

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL & STATE AFFAIRS

Held in Room 510, at the Statehouse at 2:00 a.m./p.m., on March 10, 1975.

All members were present except: Representatives Rodrock, T. Slattery and Hayes, who were excused.

The next meeting of the Committee will be held at 2:45 ~~xxx~~/p.m., on March 12, 1975.

These minutes of the meeting held on _____, 19____ were considered, corrected and approved.



Chairman

The conferees appearing before the Committee were:

The meeting was called to order by the Chairman who displayed a proposed bill dealing with delegates to a national conference on uniform state laws. It was moved by Mr. Feleciano and seconded by Mr. Ward that the bill be introduced and referred to the Committee of the Whole. Motion carried.

The Chairman stated that HB 2798 should not really be on the calendar; that when it was drafted it came to the committee with bills which were drafted as a result of committee rejection of certain Rules and Regulations of the Fire Marshall, and the subject dealt with Rules and Regulations, so it was assumed that all of the bills were Fire Marshall oriented. He stated this is not really the case; that 2798 really extends the time for committees to consider and act upon Rules and Regulations. After discussion, it was moved by Mr. Feleciano and seconded by Mr. Reeves to affirm the previous action and leave the bill on the calendar. Motion carried.

The Chairman stated that the Energy and Natural Resources Committee had requested a bill to be introduced and referred to the Committee of the Whole. It was moved by Mr. Ungerer and seconded by Mr. Sellers that this be done. Motion carried.

The Chairman displayed a bill which was requested by the Revisor concerning the printing and publication of the statute books. He stated that the Revisor had talked with the Speaker and he agrees that it should be introduced. It was moved by Mr. Morris and seconded by Mr. Ungerer that the bill be introduced and referred back to the Committee. Motion carried.

The Chairman explained another proposal which was drafted at the request of the Assessment and Taxation Committee. He stated it deals with local units of government in appeals to the Board of Tax Appeals; that it should be referred back to the Committee, which would meet with the Assessment and Taxation Committee when it is considered. It was moved by Mr. Feleciano and seconded by Mr. Ungerer that the bill be intoroduced and referred back to committee. Motion carried.

The Chairman displayed another bill which was prepared at the request of the Judiciary Committee, and which should be referred to that Committee; with no action to be taken this year. He explained it deals with a Public Defender system.

It was moved by Mr. Ungerer and seconded by Mr. Sellers, that the bill be introduced and referred to the Judiciary Committee. Motion carried without dissent.

The meeting was adjourned.

PERSONS WISHING TO TESTIFY BEFORE HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE

*Mrs Ann Galiger
Kansas City, Kansas*

Mrs. Mary Burkhead
Group Against Smokers' Pollution
Shawnee Mission

Mr. Russ Shawver
Shawnee Mission Hospital
Shawnee Mission

Mrs. Bonnie Booker
Citizen
Wichita

Mr. Allen Hancock
Citizen
Topeka

→ Dr. Samuel Zelman, M.D.
Former Chief of Medical Services VA Hospital
Topeka.

*ANN COLLINGS
CITIZEN
WICHITA*

Mrs. Cynthia Galyardt
Citizen
Lawrence

Gary Zook

Against

*T. M. Murrell
Mr Huston*

3-4-75

KANSAS LUNG ASSOCIATION

E. C. Altenbernd, M.D., *President*
W. W. Wilmore, M.A., *Executive Director*

The following are some documented facts published by the American Lung Association:

- * Cigarette smoke affects the nonsmoker in much the same way as the smoker.
- * Inhaling second-hand smoke makes the heart beat faster, the blood pressure go up, and the level of carbon monoxide in the blood increase.
- * There is more cadmium in the smoke that drifts off the burning end of the cigarette than in the drag the smoker takes. Large doses of cadmium have been related to hypertension, chronic bronchitis, and emphysema.
- * Smoke from an idling cigarette contains even more tar and nicotine than an inhaled one.
- * The amount of carbon monoxide in the blood of nonsmokers doubles in a poorly ventilated room filled with cigarette smoke. Even outside the room, the inhaled carbon monoxide stays in the body for three or four hours.
- * The nonsmoker is forced to breathe in smoke from the burning end of the cigarette as well as the smoke exhaled by the smoker.
- * Researchers have found that lung illness is twice as common in young children whose parents smoke at home compared to those with nonsmoking parents.
- * An estimated 2 million Americans are sensitive to tobacco smoke and suffer smoke-caused asthma attacks.
- * The U.S. Surgeon General has said, "Nonsmokers have as much right to clean air and wholesome air as smokers have to their so-called right to smoke, which I would redefine as a so-called right to pollute. It is high time to ban smoking from all confined public places such as restaurants, theaters, airplanes, trains, and buses. It is time that we interpret the Bill of Rights for the nonsmoker as well as the smoker."

