had the flu. When he was seen in the

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946 emergency room, he was cyanotic, or blue, because of getting
947 inadequate oxygen. When oxygen was administered, he didn't
948 do a very good job of picking it up, because his breathing
949 was so impaired.

950 A chest X-ray showed the entire right upper lobe of the
951 lung was involved in a process that we weren't quite sure
952 what it was, and it's going to turn out to be a combination
953 of lung cancer and pneumonia. He was admitted to the
954 intensive care unit, and I had to place a tube in his airway
955 and start him on a breathing machine, and he is still there
956 dependent upon that breathing machine as we attempt to
957 document the type of cancer he has and to be able to pick
958 the right therapy for him.

959 The sad news is that no matter what we do, this man has a
960 95 percent chance of dying within the next year. He has
961 been a smoker, a pack a day, for over 30 years, and as I
962 mentioned, he's only 52 years old.

963 Now, smoking has an impact on two organ systems primarily,
964 and there's a tremendous fear, I think, among all of us and
965 particularly in the general public about cancer, and smoking
966 definitely causes lung cancer, and that is as a significant
967 issue as it is in Mr. M. Smoking, though, also causes
968 emphysema and chronic obstructive pulmonary disease. The
969 lung is a very delicate architecture of tubes and sacs where
970 gas and blood must match in order for oxygen to be picked

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971 up, and smoking, whether a smoker or passive smoking,
972 damages those tubes and sacs so that you don't pick up an
973 adequate amount of oxygen.

974 I think in some perspectives a worse fate than lung cancer
975 is a life of chronic obstructive pulmonary disease. It's
976 five or 10 years of tremendous shortness of breath, which is
977 a very uncomfortable sensation. It's frequent episodes of
978 mechanical ventilation, and it's a wide array of different
979 medications that you have to take in order to keep yourself
980 going.

981 Mr. M's hospital bill will probably be \$40,000 or \$50,000.
982 The hospital bill over five years for somebody with chronic
983 obstructive pulmonary disease is in the hundreds of
984 thousands of dollars. So when we're in a time of a lot of
985 concern over health care costs, when one looks at the impact
986 of smoking on the cost of health care, it really is quite
987 phenomenal. Billions and billions of dollars have been
988 projected.

989 The second effect of smoking is on the heart, and I think
990 sometimes people are not as aware of that because we're so
991 very much focused on smoking causing lung cancer. Smoking
992 causes blood vessels to narrow. It progresses what is a
993 hardening of the arteries, and narrow blood vessels don't
994 carry blood and oxygen to the organs that are on the end of
995 those blood vessels. When the vessels get narrow, they clo

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996 off, and when vessels clot off that go to the brain, you
997 have a stroke. When vessels clot off that go to the heart,
998 you have a heart attack.

999 So smoking causes cerebral vascular disease, or stroke,
1000 causes coronary artery disease, chest pain, heart attacks,
1001 and if you look across the country, one of the most
1002 expensive aspects of health care is this whole business
1003 that's grown up over coronary artery disease.

1004 Cardiologists, cardiac surgeons, intensivists like myself
1005 are spending billions of dollars doing cardiac
1006 catheterizations and angioplasties and coronary artery
1007 bypass grafts.

1008 Now, that's what happens if you are a smoker, and the
1009 question which I know is of importance to this panel is,
1010 what is the issue of passive smoking, and to what degree
1011 should that be limited? The EPA report has been mentioned
1012 already. It's estimated that at least 3,000 people die of
1013 lung cancer a year who are non-smokers, but are just exposed
1014 to passive amounts of smoke.

1015 In preparing for my journal club, which I'll have at St.
1016 Frances Hospital at 5:30 when I go home this evening, I went
1017 through the journal "Chest," and sure enough, there it is,
1018 an article on the effect of passive smoking on patients and
1019 normal people who have reactive airway disease. If you take
1020 a person who's never had any asthma and you expose them to

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1021 smoke, you don't see a reaction to that passive smoke. But
1022 if you take somebody who has a little bit of asthma--and
1023 asthma is very much on the rise in our society, particularly
1024 among children--you have a substantial change in the
1025 pulmonary function test associated with as little as two
1026 parts per million of the waste products of smoking.

1027 So if a child or an adult who has a tendency to react is
1028 just near somebody or in a room where smoking has gone on,
1029 they absorb the carbon monoxide and the various products of
1030 smoke, and they begin to alter these tubes by constricting
1031 them, these tubes that are necessary in order to get oxygen
1032 down into the lung.

1033 So speaking, then, from the medical perspective and
1034 certainly from the perspective of the Society of Critical
1035 Care Medicine, this is a tremendous health hazard. We've
1036 known it for smokers specifically, but what is becoming more
1037 and more of an issue is the people who are non-smokers but
1038 are in the same room or restaurant or building where there's
1039 poor ventilation, and that really is rising as a relevant
1040 issue in the medical literature, and I would submit the
1041 article in "Chest" as indicative of that.

1042 St. Frances Hospital just had its visit from the Joint
1043 Commission for Accreditation of Hospitals. They went
1044 around, and it is now a 1993 rock-solid policy you do not
1045 smoke in health care facilities. If you want to smoke, you

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1046 go outside. So that is a--you know, hospitals have had to
1047 deal with it. We've gone through all of the difficult issues
1048 that have been brought up here of people having to go
1049 outside in order to smoke, but what you find is that many
1050 times people reduce or quit smoking rather than to go
1051 through some of those hassles.

1052 So I think a policy which really strongly limits or bans
1053 smoking in Federal buildings will change behavior, and it
1054 will do a great deal to improve the health of the Federal
1055 employees and others who must work in these buildings.

1056 Mr. Chairman, I appreciate this opportunity to express my
1057 opinion.

1058 Mr. TRAFICANT. Doctor, I thank you for summarizing as
1059 well, because you have a broad knowledge you brought with
1060 you. We didn't bring any opposition people here because it
1061 wasn't designed for that, but I appreciate the fact.

1062 One of the questions I was going to ask you, because of
1063 health implications, is what the health service providers
1064 do, and I think you answered that. But I think it would be
1065 fair to ask, then, I think the Government's concerned, and
1066 should be, about productivity. Would it be fair to say that
1067 a worker that is healthy and in a healthy environment would
1068 produce more work?

1069 Dr. HOYT. Unfortunately, now when you go in any major
1070 hospital in the United States, the people who have not been

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1071 able to shake it are all lined up at the front door or out
1072 back where the Dempsey dumpsters are, and they're down there
1073 and back, and down there and back, in as many breaks as
1074 their supervisor will allow. I believe that has an impact
1075 on productivity, and for those health care workers who don't
1076 have to make those trips down to maintain their blood level
1077 of nicotine, I believe their productivity is higher.

1078 In health care, I worry specifically about the issue of
1079 not losing track of where you are in the care of a patient.
1080 Let me explain what I mean. If you're a nurse and you're
1081 taking care of a very critically ill patient in the ICU,
1082 you're like a flight controller. You've got a lot of things
1083 going on in your mind about the various systems and data
1084 coming in on that patient. If you have to break away and
1085 run outside in order to smoke a cigarette and come back, you
1086 tend to lose track of some of those issues. So you lose
1087 your focus on what's going on, and that has a productivity
1088 effect also.

1089 Mr. TRAFICANT. Thank you, Doctor.

1090 I'm going to yield to the Vice Chairman, Mr. Duncan, who
1091 has another meeting.

1092 Go ahead, John.

1093 Mr. DUNCAN. Thank you, Mr. Chairman.

1094 Dr. Hoyt, thank you for coming here today. Let me ask you
1095 this. You mentioned the great health care costs associated

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1096 with smoking. We spent approximately \$817 billion on total
1097 health care costs in this country last year, and, of course,
1098 it's going to go up from that this year. Do you know, rough
1099 guess, what percentage of those costs would be related to
1100 smoking?

