

January 30, 1997

Docket Clerk
Docket No. OST-96-1880
Department of Transportation
400 7th Street, S.W.
Room PL-401
Washington, D.C. 20590

In response to the Department of Transportation's request for comments regarding a smokefree path through airports for passengers with severe respiratory disabilities, the undersigned organizations submit the following statement:

The organizations signing this document have long been advocates for smokefree travel and have been leaders in the fight to rid our skies of tobacco smoke. In requiring airline flights to be smokefree, the Department of Transportation recognized and acknowledged the health hazards and barriers smoke-filled travel poses to individuals. However, as these petitions point out, smokefree travel does not only include smokefree flights, it must also include smokefree facilities which passengers must utilize to get to and from their flights.

Currently, smoking policies in US airports vary greatly. In a survey conducted in 1995 by the Coalition on Smoking OR Health, 22 of the nation's top 25 airports indicated that they have some type of smoking policy. Eight of the 22 prohibit smoking in all areas of the airport. The balance of the 22 have designated smoking areas. Unfortunately, most of these areas are not enclosed, thus exposing the public to tobacco smoke. These limited smoking policies still exist despite the conclusions of the 1986 Surgeon General's Report, which stated that simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, exposure of non-smokers to environmental tobacco smoke (ETS). Unless airports adopt either a 100 percent smokefree policy or designate an enclosed, separately ventilated area for smokers, smoke-filled airports will continue to act as a barrier to air travel for many who suffer from respiratory illness.

The exposure of non-smokers to ETS poses definite health risks and is well documented. Over the last four decades, more than 50,000 studies have clearly established the scientific evidence incriminating cigarette smoking as a direct cause of death and disability. Research on the health consequences of exposure to ETS began in the late 1960s. A result of this research, a large and cohesive body of scientific information on the adverse effects of such exposure has accumulated, culminating in the release of the Environmental Protection Agency's risk assessment Respiratory Health Effects of Passive Smoking in January 1993.

Some of the most compelling findings from the EPA risk assessment include:

- ETS causes an estimated 3,000 lung cancer deaths and 12,000 non-lung cancer deaths a year in nonsmokers (the American Heart Association estimates the true number of non-cancer deaths to be in the neighborhood of more than 30,000);
- ETS exposure leads to coughing, chest discomfort, and reduced lung function in nonsmoking adults; and

- 70 percent of the lung cancer deaths attributable to ETS exposures are due to exposures outside of the home.

Children exposed to ETS are also at great risk. The EPA risk assessment augmented previous reports with an exhaustive review of the health effects of ETS on children. The findings for children include:

- ETS causes between 8,000 and 26,000 cases of childhood asthma each year;
- symptoms of 200,000 to 1 million children already diagnosed with asthma become significantly worse due to ETS exposure;
- ETS causes 150,000 to 300,000 cases of lower respiratory tract illness in young children under 18 months of age each year; and
- 7,500 to 15,000 hospitalizations in these younger children result from exposure to ETS

These data cannot be ignored. ETS is harmful and must be eliminated from public places, including airports.

We commend the Department of Transportation for considering a "smokefree path" for those with respiratory illnesses who are especially susceptible to the harmful effects of ETS and encourages policies to make the nation's airports smokefree. However, some of the solutions identified in DOT's request for comments -- transportation from the gate to the tarmac that does not go through a terminal in which smoke is present, or offering an enclosed cart that would take passengers through the airport - - simply are not adequate. Current standards that allow smoking in airports and put the majority of nonsmokers at risk to accommodate the minority of smokers are also inadequate and do not protect the public's health.

Therefore, the undersigned organizations believe that the most efficient, healthiest solution to assure that air travelers and airport workers will not be affected by ETS in airports is to establish a smokefree airport policy. A federal smokefree airport policy would protect the health of all individuals, including those suffering from serious respiratory illnesses, meet increasing consumer demand for a smokefree travel environment, and help fulfill the agency's mission to ensure passenger safety.

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