In light of the above facts, we urge favorable action on this measure.

It's a matter of Life and Breath!

H. P. Weaver
Kansas Lung Assn

TESTIMONY
Federal and State Affairs Committee
Tuesday, March 4, 1975
Re: SB 121

Mr. Chairman, and members of the committee, my name is Gary Zook, Executive Director of the Kansas Retail Council, a Division of the Kansas Association of Commerce and Industry. I'm here today in support of SB 121 which would prohibit and provide penalties for smoking in public places where a NO SMOKING sign has been posted.

There are three reasons why we support this measure. First, businessmen are becoming increasingly aware of their corporate responsibility to the consuming public. There are specific examples in which government has called on businessmen to become concerned about the consuming public by requiring specific safety and health standards, such as the federal occupational safety and health act, and the recent passage and implementation of the consumer product safety act.

Retailers feel that medical evidence, such as is presented here today and is available in numerous research documents, specifically identifies smoking as a health hazard. It would, therefore, be hypocritical of legitimate businessmen to fully comply with one kind of safety and health standards in the operation of their business, and flagrantly avoid supporting measures to protect other areas of safety and health by not supporting legislation such as SB 121.

Secondly, smoking presents a very real and serious fire hazard to retail sales floor areas. Existing fire regulations do not adequately protect goods on display for sale from the person who actually handles such goods with a lighted cigarette in their hand. The Kansas Retail Council is vitally concerned that the only way to insure this kind of fire protection is to prohibit smoking in public sales floor areas.

Thirdly, with the increasing publicity about the health hazards presented by smoking, more and more consumers are not smoking and are demanding that their rights to

avoid the hazards presented by cigarette smoke be respected. They expect to shop and to go about their normal lives in an atmosphere void of cigarette smoke hazards. This has generated a consumer demand to retailers that they take steps to prevent smoking in various sales floor areas.

Retailers are taking steps to post signs stating "No Smoking," but since psychological dependency is involved in the question of smoking, the only real way to insure that sales floor areas are kept free of cigarette smoke contamination is for the Legislature to prohibit smoking in such places.

We would note that two sets of individual rights are involved in this question. As we have just stated the rights of the non-smoker must be preserved and adequate measures taken to guarantee he or she adequate opportunity to go about his life without the potential harm of cigarette smoke. On the other hand, the rights of the smoker must be preserved since each of our citizens is free to choose to smoke if he so desires. We feel that paragraph b which provides that smoking may occur in areas designated as smoking areas, adequately does this.

Therefore, we feel that SB 121 would balance the protection of individual rights and be a step forward in a continued effort, and perhaps a joint effort by the Legislature, the medical community, and the business community, toward guaranteeing public health and safety for the citizens of Kansas.

3-4-75

Mr. Chairman, and Members of the Joint Committee

My name is Russell Shawver, and I am the Executive Director of Shawnee Mission Medical Center, a 240 bed acute general hospital in Johnson County Kansas.

I wish to speak in favor othe ^{5/21} bill to bann smoking in public places, and to urge you to adopt it.

Being deeply involved in the Health-Care Industry, I have had enough first-hand exposure to see smoking as a serious public hazard. The majority of burn cases that are brought to our very busy emergency service are directly involved with the smoking habit. My insurance company has documented research demonstrating that a sufficient number of automobile accidents are caused by drivers or passengers handling smoking materials while driving that they offer discounts on premiums to those who do not smoke, in states where it is allowed.

But my concern basically is twofold: The safty and comfort of sick people.

If there is any thing that keeps hospital administrators awake at night, it is the thought of a fire in a hospital full of sick people. Oxygen and other explosive gases are used routinely, and even piped throughout the building to patient rooms. In critical areas every piece of equipment is specially grounded and personnel are requested to refrain from wearing nylon underclothes, because of the possibility of areating a static spark. Oxygen is a heavy gas that flows out of oxygen tents, onto the floors and down the corridors-much like a low lying fog. Can you imagine the panic hospital personnel feel when they observe patients and visitors striking matches in such an enviornment? They do it without thought of the hazard, and I have even seen patients striving to light a cigarette inside of an oxygen tent. Many are not in full control of their faculties, being under the influence of drugs, yet they put at hazard the lives of ~~and~~ of the patients in the building. The majority of fires in hospitals and nursing homes are directly attributable to smoking.