1101 Dr. HOYT. As best can be predicted in data coming from the
1102 CDC, we're looking at \$50 billion to \$100 billion of that
1103 that could very much be directly related to smoking.

1104 Mr. DUNCAN. As I said at the first of this hearing, no one
1105 in my family ever smoked, and I'm not really used to it, and
1106 I'm anti-smoking and try to encourage young people when I go
1107 speak in the schools not to smoke not only because of the
1108 health concerns, but because of economic factors. It's a
1109 very expensive thing. Yet I have many very close friends
1110 who smoke, as I suppose all of us do. One of the men who I
1111 came to Congress with, Congressman Mel Hancock, who's one of
1112 my closest personal friends, is a smoker, and all of us, as
1113 I say, know people or are maybe even related to people who
1114 smoke.

1115 I tried to say at the first that I'm anti-smoking, but not
1116 anti-smoker. Is there a balance there? In your experience
1117 with health care workers, the ones who smoke, has there been
1118 a problem or has there been a reaction against this making
1119 them go outside of buildings? And how do you handle it in
1120 the hospitals when you get smokers who are patients and

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1121 can't go outside?

1122 Dr. HOYT. I can really only speak for St. Frances Hospital
1123 to your first question, and that is, yes, during the first
1124 six to 12 months when we implemented our policy, there were
1125 a lot of people that were upset. I think that can be
1126 somewhat blunted by whatever organization it is that is
1127 implementing this offering smoking cessation. The nicotine
1128 patches, et cetera, can be very, very helpful. But after
1129 about six months of turmoil, people begin to get used to
1130 that, and I think it did not turn out to be a nasty, nasty
1131 disagreement.

1132 Concerning the issue of smoking, if you'd permit me just a
1133 couple of minutes to reflect on friend to friend, if you're
1134 a non-smoker, you know, what might you owe to a friend who
1135 is a smoker? My story would go back to December of 1978,
1136 when I shared an office in the Department of Anesthesiology
1137 at the University of Virginia. I was a very heavy smoker.
1138 I smoked from my late teenage years up until that time. The
1139 person who I shared that room with was a very, very good
1140 friend of mine, and he really very gently and in a very
1141 friendly way convinced me that I was making a major mistake.
1142 I had small children at home at that time, and I could see
1143 that light that this was a major mistake, and friend to
1144 friend he encouraged me and helped me to be able to quit
1145 smoking.

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1146 I think it's really not any different than what a friend
1147 would do if a couple of people had been out having a few
1148 drinks and somebody had too many drinks. You don't let that
1149 person drive home. Somebody stays sober and is the driver.
1150 Smoking is every bit as serious a hazard, and from a friend-
1151 to-friend basis, we need to bring those medical aspects to
1152 our friends who are smokers and do something to be able to
1153 save their lives.

1154 Mr. DUNCAN. Well, you mentioned six months of turmoil when
1155 St. Frances started this policy, and providing patches to
1156 get smokers off of smoking, and so forth. Based on that
1157 experience, would you recommend some three-month or
1158 six-month or some kind of warning time or adjustment period
1159 to adopt this type of policy?

1160 Dr. HOYT. Yes, sir, I certainly would recommend that. I
1161 people have time to know it's going to occur. Let them get
1162 involved in non-smoking. Let them understand the real risk
1163 of smoking and adjust to the change. I think when the
1164 change comes, it needs to come in a somewhat day-and-night
1165 kind of way. Slowly implementing it doesn't work very well
1166 with smoking, because it is really an addiction. I mean, if
1167 you're going to stop, you have to stop. But let people have
1168 a chance to get ready for it.

1169 Mr. DUNCAN. Let me ask you one other thing, and I'll
1170 preface it by saying this. The Chairman mentioned that I

Handwritten notes:
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1167 you're going to stop, you have to stop. But let people have
1168 a chance to get ready for it.

1169 Mr. DUNCAN. Let me ask you one other thing, and I'll
1170 preface it by saying this. The Chairman mentioned that I

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1171 was from Tennessee, and a lot of people seem to have maybe a
1172 misimpression that Tennessee is a State where everybody
1173 smokes or everybody's in favor of smoking. I remember about
1174 four years ago we had the issue of smoking on the airlines,
1175 whether to make that ban permanent, and I voted in favor of
1176 making that ban permanent, and somebody told me later I was
1177 the only one from a so-called smoking State who did that.
1178 But I had sent out a survey asking all kinds of questions of
1179 my constituents, and that was one of about 20 questions or
1180 something, and I think it was 77 percent of my constituents
1181 favored keeping that ban, with a few undecided, and the rest
1182 against it. So I think that even most of my constituents
1183 are overwhelmingly anti-smoking, and yet what I want to ask
1184 is this.

1185 The EPA, and not just the scientists at the EPA, but some
1186 scientists in recent years have found that they can get
1187 headlines by coming out with some sort of scare statements.
1188 In fact, 'Nightline' last night had a thing about the
1189 cellular phones, and we've had the Alar scare that proved to
1190 be false, and then even some of the asbestos materials.

1191 What I'm wondering about, I have no question that smoking
1192 is harmful to people's health and that it causes cancer and
1193 heart disease and some of the other things, but I did read
1194 in some of the early articles that came out about this
1195 secondhand smoke thing, the study that EPA did and the fact

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1196 that it causes 3,000 deaths, I did read that some of that
1197 study was really questionable or perhaps really skewed or
1198 flawed or not done in a really scientific way. And EPA has
1199 been bad about that in the past.

1200 Now, I'm not trying to say that I think secondhand smoke
1201 is good for you, because I don't, but I'm just wondering, do
1202 you think that that study was accurate? And I would like to
1203 see a copy of the article that you showed a minute ago. I
1204 would like you to provide that. But have you really looked
1205 at the research that was done on that study? I don't know
1206 whether it's accurate or inaccurate, but that's why I'm
1207 asking you.

1208 Dr. HOYT. To be honest with you, I've not looked at all of
1209 the statistics associated with the EPA work and could not
1210 testify to that, and I do understand what you're saying
1211 about how there could be a certain evangelism there that
1212 would be, you know, getting on the bandwagon. So I don't
1213 feel that I can comment on that.

1214 But if you take a study like this one in "Chest" where
1215 it becomes rather than a prospective sort of epidemiology
1216 study, which is some of what the EPA has done, and if
1217 instead of doing that you actually do much more of a narrow
1218 scientific project where you bring a volunteer for the study
1219 and do pulmonary function studies on them, which are very
1220 measurable -- I mean, this is objective data, not just

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1218 scientific project where you bring a volunteer for the study
1219 and do pulmonary function studies on them, which are very
1220 measurable -- I mean, this is objective data, not just

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1221 subjective information that may be coincidentally related
1222 and not consequentially related--and then you expose them to
1223 a fixed dose of smoke and then you repeat the pulmonary
1224 function studies and you find a marked deterioration in the
1225 pulmonary function studies, then that data really kind of
1226 knocks you over.

1227 I mean, it's very, very convincing that that passive
1228 smoking in people who have reactive airway disease is very
1229 detrimental, because the chronic reaction in narrowing of
1230 the airways in somebody who has asthma is what down the road
1231 leads to the emphysema and the chronic obstructive pulmonary
1232 disease.

1233 Mr. DUNCAN. That reminded me of one other brief question.
1234 I was told last year and was a little bit surprised that I
1235 had a light case of asthma, and it's not really anything
1236 that's particularly bothered me, but you mentioned a while
1237 ago that asthma was going way up or something in society
1238 today. Why is that? Is it because of air pollution, or are
1239 there other factors?

1240 Dr. HOYT. I honestly don't know that I know or anybody
1241 knows, but the demographic information coming from
1242 pediatrics is showing a fairly dramatic rise in the
1243 incidence of asthma, and I don't know that anybody knows the
1244 reason for that.

1245 Mr. DUNCAN. Okay. Thank you very much.

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1246 Mr. TRAFICANT. Thank you, Mr. Duncan.
1247 Before we go on with the regular order here, Mr. Emerson,
1248 if you want to make an opening statement--
1249 Mr. EMERSON. I have an opening statement, Mr. Chairman,
1250 that I'll submit for the record. It's very brief.
1251 Mr. TRAFICANT. Thank you, Mr. Emerson.
1252 [Mr. Emerson's prepared statement follows:]
1253
1254 ***** INSERT *****

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1255

1256 Mr. TRAFICANT. Before we go forward, you've brought along
1257 with you a report from a journal. Would you identify that,
1258 and I would then ask unanimous consent that it would be
1259 incorporated into the record.

1260 Dr. HOYT. The article is entitled "'Effects of Bronchial
1261 Provocation Challenge Test with Cigarette Sidestream Smoke
1262 on Sensitive and Healthy Adults.'" It is from "'Chest,'"
1263 Volume 103, page 353.

1264 Mr. TRAFICANT. Any objection to having this included in
1265 the record?

1266 [No response.]

1267 Mr. TRAFICANT. Without objection, so ordered.

1268 [The information follows:]

1269

1270 ***** INSERT *****

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1271

1272 Mr. TRAFICANT. I also have an EPA-distributed manual here
1273 on respiratory health effects of passive smoking relative to
1274 the findings that they had and have been discussed. I would
1275 just ask, without objection, that this be placed in the
1276 record of the meeting. Any objections?

1277 [No response.]

1278 Mr. TRAFICANT. Without objection, so ordered.

1279 [The information follows:]

1280

1281 ***** INSERT *****

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1282

1283 Mr. TRAFICANT. With that, Mr. Tucker?

1284 Mr. TUCKER. Thank you very much, Mr. Chairman.

1285 Just briefly, Doctor, am I to understand that given the

1286 two possibilities or two options either to have a smoke-free

1287 ventilated area versus the proposed ban that we're talking

1288 about, it would be your professional and personal

1289 recommendation that the latter would be more preferred?

1290 Dr. HOYT. Yes.

1291 Mr. TUCKER. All right. And would that be because you

1292 think that that latter situation would not only protect the

1293 health and safety of Federal employees, but that it would

1294 also perhaps in the long run encourage an abatement of

1295 smoking habits?

1296 Dr. HOYT. That is correct.

1297 Mr. TUCKER. Thank you very much, Mr. Chairman.

1298 Mr. TRAFICANT. Thank you, Mr. Tucker.

1299 Mr. Emerson?

1300 Mr. EMERSON. Dr. Hoyt, I apologize I didn't hear all of

1301 your testimony, but I heard a good portion of it. I gather

1302 you're very strong against smoking.

1303 Dr. HOYT. That's true, sir.

1304 Mr. EMERSON. Would you advocate the outright prohibition

1305 of tobacco and tobacco products?

1306 Dr. HOYT. In the United States as a whole?

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1307 Mr. EMERSON. Yes.

1308 Dr. HOYT. No, but that gets into philosophical issues of
1309 what democracies are about and how those sorts of things
1310 could be policed or not policed and the past history of
1311 trying to ban such things as alcohol in this country.

1312 Mr. EMERSON. Good answer. But how would you, then, define
1313 smokers' rights?

1314 Dr. HOYT. I believe that in a democracy a smoker certainly
1315 has the right to smoke. They're well-informed, they're
1316 making a decision in the face of being well-informed. But
1317 that has to be in a manner and in a place such that those
1318 who choose not to be exposed to that are not exposed to it.

1319 Mr. EMERSON. I think that's a reasonable answer. I
1320 understand that serious questions have been raised recently
1321 about how well the EPA generally has been doing with
1322 responsibilities that are entrusted to it, and this is sort
1323 of following up on questions and comments Mr. Duncan made.
1324 I also understand that in March of 1992 a panel of
1325 scientific experts were asked by the former administrator to
1326 review the quality of science used in the EPA
1327 decisionmaking, and they released a report entitled
1328 "'Safeguarding the Future: Credible Science, Credible
1329 Decisions.'"

1330 The report makes a great number of very disturbing
1331 criticisms of the way science is conducted at the EPA, such

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1332 as, and these are statements extracted from the report,
1333 'EPA science is perceived by many people both inside and
1334 outside the agency to be adjusted to fit the policy.
1335 Currently, EPA science is of uneven quality, and the
1336 agency's policies and regulations are frequently perceived
1337 as lacking a strong scientific foundation.' Would you
1338 comment on that?

1339 Dr. HOYT. I don't feel that I am in any way prepared to
1340 comment on the science of the EPA, because that's not a
1341 literature that I have kept up with. I would simply say two
1342 things.

1343 Science is very, very difficult to do well. Most of us,
1344 physicians included, don't end up getting all of the
1345 training that would be perfect to devise the perfect sorts
1346 of projects to define issues.

1347 The second thing I would say is that if we were dealing
1348 with an issue here, smoking, both direct and passive, that
1349 relied on one or two or three projects where there could be
1350 substantial flaws, we'd have to be very careful in how we
1351 proceeded with that. But we are dealing with a
1352 recommendation that came from the Surgeon General in 1964,
1353 and we are dealing with scientific projects that would
1354 literally fill this room with paper, and all of them
1355 overwhelmingly--the good ones, the bad ones, the great ones,
1356 the horrible ones, all say the same thing, that, number one,

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1357 smoking, for the person who does it, causes lung and heart
1358 disease, and it is the major thing that we do to ourselves
1359 that really causes our health to deteriorate.

1360 This passive smoking issue, the evidence is now beginning
1361 to mount up in exactly the same sort of way. I'm sure
1362 there's good and bad science there, but the overwhelming
1363 results are in support of it also being dangerous. So I
1364 understand and I appreciate your concerns, but I think even
1365 stepping outside of the EPA there's adequate data from
1366 various arenas that physicians consider it totally socially
1367 unacceptable to smoke and to be around people who smoke in
1368 medical meetings, and we need to keep moving in that
1369 direction for all of society.

1370 Mr. EMERSON. Well, you know, you mentioned earlier some
1371 issues relating to freedom in a democratic society, and one
1372 of the concerns that I have--and rarely do we have a
1373 distinguished physician as a witness, so we're delighted to
1374 have one here today, and while you're here, I want to take
1375 advantage of asking you some questions there.

1376 You know, the scientific evaluation of the adverse effects
1377 of smoking is based on statistical surveys and a lot of
1378 other things, and it says so many people per hundred
1379 thousand die annually from one cause or another relating to
1380 having smoked too much, but there are a lot of other factors
1381 also involved. I mean, is it possible that some people are

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1382 more susceptible to developing the ill effects of smoking
1383 than others, and some people can smoke in a reasonable
1384 manner without adverse effects?

1385 Dr. HOYT. Smoking research is really based on two types of
1386 projects. One are epidemiological projects, which are what
1387 you described, and those are commonly retrospective in
1388 nature, gathering data and attempting to construct items
1389 that you believe to be consequential and not coincidental.
1390 There is always, with that sort of information, leaps of
1391 faith that you make. But that's why you do the second kind
1392 of research, and that is animal research or, in the case of
1393 volunteers, the kind of paper that I submitted for evidence
1394 here, and that's not retrospective epidemiologic work.
1395 That's an actual scientific project which looks at a
1396 physiologic reaction to the exposure to smoke, and that is
1397 very, very convincing evidence.

1398 Mr. EMERSON. Are we under the five-minute rule, Mr.
1399 Chairman? I don't want to exceed my time.

1400 Mr. TRAFICANT. Mr. Emerson, we're going to let you have
1401 the rights as a smoker and go forward.

1402 Mr. EMERSON. Oh, so another round.

1403 [Laughter.]