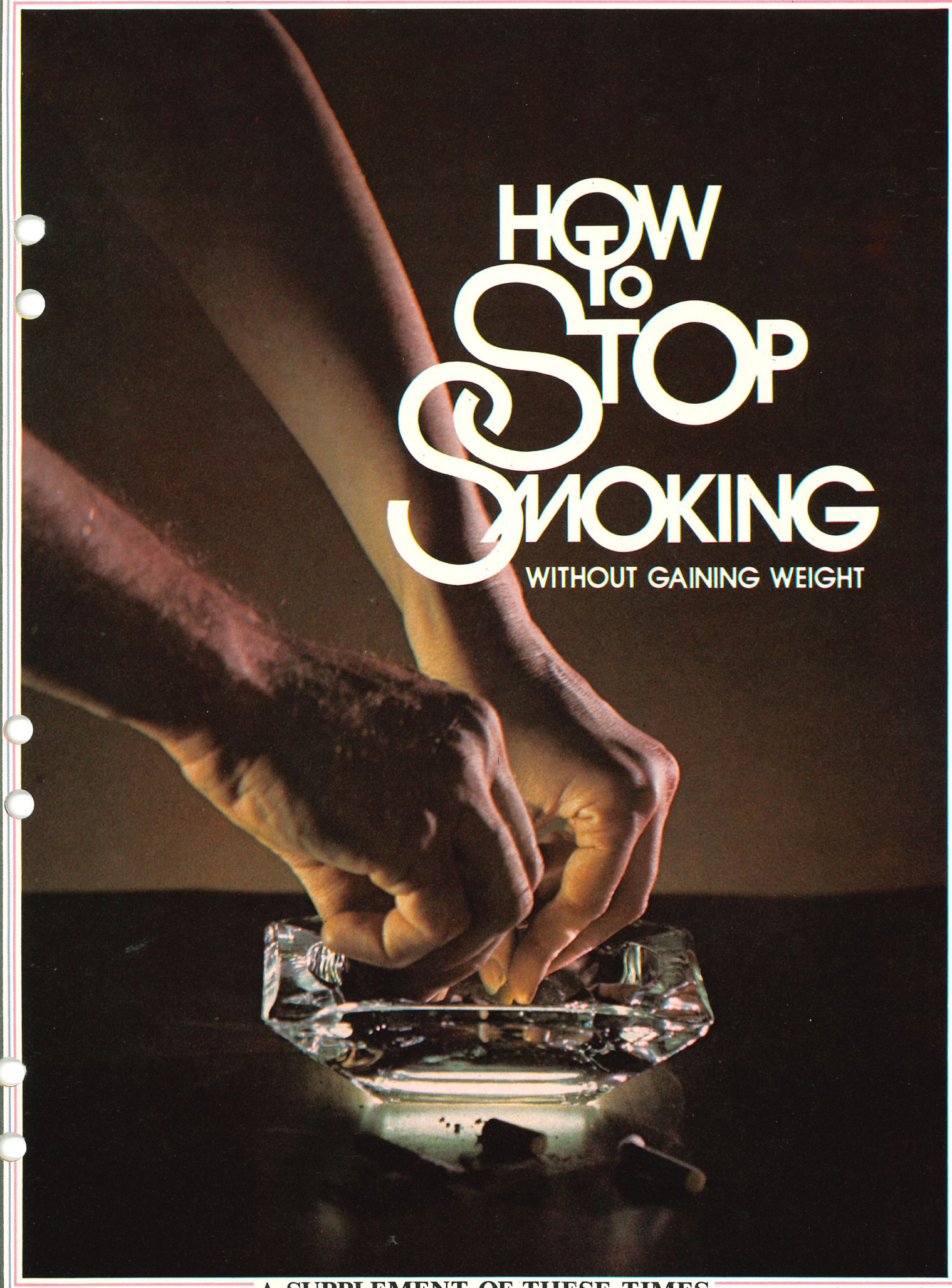
I am likewise concerned about comfort for the patients. Hospitals are croweded and being encourage to utilize even more fully their facilities, because it is so expensive to build more. Our facility is so full that we can scarcely accommodate the emergencies that come. Yet more and more patients complain to me of their discomfort because of the smoking of other patients or visitors. To segregate them would require more rooms for patients, more waiting rooms for visitors and relatives, and more lounges and cafeterias for employees, when the abstenance from smoking by the minority would eliminate the problem.