1404 Mr. TRAFICANT. No, you go right forward.

1405 Mr. EMERSON. Doctor, I'm sure you're aware that the
1406 conclusions in the EPA risk assessment with respect to the

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1407 epidemiologic studies are based on 11 U.S. studies that
1408 examine the risk of lung cancer among women married to
1409 smokers, and I wonder, is it important that not one of these
1410 studies originally reported a statistically significant in
1411 overall risk at the 95 percent confidence level?

1412 Dr. HOYT. I haven't looked at all the details of that, but
1413 I suspect what was probably done was something called a meta
1414 analysis, where you take 11 different studies, clump all the
1415 data together, and then reanalyze it from a statistical
1416 standpoint. Again, that's retrospective population studies
1417 of an epidemiologic nature, and they're not as nice as the
1418 other kind. But I get back to my previous statement that
1419 when you pile it all up together on one side of the scale,
1420 all the studies point to the same thing and very little gets
1421 stacked on the other side of the scale that there's not
1422 substantial risk from smoking, either directly or passively.
1423 There's very little support for that second position.

1424 Mr. EMERSON. Thank you, Dr. Hoyt.

1425 Thank you, Mr. Chairman, for extending my time. I would
1426 ask perhaps to ask some additional questions in writing,
1427 having digested the material, if that--

1428 Mr. TRAFICANT. That would be fine. I appreciate your
1429 attempting to expedite on that. I know that you have some
1430 significant questions, and I don't mean to make light of
1431 that, but you are a smoker, and I notice today that you did

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1432 not light up, Mr. Emerson.

1433 Mr. EMERSON. I didn't light up today in deference to a lot
1434 of people in room. Do you want me to?

1435 [Laughter.]

1436 Mr. EMERSON. I am prepared.

1437 Mr. TRAFICANT. I just think it shows that you're a
1438 considerate person, and we appreciate that.

1439 Mr. EMERSON. My position, Mr. Chairman, if I may say so,
1440 is that I don't think that I should smoke to the annoyance
1441 of other people. But I do believe that it is my right to
1442 smoke, and I was glad that Dr. Hoyt agreed with me in that
1443 regard. We haven't reached yet, I hope, the point that we
1444 have no choices, where Government is going to make all of
1445 these important decisions for us.

1446 Mr. TRAFICANT. Well, it's pretty hard to argue with you on
1447 that, and we appreciate both your questions and the fact
1448 that today you chose to be smoke-free.

1449 Mr. Clyburn?

1450 Mr. CLYBURN. Just one question. Let me start, Mr.
1451 Chairman, by saying that I'm pro-choice across the board,
1452 and I'm pro-choice on smoking as well. I'm not a smoker,
1453 but I feel that a person who smokes ought to have as much
1454 right as I have.

1455 Neither my mother nor my father smoked, but both of them
1456 died from cancer, and they never smoked. So I don't know,

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1457 they may be exceptions to the rule, but I do believe that if
1458 we are going to rest this policy on health issues alone, if
1459 those health issues are addressed sufficiently, then this
1460 policy ought to take that into consideration. Don't you
1461 think?

1462 Dr. HOYT. Yes, I do.

1463 Mr. CLYBURN. So, then, you agree with me in my question to
1464 the last witness that if there is a building that has a
1465 separate ventilating system, and no air is recirculated in
1466 the main part of the building, and smoking is allowed only
1467 in that area, then that ought to be considered in this
1468 policy?

1469 Dr. HOYT. Yes, I think that's right. The only proviso
1470 that I would put into that would be that there shouldn't be
1471 a reason, then, why a non-smoker who wants to be a
1472 non-smoker and wants to stay away from passive smoking has
1473 to, for any work-related or personal reason, enter that
1474 room. It shouldn't be the route to the bathroom. It
1475 shouldn't be the route to the cafeteria. It has to be a
1476 truly isolated room that is devoted totally to smoking, and
1477 meetings are not held in there, and nothing requires a
1478 worker, as a part of their job or personal daily activities,
1479 to go in that room. I think, in my opinion, that is a good
1480 democratic solution to the dilemma.

1481 Mr. CLYBURN. Thank you, Mr. Chairman.

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Album
Ventilation

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1479 to go in that room. I think, in my opinion, that is a good
1480 democratic solution to the dilemma.

1481 Mr. CLYBURN. Thank you, Mr. Chairman.

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1482 Mr. TRAFICANT. Dr. Hoyt, I'd just, first of all, like to
1483 say that we're very impressed with your testimony and the
1484 fact that you made some complicated statements very
1485 understanding to people who are not medically oriented, and
1486 we appreciate that. It's a very tough issue, the rights of
1487 society. Society has a right to protect an individual from
1488 harm, and society has a right to protect society and all
1489 from harm. This is going to be a tough issue. I think Vice
1490 Chairman Duncan really stated it when he said that we're not
1491 anti-smoker, we're anti-smoking in Federal buildings, and
1492 we're looking at that.

1493 But I just have one last question for you, and that is
1494 this: Do you believe that a total ban on smoking in Federal
1495 buildings would be helpful to the health care needs of the
1496 Federal workers, visitors, and all of those people subject
1497 to the visit of a Federal building?

1498 Dr. HOYT. Absolutely.

1499 Mr. TRAFICANT. Doctor, I'm sure that you will probably be
1500 back here to the Congress, and I think there are several
1501 points that were brought out that discussed smoker rights,
1502 and that's also going to become a part of the issue, not
1503 just the health concerns. But the foundation that you've
1504 placed and the elements you brought will be spread across
1505 our record, and I want to thank you on behalf of the
1506 committee for coming here and being a witness for us today.

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1507 Thank you very much.

1508 Dr. HOYT. Thanks very much.

1509 [Dr. Hoyt's prepared statement appears on page .]

1510

1511 ***** INSERT *****

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1512

1513 Mr. TRAFICANT. I would ask unanimous consent with the
1514 following witnesses that the Members would abide by the
1515 five- minute questioning rule so that we can bring out the
1516 salient points, but also move on to our business at hand
1517 here. Any objection?

1518 [No response.]

1519 Mr. TRAFICANT. Without objection, so ordered.

1520

1521 Mr. TRAFICANT. Our next witness is Dr. Patricia F. Kinney,
1522 who's the Acting Director of the Office of Child Care and
1523 Development Programs, Office of the Administrator, GSA, and
1524 we're talking about child care and the GSA and all of that.

1525 Dr. Kinney, welcome.

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1527 TESTIMONY OF PATRICIA F. KINNEY, ACTING DIRECTOR, OFFICE OF
1528 CHILD CARE AND DEVELOPMENT PROGRAMS, OFFICE OF THE
1529 ADMINISTRATOR, GENERAL SERVICES ADMINISTRATION

1530 Ms. KINNEY. Thank you very much, Mr. Chairman.

1531 Good morning, Mr. Chairman and Members of the
1532 subcommittee. I am Dr. Patricia Kinney. I'm the Acting
1533 Director of the Office of Child Care and Development
1534 Programs at GSA. I've submitted my testimony for the record
1535 and have included a list of centers currently operating in
1536 GSA space, as well as a statistical profile of centers in
1537 GSA space. So I'd like to just summarize briefly the most
1538 important points.

1539 As you mentioned earlier, the Office of Child Care and
1540 Development Programs was established at GSA three years ago.
1541 Its primary mission is to assure that Federal families
1542 receive quality child care. Currently, there are 91 centers
1543 operating in GSA space, with a total license capacity of a
1544 little bit over 6,700 children.

1545 GSA provides services to its client agencies in the
1546 establishment of child care through our national network in
1547 all 10 regions of regional child care coordinators. They
1548 assist with the establishment of child care, they assist
1549 during the ongoing operations, and they assist through the
1550 entire process, even when the agencies are just initially

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1551 considering child care.