There was a time when those who smoked were careful not to offend others. However, now they seem to feel it to be their right to smoke whenever and wherever they please. When nurses request people not to smoke, they are subjected to triades and abuse that cause them to avoid such unpleasant tasks.

It would strenghen our position, make hospitals safer places and more comfortable for the majority if there was backing in the law for our efforts to control smoking. I favor banning smoking in public places, but I urge that the statute be careful to protect hospitals specifically. Surely our sick people are of more value than the merchandise in our stores.

Russell Shaver

3-4-75



HOW TO STOP SMOKING

WITHOUT GAINING WEIGHT

A SUPPLEMENT OF THESE TIMES

YOU CAN DO IT!

You would like to quit smoking.

You've seen the ads which picture smokers out in nature on a beautiful spring day, happily puffing away. And you know that they are a lie—that you would really be a lot better off if you could just kick the habit.

But how do you go about quitting?

Should you try to taper off gradually?

Or should you just stop cold turkey?

On the following pages you will learn some of the reasons why *right now* is the best time for you to quit. The remarkable pictures on these pages show graphically how smoking can cripple and destroy parts of your body—your heart, your lungs, your blood vessels, your brain, and other organs. After you examine this evidence, you will understand why over 100,000 doctors have quit smoking in the past few years.

You can quit, too. And it's not as hard as you may think it is—if you know how to go about it.

On pages 16–19 you will find a unique plan which has already helped over two million Americans to stop smoking. The plan involves ten simple, easy-to-follow steps and takes five days. When you finish the plan, you'll be a different person. You'll find out how beautiful life can really be.

You have everything to gain by kicking the habit. Longer life. Better health. More vitality. Fewer medical expenses. You'll find your food tasting better. And if you follow the simple guidelines suggested on pages 20, 21, you won't have to worry about gaining unwanted pounds.

Remember, over twenty-nine million Americans have already quit, and you can, too. It's your choice.



SMOKING AND CANCER

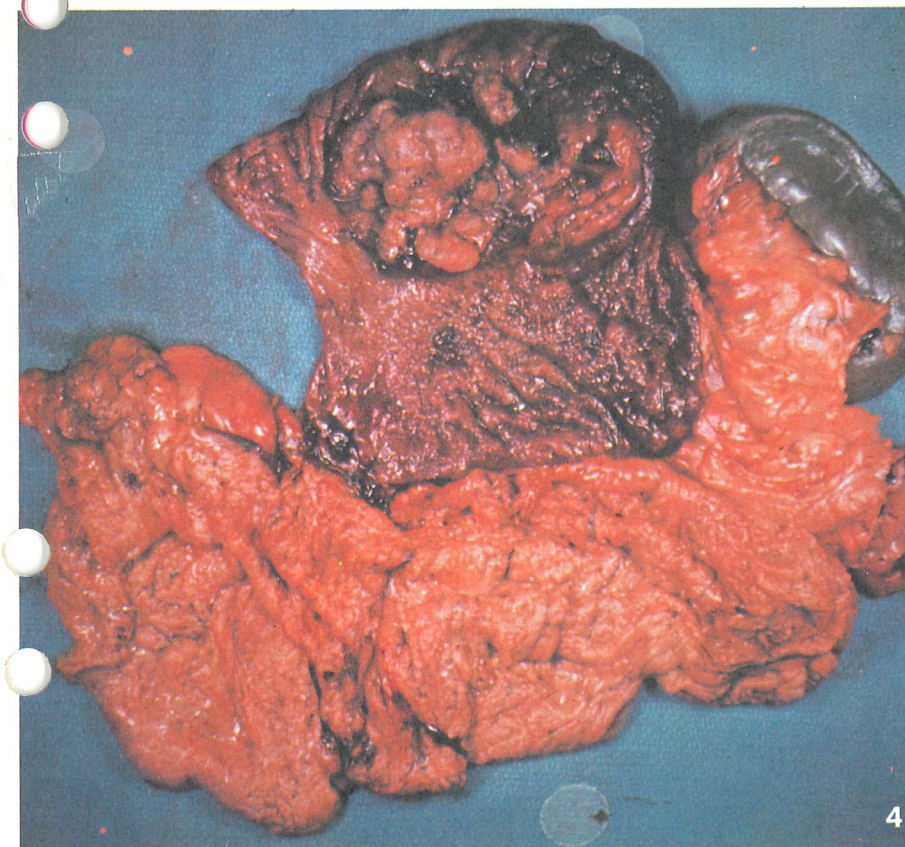
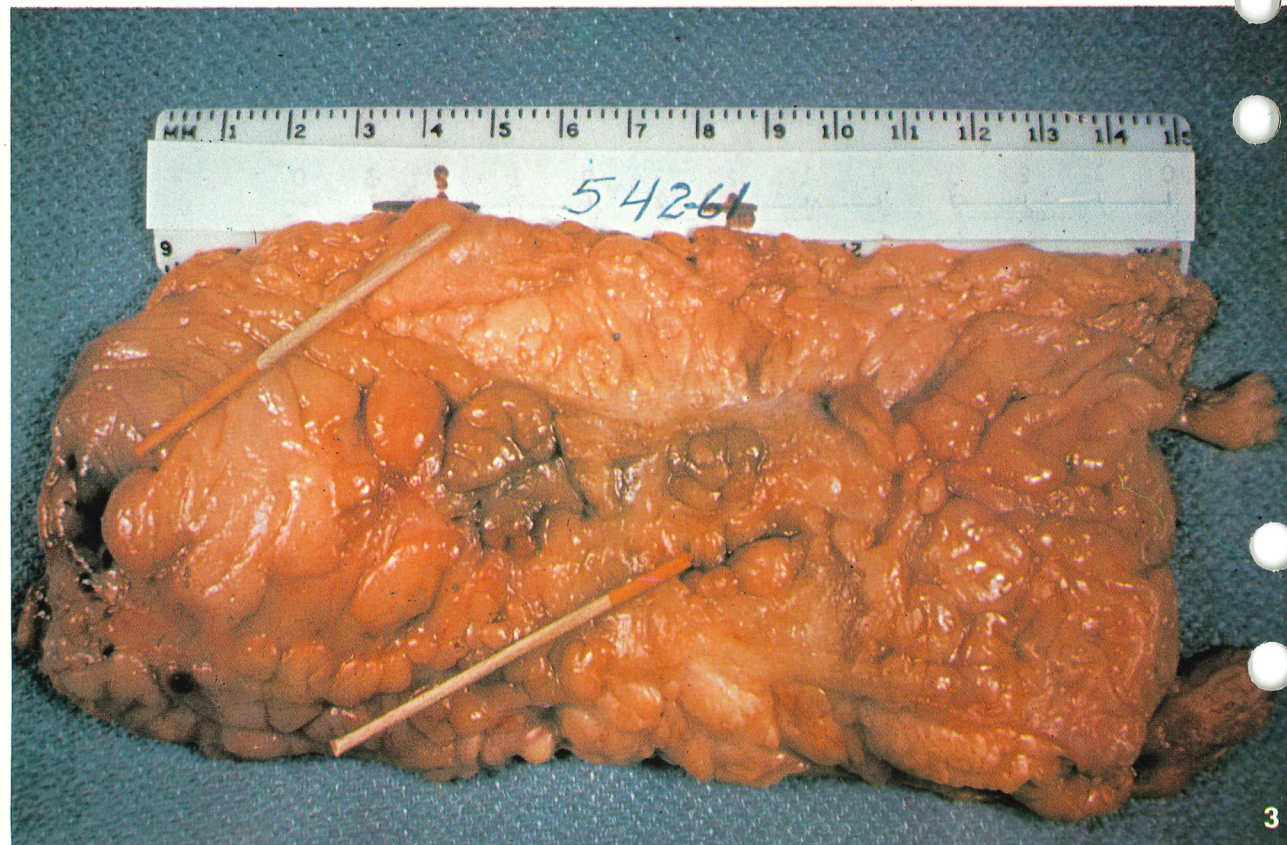
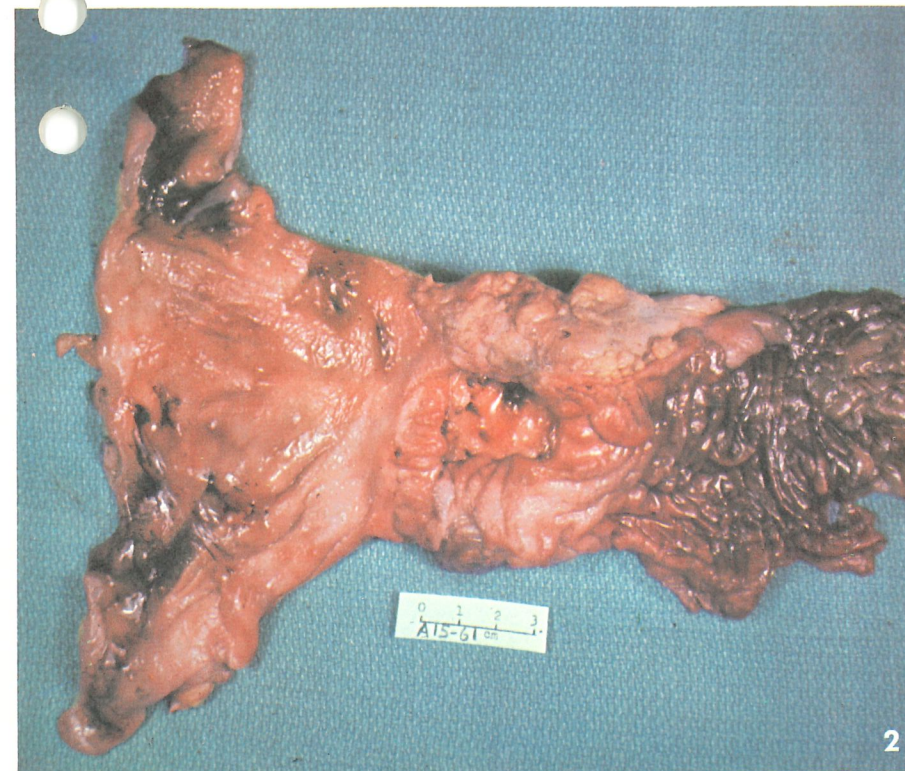