1552 I'd like to emphasize a few of our major initiatives
1553 through the Office of Child Care and Development Programs.
1554 One is that we convene quarterly an Interagency Task Force
1555 on Child Care with over 30 member client agencies. We hold
1556 a national conference for child care, which is
1557 multi-tracked. This will be our fourth year to hold the
1558 conference. It will be held in May in Portland. We've
1559 produced a number of written publications for our clients.
1560 One which is in process right now is our facility design
1561 guide. We also maintain across the country a lending
1562 library not only for client agencies, but for governing
1563 boards and providers. So we address multiple issues through
1564 our resources.

1565 In terms of our future, GSA intends to continue its
1566 oversight and guidance responsibilities through our
1567 licensing agreements. We predict in terms of new
1568 construction that over the next four to five years there
1569 will be approximately 10 new child care centers constructed
1570 each year. We are heavily involved right now in expanding
1571 our smaller centers. Over the past two-year period, there
1572 were approximately 15 centers under expansion. And we are
1573 looking to renovate older centers, certainly to make them
1574 safe and healthy environments and minimize the risks of
1575 child abuse.

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1576 GSA will continue to address the interconnected elements
1577 of good delivery of good quality child care, and those are
1578 program, facility, and management.

1579 Thank you very much. I'd be happy to answer your
1580 questions.

1581 Mr. TRAFICANT. Thank you, Dr. Kinney. A question I have
1582 is multifaceted here. How is the child care program
1583 administered, and that is, what is the role of the provider,
1584 and how are they selected, and how are they monitored to
1585 ensure that these child care programs meet the goals of the
1586 General Services Administration and the oversight of GSA?

1587 Ms. KINNEY. Currently, there are three major management
1588 models. In 60 percent of the centers, there's an outside
1589 provider. In 39 percent of the centers, the governing board
1590 serves as the provider. That might be a group of Federal
1591 employees who actually serve as the provider and hire the
1592 director directly. In the last 1 percent, there's a direct
1593 procurement, in which the agency contracts directly with the
1594 provider.

1595 GSA has attempted to develop a licensing agreement as a
1596 means of oversighting, as I mentioned previously,
1597 programmatic soundness, financial viability, and other kinds
1598 of management issues around providing tuition assistance and
1599 so forth. Currently, our coordinators are entering into
1600 those agreements with the providers, and I've just mentioned

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1601 what those three models are.

1602 For the second part of your question as to how providers
1603 are selected, providers are generally, in most cases,
1604 selected by the organizing committees. GSA lends its
1605 professional expertise to the selection process. Agencies
1606 can send in proposals. We will do a paper review for them.
1607 If required, our coordinators will help them in the
1608 assessment of their other centers and in the evaluations of
1609 their proposal. We also make recommendations of consultants
1610 who are in the local areas to assist those organizing
1611 committees with the professional expertise.

1612 Mr. TRAFICANT. What is a rough breakdown of costs
1613 associated with the establishment of a child care center in
1614 one of our Federal buildings? What kind of a price tag and
1615 what kind of a cost factor do you see on average?

1616 Ms. KIMNEY. In terms of establishment, I really need to
1617 defer cost questions to the Public Buildings Service. I can
1618 tell you generally that construction costs are anywhere from
1619 about \$350,000 to about \$1 million per center, depending on
1620 the location and the size of the center.

1621 Mr. TRAFICANT. Would you make that available to us in
1622 written form if we would hold the record open for you?

1623 Ms. KIMNEY. Yes.

1624 Mr. TRAFICANT. I appreciate that.

1625 [The information follows:]

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1627 ***** INSERT *****

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1628

1629 Mr. TRAFICANT. We've heard talk about the facility design
1630 guide. When does GSA, to the best of your knowledge, expect
1631 completion of this child care facility design guide?

1632 Ms. KINNEY. My expectation is that it will be completed
1633 certainly within the next, at the most, probably two months.
1634 It's in the final stage. It's been through the peer review
1635 process, and this week we've been spending time in our
1636 office making the final comments. So it's in its final
1637 stage.

1638 Mr. TRAFICANT. Speaking for the subcommittee Members,
1639 naturally we'd want you to provide the subcommittee with a
1640 copy of this guide. We would like to see that, go over it,
1641 and review it. I don't know if that's been the policy of
1642 the subcommittee in the past, but we would like you to do
1643 that.

1644 Ms. KINNEY. We'd be happy to provide that.

1645 [The information follows:]

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1647 ***** INSERT *****

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1648

1649 Mr. TRAFICANT. How many child care centers are located in
1650 courthouses? We're starting to see a lot more multifaceted
1651 programming types of activities around courthouses. What's
1652 the status of that?

1653 Ms. KINNEY. I'd like to get back to you with the exact
1654 number. We have some centers that are just currently
1655 opening. In terms of the future for courthouses, we have
1656 substantial interest from the courts. I believe there are
1657 plans in California, and I'll check this for the record, to
1658 establish at least three centers in courthouses.

1659 Mr. TRAFICANT. And that's specifically for the courthouse
1660 and the employees in the courthouse. Is that right?

1661 Ms. KINNEY. It's really open to the Federal community. The
1662 legislation requires that a minimum of 50 percent of the
1663 children be from Federal families. Any available spaces
1664 beyond that are open to the general public. Currently, out
1665 of our enrollment, two-thirds of the children enrolled today
1666 are from Federal families; the remaining are from the
1667 private sector.

1668 Mr. TRAFICANT. Let me see if I can understand or interpret
1669 your comments without putting words in your mouth. If you
1670 were to be constructing today a Federal courthouse, would
1671 you be advising the Congress to make sure the design
1672 includes the type of space necessary for a child care

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1673 program and, furthermore, to take a look at the total
1674 Federal community within a given region and perhaps provide
1675 the space that would accommodate for, in addition to those
1676 courthouse employees, those other Federal workers, et
1677 cetera? Would that be a recommendation you'd make?

1678 Ms. KINNEY. For the second part of your question, we would
1679 always recommend that we look at the total community and
1680 make that child care center available to the total Federal
1681 community. However, for the first part of your question,
1682 whether we recommend a center or not is going to be a
1683 function of how many Federal employees are in the area and
1684 whether or not we can substantiate building a center for at
1685 least 70 or 75 children. Those below that number are having
1686 extreme financial difficulties.

1687 Mr. TRAFICANT. So you'd need to have a consumer population
1688 in this center of approximately 75 children for it to be
1689 cost-effective for the Government to have incorporated that.
1690 Is that what you're saying?

1691 Ms. KINNEY. Exactly, yes.

1692 Mr. TRAFICANT. Okay. I know there are a number of other
1693 questions here. I'd like to defer and yield to Ms. Norton
1694 on this issue, and I may have a few questions at the
1695 conclusion.

1696 Ms. Norton?

1697 Ms. MORTON. No questions, Mr. Chairman.

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1698 Mr. TRAFICANT. Man, that is unusual.

1699 [Laughter.]

1700 Ms. NORTON. Because I didn't hear the testimony, Mr.
1701 Chairman, I pass.

1702 Mr. TRAFICANT. There is a whole business here on
1703 accreditation and renewal fees. What, if anything, can you
1704 tell me about that, and what's your position on the
1705 authority for Federal agencies to pay for this?

1706 Ms. KINNEY. As I started my testimony, our mission has
1707 been to assure that centers are good quality for families.
1708 The National Association for the Education of Young Children
1709 has the professionally accepted system for national
1710 accreditation. We now, in our licensing agreements, are
1711 requiring accreditation. It gives the Federal community
1712 some assurances that there's good enough care there for
1713 young children.

1714 The accreditation addresses many components of quality,
1715 not only curriculum, but administration, parent involvement,
1716 health, safety, nutrition, evaluation, and others as well.
1717 Because we are requiring accreditation, certainly we hope
1718 people voluntarily will go through accreditation. We
1719 believe that with these tight budgets, this is a further
1720 incentive to help centers become accredited.

1721 The accreditation fees run \$550 for our average-size
1722 center, which is 70 children. Every three years the center

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1723 is required to become reaccredited, which would be the same
1724 fee. So we would support the provision that accreditation
1725 fees are covered.