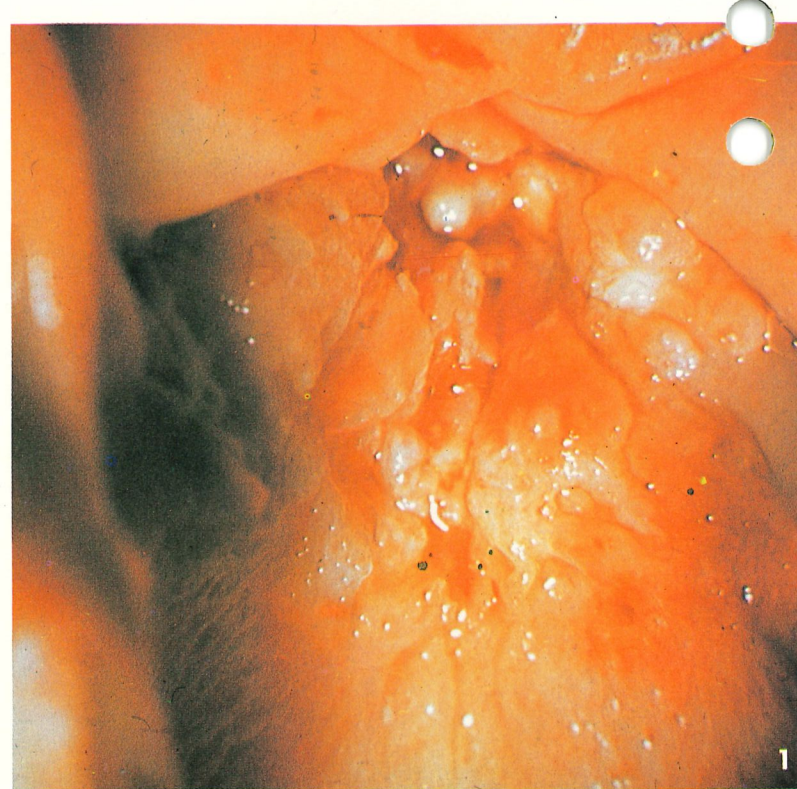
If you smoke, your chances of dying from CANCER are 110% greater than those who have never smoked on a regular basis.