1726 Mr. TRAFICANT. Under Public Law 102-393, you are able to
1727 do certain things. What are you authorized to do in that
1728 bill that you were unable to do before that public law was
1729 enacted?

1730 Ms. KINNEY. One of the major changes through that
1731 legislation was the ability for the Federal Government to
1732 enter into a public-private consortium. In this
1733 arrangement, we can add private dollars to the operational
1734 expenses of a child care center, which we have not been able
1735 to do before. We can thereby relieve part of the budget,
1736 assist with salaries and benefits, which we have not been
1737 able to do in the past.

1738 We're just embarking now on the consortium model. There
1739 is one consortium in place. The dedication, in fact, will
1740 happen tomorrow morning in Atlanta, and GSA is in the
1741 process of developing our guidance and implementation
1742 policies for that legislation.

1743 Mr. TRAFICANT. A question I have before I yield to Mr.
1744 Duncan is, this language was language that was inserted in
1745 the appropriations bill. I believe I'm speaking for every
1746 Member of the subcommittee that we will frown on any public
1747 law becoming law through an appropriation process, and the

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1748 authorizing committees, at least for now, I would say, would
1749 have to extend such authority. So we would want a close
1750 cooperation to ensure that any expansion of authority under
1751 law go through an appropriate authorizing committee, not
1752 just be an act of the appropriators. I think that's where
1753 we get into trouble on oversight jurisdiction and monitoring
1754 and compliance.

1755 So that's more or less a statement, but I would like to
1756 offer that to you. I appreciate your direct testimony here,
1757 and I would yield to Mr. Duncan.

1758 Mr. DUNCAN. Dr. Kinney, I'm sorry, I just got back and
1759 didn't get to hear your testimony, but you do operate 91
1760 child care centers now. Is that correct?

1761 Ms. KINNEY. Yes, that's correct.

1762 Mr. DUNCAN. The staff tells me that the largest growth in
1763 the number of centers occurred between 1987 and 1990, before
1764 the creation of the office that I assume you head. Is that
1765 right?

1766 Ms. KINNEY. I'm the acting director at the present time.

1767 Mr. DUNCAN. Why did the number of centers grow faster
1768 before the creation of this office? Why did it slow down
1769 after the office was created? Do you know?

1770 Ms. KINNEY. I can only speculate. It was with the passage
1771 of the Tribble amendment, 40 USC 490(b), that the Federal
1772 Government was prompted to aggressively pursue the

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1773 establishment of child care. Up until that point, and
1774 you'll be able to see that in our profile, there was very
1775 slow progress in establishing child care. So there were a
1776 number of centers that were built very rapidly. I believe
1777 the number was 29 within one year, in fact.

1778 In the past three years, as we have visited probably 85 of
1779 the 91 centers across the country, we've identified a number
1780 of problems. One of them has been the weak financial
1781 viability of a number of the centers that were built very
1782 hurriedly, because they were built too small. We now
1783 proceed cautiously. We now proceed in a way that we do
1784 adequate needs assessments and market availability surveys
1785 so that we are assured that those are the appropriate kinds
1786 of places where child care centers need to be constructed.

1787 Mr. DUNCAN. Let me ask you this. President Clinton
1788 emphasized the other night that his main concern, and I
1789 think the main concern of everybody today, is the tremendous
1790 national debt that we have of over \$4 trillion and the
1791 deficits that we continue to have. Almost all of the child
1792 care centers around the country, or at least the
1793 overwhelming percentage, are operated privately and for
1794 profit.

1795 I know that your goal--you don't have to make a profit, but
1796 do you have a goal of at least operating these centers so
1797 that they do not create additional losses for the Federal

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1798 Government? And if that's not a goal, don't you think it
1799 should be? And how close are you coming to that at this
1800 time? In other words, how much are we losing each year on
1801 the 91 centers that are under your office at this time?

1802 Ms. KINNEY. The goal certainly is to see that all centers
1803 are financially viable. Our licensing agreement will help
1804 us in the monitoring process. We'll be able to look at
1805 audited budgets on an annual basis and assure that centers
1806 are operating in the black. The goal is to see that the
1807 centers are in a break-even mode.

1808 I think in terms of child care as an industry nationally,
1809 the term "profit" is a real misnomer. There is no profit
1810 at all to be gained through child care. Oftentimes, the
1811 typical 6 to 8 percent management might be interpreted as
1812 profit, but in terms of the cost to parents, in terms of the
1813 salaries and benefits that we want to provide to stabilize
1814 the work force in child care, there really is no profit to
1815 be gleaned in the industry of child care.

1816 Mr. DUNCAN. Well, even if we act like profit is a bad
1817 thing, which I disagree with, but even if we say that that's
1818 the case, still can we not agree that in the present
1819 financial condition of the Federal Government that we need
1820 not to suffer big losses? You never did answer the question
1821 I asked. How much are we losing now on these centers?

1822 Ms. KINNEY. In terms of losses, the Federal Government

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1823 does not contribute to the operational expenses of the
1824 centers. We contribute rent, utility, large pieces of
1825 equipment. So we are not suffering a loss, from an
1826 operational point of view.

1827 Mr. DUNCAN. When you say 'we contribute rent' and so
1828 forth, what is the typical cost to build the facilities for
1829 a child care center in a Federal building?

1830 Ms. KINNEY. Costs have ranged from about \$350,000 to \$1
1831 million. As I said before, I defer to the Public Buildings
1832 Service for the accurate numbers and will provide those for
1833 you.

1834 Mr. DUNCAN. All right. Thank you very much.

1835 Mr. TRAFICANT. Thank you, Dr. Kinney, for your comments.
1836 We appreciate them, and we'll be looking forward to the
1837 things that you've stated you would submit. Thank you very
1838 much.

1839 Ms. KINNEY. Thank you.

1840 [Ms. Kinney's prepared statement appears on page .]

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1842 ***** INSERT *****

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1844 Mr. TRAFICANT. Immediately following this next witness,
1845 we'll move forward with H.R. 490. I'd like to now call Mr.
1846 Allan Beres, the Assistant Commissioner, Federal Supply
1847 Service, General Services Administration, relative to
1848 alternative fuels.

1849 Mr. Beres, we've all been summarizing, and you have a
1850 statement here, and I'd ask unanimous consent that a
1851 statement be accepted in the record. Without objection, so
1852 ordered.

1853 Mr. Beres?

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1854 TESTIMONY OF ALLAN W. BERES, ASSISTANT COMMISSIONER, OFFICE
1855 OF TRANSPORTATION AND PROPERTY MANAGEMENT, FEDERAL SUPPLY
1856 SERVICE, GENERAL SERVICES ADMINISTRATION

1857 Mr. BERES. Thank you, Mr. Chairman. I'm pleased to appear
1858 before you to present the views of the General Services
1859 Administration on incorporating alternative fuel policies
1860 into GSA's Fleet Management Program. I would like to
1861 summarize for you at this time.

1862 GSA's Fleet Management Division is involved in many
1863 important environmental and energy-related programs,
1864 including a significant role in the promoting of alternative
1865 fuel programs to other Federal agencies, State and local
1866 governments. We are known best, however, for our aggressive
1867 undertaking of efforts to introduce alternative fuel
1868 vehicles into the Federal fleet.

1869 To date, over 3,600 alternative fuel vehicles have been
1870 acquired by the Interagency Fleet Management System, known
1871 as the IFMS. These vehicles operate on one of three
1872 different types of alternative fuels. First, there's
1873 methanol, known as M85, and there is ethanol, known as E85,
1874 and then compressed natural gas, which we all refer to as
1875 CNG. In addition, the Energy Policy Act of 1992 has
1876 expanded the types of fuels to include the following:
1877 liquified natural gas, or LNG; liquified petroleum gas, LPG;
1878 electricity; hydrogen; coal- derived liquid fuels; and fuels

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1879 derived from biological material. Vehicles operating on
1880 these types of fuels may be acquired when those vehicles
1881 become commercially available.