1. The rough, white cauliflowerlike growths shown in this picture of the inside of a human voice box are cancerous. Already the cancer has destroyed the patient's vocal cords.

2. Stomach cancer (shown here) often resembles a peptic ulcer. Both conditions are affected by smoking.

3. One of the most common internal cancers occurs in the lower part of the large intestine (shown here).

4. The light-colored structure at the bottom includes the pancreas, while the organ to the right is the spleen. The top area shows an ulcerated cancer of the stomach.



This year cigarette smoking will contribute to the deaths of 300,000 Americans—six times as many as have died in Vietnam in over ten years.

It is a well-established fact that smokers significantly increase their chances of contracting many kinds of diseases and dying. In fact, smokers die at a 68 percent faster rate than nonsmokers. Each cigarette subtracts six minutes from the life of the average heavy smoker.

The greatest threat to smokers is cancer, a wild, destructive, spreading growth of cells. Nicotine and other substances in tobacco, which enter the lungs and spread to all parts of the body through the bloodstream and lymphatic system, contribute to the appearance of cancer.

Stomach cancer, which may seem to be a peptic ulcer at first, occurs twice as frequently in smokers as in nonsmokers. Cancer in the lower part of the large intestine, probably the most common of internal cancers, also afflicts smokers more frequently than nonsmokers.

Cancer of the throat, arising from the irritating effect of chemicals in cigarette smoke, often leaves its victim without vocal cords after corrective surgery. He must learn to speak again by regurgitating swallowed air. Smokers account for 80 percent of the cancers of the vocal cords.

Photos on pages 4-13 are from the slide presentation, "If You Smoke," by Gordon Hewlett. For further information on this program (125 slides) with sound and script showing the pathological effects of smoking on the human body, contact Hewlett Productions, Box 8, University Station, Berrien Springs, Michigan 49104.

Medical Adviser, Dr. C. L. Dale, Pathologist (retired), Hinsdale Sanitarium and Hospital, Hinsdale, Illinois.

SMOKING AND LUNG CANCER

If you smoke, your chances of dying from LUNG CANCER are 700% greater than those who have never smoked on a regular basis.

When the average smoker takes a long drag on his cigarette, he inhales deeply, forcing smoke into the remotest sections of his lungs. The smoke contains tar and nicotine which invade thousands of the innumerable air sacs in the lungs.

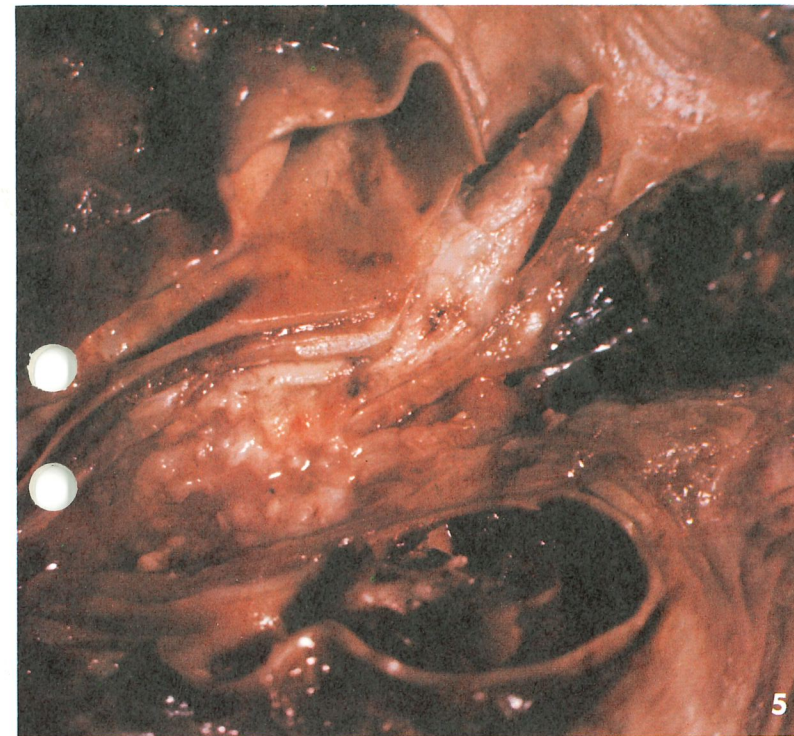
As he continues to smoke, the smoker's air passages become increasingly coated with the sticky tar, which includes several cancer-causing agents. Ordinarily "cilia," small hairlike structures, brush invading matter from the air passages. But the tar from tobacco paralyzes these structures and makes its way to the lungs.

As the tar residues continue to build up in the air passages over several years, they begin to change the surface cells of the passages. The cells begin to increase in number. Within a few years lung cancer often appears.