1882 GSA's interagency fleet manages over 136,000 vehicles
1883 nationwide, serving over 75 Federal agencies. The IFMS
1884 utilizes commercial facilities for maintenance, repairs, and
1885 refueling. GSA has concentrated its efforts in the
1886 Alternative Fuel Program toward the development of a
1887 commercial infrastructure, including small business, both
1888 for maintenance and refueling, which will benefit all
1889 Federal and State fleets, as well as private fleets, and as
1890 well as private individuals.

1891 An alternative fuels program must be carried out with a
1892 balanced, practical approach. In addition, it must
1893 reconcile the importance of the Alternative Fuel Program for
1894 energy security, as well as for environmental benefits.
1895 GSA's program does this.

1896 Thank you, Mr. Chairman and Members of the subcommittee,
1897 for this opportunity to address a matter of such importance.
1898 For your information, we have our alternative fuel vehicle
1899 directory, which lists refueling locations coast to coast,
1900 available for Members of the committee and staff. In
1901 addition, there are several alternative fuel vehicles parked
1902 outside in the horseshoe, if any of you would care to look
1903 at one of these.

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1904 That concludes my presentation, and I'll be glad to answer
1905 any questions.

1906 Mr. TRAFICANT. We appreciate that, Mr. Beres, and we
1907 appreciate your summary. I have a few questions, and I'm
1908 sure other Members do as well.

1909 What are the most common alternative motor fuels that GSA
1910 is employing now and using?

1911 Mr. BERES. The three that I mentioned. There's M85, which
1912 is a methanol fuel, and this is a combination of 85 percent
1913 methanol and 15 percent gasoline, and the vehicles we have
1914 acquired there are known as flexible fuel and can operate on
1915 either M85 in its pure state or any combination of M85 and
1916 gasoline. E85 similarly is an ethanol fuel, 85 percent
1917 ethanol and 15 percent gasoline. Those vehicles that we
1918 have are also flexible fuel and may operate on either E85 or
1919 pure gasoline. Compressed natural gas is the third kind,
1920 and that is the CNG vehicles that require tanks to hold the
1921 compressed natural gas.

1922 Mr. TRAFICANT. So it's like a balance between the three?
1923 There's no one that's--

1924 Mr. BERES. We are fuel-neutral, sir, in our approach.
1925 Those are the fuels that were specified in the--

1926 Mr. TRAFICANT. Fuel-neutral?

1927 Mr. BERES. Yes, sir.

1928 Mr. TRAFICANT. That's a new buzz word here.

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1929 Mr. BERES. Yes, sir.

1930 Mr. TRAFICANT. Congress is fuel-neutral at times on the
1931 House floor.

1932 [Laughter.]

1933 Mr. TRAFICANT. Do you offer incentives and awards for the
1934 use of alternative fuels to try and incentivize and bring
1935 more attention to it? Is there any type of awards program?

1936 Mr. BERES. The Energy Policy Act of 1992 authorized GSA
1937 and provided funding to make awards to individuals in the
1938 Federal Government who are out in the forefront of
1939 introducing alternative fuel vehicles or really making an
1940 impact in this area.

1941 Mr. TRAFICANT. And have you done that? Have you given
1942 awards?

1943 Mr. BERES. No, we haven't given them yet. We have just
1944 started our awards program in terms of developing how we're
1945 going to go about finding the individuals that are worthy to
1946 be considered and then making the awards.

1947 Mr. TRAFICANT. You have a revolving fund here, but in
1948 addition to that, how much funding from Congress is
1949 necessary to implement this Alternative Fuels Program? What
1950 do you have now, and what do you need? How are you
1951 funding-wise on this? I think this is an important program
1952 and a step in the right direction.

1953 Mr. BERES. What we're seeing today is a real variance in

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1954 what we call the incremental cost of buying an alternative
1955 fuel vehicle. It's ranged from as low as \$700 up to as much
1956 as \$7,000 above and beyond what a conventional vehicle of
1957 the same type would cost us. So based on those types of
1958 numbers, you can almost project, given the volume of
1959 vehicles that we'd have to obtain to meet the goals either
1960 under the Energy Act or under the President's executive
1961 order, in total almost a multiplication of the incremental
1962 cost times the number of vehicles we'd like to acquire.

1963 What we're seeing, though, is definitely a trend toward
1964 lower incremental costs from the automotive manufacturers.
1965 This has been true in the methanol and the ethanol vehicles.
1966 It has not been as true in the compressed natural gas that
1967 are made available for eight-passenger vans and pickup
1968 trucks.

1969 Mr. TRAFICANT. Why is that?

1970 Mr. BERES. I don't have the answer to that, sir.

1971 Mr. TRAFICANT. You're working on that.

1972 Mr. BERES. We're meeting with industry to try to get a
1973 better cost, if you would, from them on these incremental
1974 costs.

1975 Mr. TRAFICANT. Speaking of the automotive industry, have
1976 they been cooperative in assisting your efforts here in
1977 looking at some of these other alternative fuels and designs
1978 for vehicles that accommodate them? What type of

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1979 relationship do you have there?

1980 Mr. BERES. Certainly, as we've introduced these vehicles,
1981 we've run into operational problems both in terms of
1982 equipment from the manufacturers of the vehicles as well as
1983 fuels. They've been extremely cooperative in meeting with
1984 us and trying to resolve the problems that they have,
1985 getting out to the field where these vehicles are located to
1986 do the fixes that are necessary to get them in operation.
1987 We have very good relationships with all of the automotive
1988 manufacturers at this time, sir.

1989 Mr. TRAFICANT. Does your alternative fuel policy apply to
1990 any other areas under GSA's jurisdiction?

1991 Mr. BERES. I'm not aware of any other areas in GSA that
1992 our Alternative Fuels Program applies to at this time, sir.

1993 Mr. TRAFICANT. Mr. Duncan?

1994 Mr. DUNCAN. Thank you, Mr. Chairman.

1995 Mr. Beres, all of your vehicles are non-military vehicles,
1996 I assume. Is that correct?

1997 Mr. BERES. That's right. They are non-tactical vehicles,
1998 yes, sir.

1999 Mr. DUNCAN. You don't have control over all of the
2000 vehicles owned by the Federal Government that are non-
2001 military, do you, or do you?

2002 Mr. BERES. No, we do not. We represent probably the
2003 third-largest fleet, behind the Department of Defense and

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2004 the Postal Service.

2005 Mr. DUNCAN. How many other vehicles outside of the
2006 military and the Postal Service and yours, approximately, a
2007 rough guess, would the Federal Government own or operate at
2008 this time?

2009 Mr. BERES. Roughly 300,000 outside of ours.

2010 Mr. DUNCAN. Well, you know, I'll tell you, it just boggles
2011 my mind to think that we could have that many vehicles. How
2012 many of your vehicles have to be replaced each year? In
2013 other words, how many new vehicles do you buy each year?

2014 Mr. BERES. I don't have that number in front of me, but I
2015 can give you some idea on what our policy is on replacement.
2016 For sedans, passenger-carrying vehicles, it's every three
2017 years or 60,000 miles, and for others, the light trucks, it
2018 would be every six years.

2019 Mr. DUNCAN. So, then, you're replacing just thousands of
2020 these vehicles every year, because if you replaced them one
2021 every 10 years, that would be 10 percent, and that would be
2022 13,600. Right?

2023 Mr. BERES. That's right, sir.

2024 Mr. DUNCAN. Are you making any efforts to reduce the
2025 number of vehicles since we're so deeply in debt and in such
2026 bad financial condition at this time? Are you making any
2027 efforts to encourage less use of vehicles or to reduce the
2028 number, or do you consider that outside the scope of your

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2029 jurisdiction?

2030 Mr. BERES. Certainly, we work with all of the agencies in
2031 terms of reducing both the number of vehicles and the amount
2032 of fuel that's consumed in those vehicles. We operate, as
2033 was earlier mentioned, through a revolving fund, and we view
2034 ourselves as the Government's professional fleet manager. We
2035 anticipate when people come to us with vehicle requirements
2036 that those are hard requirements and they're not just
2037 getting a vehicle for the sake of saying they have one.
2038 They have to pay for them. We have to be fully provided for
2039 the funds that we expend so that when we receive our
2040 revenues through our rentals and the revenues through the
2041 sale of our vehicles, they cover all of the expenses of
2042 managing and operating that fleet.

2043 Mr. TRAFICANT. Would the gentleman yield to me for a
2044 minute?

2045 Mr. DUNCAN. Yes, sir.

2046 Mr. TRAFICANT. In line with your question, and it's a very
2047 good question, now that you're dealing with the agencies and
2048 you're starting to make your requests, is there a
2049 recommendation that will be coming from GSA to reduce in
2050 numbers the size of this fleet and to reduce costs? Is that
2051 a recommendation that will be coming forth from the agency?

2052 Mr. BERES. I think all of the agencies now are under the
2053 gun to reduce as much as they can all of their costs,

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2054 including the costs that they expend on vehicle support. It
2055 has always been our position and we continue to highlight
2056 cost reduction efforts in the management of our fleet. So
2057 if they come to us, they can be assured that they're going
2058 to get the least-cost transportation available.

2059 Mr. TRAFICANT. But to the best of your knowledge, are you
2060 recommending a reduction in vehicles this year?

2061 Mr. BERES. We are always asking them to carefully review
2062 their requirements for vehicles, never to request vehicles
2063 that aren't absolutely needed to meet their mission
2064 requirements, sir.

2065 Mr. TRAFICANT. I yield back.

2066 Mr. DUNCAN. Well, have the number of your vehicles stayed
2067 the same, or has it gone up in recent years?

2068 Mr. BERES. It's gone up, and the reason it's gone up is
2069 that we have consolidated vehicles from other departments
2070 and agencies. Most notably, the Department of the Army has
2071 come to us for their complete support of non-tactical
2072 vehicles, and we have just completed and will complete this
2073 year the complete consolidation of their non-tactical fleet
2074 into the interagency fleet.

2075 Mr. DUNCAN. Well, you may not know the answer to this, but
2076 you did know that there are 300,000 other vehicles besides
2077 yours and not counting what the Postal Service and the
2078 Defense Department has.

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2079 Mr. BERES. That does include those numbers, sir.

2080 Mr. DUNCAN. Oh, the other figure you gave me includes the
2081 Postal Service and the Defense Department?

2082 Mr. BERES. Yes.

2083 Mr. DUNCAN. So the Federal Government operates in total
2084 about 436,000 vehicles or somewhere in that vicinity?

2085 Mr. BERES. Somewhere around 450,000, I would say.

2086 Mr. DUNCAN. All right. Thank you very much.

2087 Mr. BERES. Yes, sir.

2088 Mr. TRAFICANT. Ms. Norton?

2089 Ms. NORTON. Thank you, Mr. Chairman.

2090 Would you describe how your revolving fund operates,
2091 please?

2092 Mr. BERES. Yes. We essentially determine rates to be
2093 charged to the agencies when we lease them vehicles. It
2094 includes a monthly rate generally, and it also includes a
2095 mileage rate. We recover those funds from the agencies on
2096 monthly billings. They're to cover all of the expenses,
2097 including the acquisition of vehicles and the entire
2098 management of fleet, as well as all overhead costs
2099 associated with the management of our fleet. We also
2100 receive revenues from the sale of the vehicles, which go
2101 back into our fund to provide for the acquisition of new
2102 vehicles.

2103 Ms. NORTON. You apparently have a goal of managing 3,700

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2104 alternative fuel vehicles by the summer of 1993. Do you
2105 expect to meet that goal?

2106 Mr. BERES. Yes, ma'am. Either the vehicles are in place
2107 now, or orders that have been placed for deliveries are
2108 expected by that time frame.

2109 Ms. NORTON. Thank you very much, Mr. Chairman.

2110 Mr. TRAFICANT. Mr. Beres, we want to commend GSA for their
2111 Alternative Fuel Program. Maybe there should be an award
2112 given to GSA. This subcommittee may also be looking at the
2113 total number of fleets and may believe that maybe we have
2114 too many fleets fleetng around. One of the ways that we
2115 can stop this fleetng is by maybe some cutting, and maybe
2116 it could be a recommendation that comes from GSA. I know
2117 Mr. Duncan feels very strong on that, and if we could just
2118 reduce the numbers that we have, it would certainly help us
2119 in other areas.

2120 So I want to thank you for your summary and your
2121 forthright testimony as well. We appreciate your being
2122 here.

2123 Mr. BERES. Thank you, Mr. Chairman.

2124 [Mr. Beres' prepared statement appears on page .]

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2126 ***** INSERT *****

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2128 Mr. TRAFICANT. With that, the hearing stands adjourned.

2129 [Whereupon, at 11:05 a.m., the subcommittee proceeded to

2130 other business.]

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RPTSCRS				1			
COURTREPORTINGSER				1			
TRAFICANT				2,	5,	6,	7,
10,	11,	12,	13,	14,	15,	16,	
21,	26,	29,	35,	37,	38,	39,	
45,	46,	53,	54,	55,	56,	60,	
61,	62,	64,	66,	69,	70,	72,	
73,	74,	75,	76,	80,	81,	84,	
85,	86,	87,	89,	90,	91,	92,	
93							
DUNCAN				5,	16,	17,	18,
19,	20,	21,	46,	47,	49,	52,	
77,	78,	79,	80,	87,	88,	89,	
90,	91						
JOHNSON				6			
TUCKER				6,	26,	27,	28,
29,	56						
APPLEGATE				7			
THACKER				8,	11,	12,	13,
14,	15,	16,	17,	18,	19,	20,	
21,	22,	23,	24,	25,	26,	27,	
28,	29,	30,	31,	32,	33,	34,	
35,	36,	37,	38				
CLYBURN				10,	29,	30,	31,
32,	33,	34,	35,	62,	63		
NORTON				10,	21,	22,	23,
24,	25,	26,	36,	37,	74,	75,	
91,	92						
HOYT				40,	45,	47,	48,
49,	51,	52,	54,	56,	57,	58,	
60,	61,	63,	64,	65			
EMERSON				53,	56,	57,	59,
60,	61,	62					
KINNEY				67,	69,	70,	72,
73,	74,	75,	76,	77,	79,	80	

2026164487

BERES
87, 88, 89, 82, 84, 85, 86,
90, 91, 92

2026164488

* CONTENTS *

STATEMENTS OF:

TESTIMONY OF P. GERALD THACKER, ACTING COMMISSIONER, PUBLIC BUILDINGS SERVICE, GENERAL SERVICES ADMINISTRATION
PAGE... 8

TESTIMONY OF JOHN W. HOYT, M.D., CHAIRMAN, DEPARTMENT OF CRITICAL CARE MEDICINE, ST. FRANCES MEDICAL CENTER, PITTSBURGH, PENNSYLVANIA
PAGE... 40

TESTIMONY OF PATRICIA F. KINNEY, ACTING DIRECTOR, OFFICE OF CHILD CARE AND DEVELOPMENT PROGRAMS, OFFICE OF THE ADMINISTRATOR, GENERAL SERVICES ADMINISTRATION
PAGE... 67

TESTIMONY OF ALLAN W. BERES, ASSISTANT COMMISSIONER, OFFICE OF TRANSPORTATION AND PROPERTY MANAGEMENT, FEDERAL SUPPLY SERVICE, GENERAL SERVICES ADMINISTRATION
PAGE... 82

2026164489

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***** INSERT *****	PAGE...	80
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