From the lungs, cancer cells enter the blood and lymphatic vessels and spread to all sections of the body. By the time a diagnosis finally confirms the presence of lung cancer, the disease has usually spread beyond control. That's why, even today with all the spectacular advances in medical science, lung cancer still proves 95 percent fatal.

1. An outside view of a normal lung of a person 45 to 55 years old. The small black spots on the lung are carbon deposits caused by exposure to normal city air, but these deposits cause little problem.

2. A rough, cancerous lung looks quite different than a normal lung. The white growth at the upper end is cancer, while the black discoloration at the lower end is caused by emphysema.



3. Another view of the lung shown in picture No. 2. Notice the small, pointed, fingerlike growth of cancer obstructing the bronchial tube near the center of the picture.

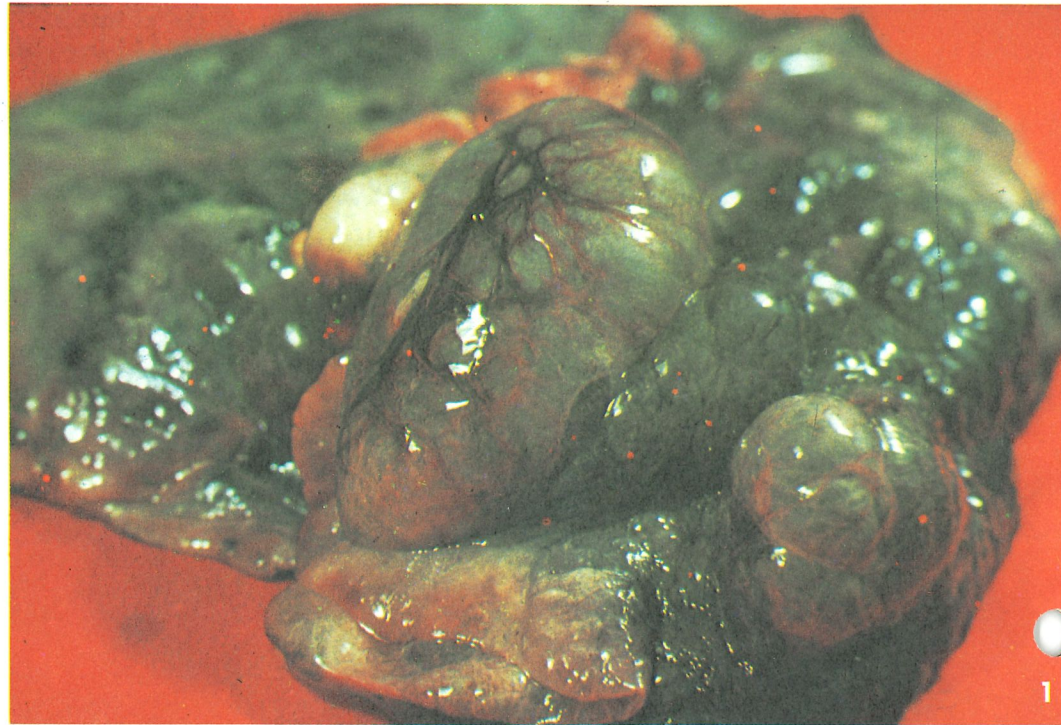
4. The fingerlike growth of cancer shown closer up here nearly fills one of the bronchial tubes.

5. After removing some of the outer tissue of the lung shown in pictures 2, 3, and 4, the full extent of the cancerous growth becomes more apparent.



SMOKING AND EMPHYSEMA

If you smoke, your chances of dying from EMPHYSEMA are approximately 10 times greater than those who have never smoked on a regular basis.



One of the fastest-growing health problems in America today is a disease known as pulmonary emphysema.

Emphysema now affects over one million Americans, and fifty to fifty-five thousand die each year because of it. The disease has much in common with lung cancer—both involve changes in the surface cells of the lung's air passages, and both are related to smoking.

Emphysema occurs when the surface cells, because of outside irritants, begin to grow abnormally. As the growth continues, they begin to block the small air tubes inside the lungs, trapping carbon dioxide within. Because of this blockage the person with emphysema finds it difficult to exhale air. As the condition worsens, the small air-sac walls in the lungs swell and rupture under the stress, producing larger and larger balloonlike sacs or "blebs." The walls of these blebs lose their elasticity as a result of the chemicals in the gases and tars.

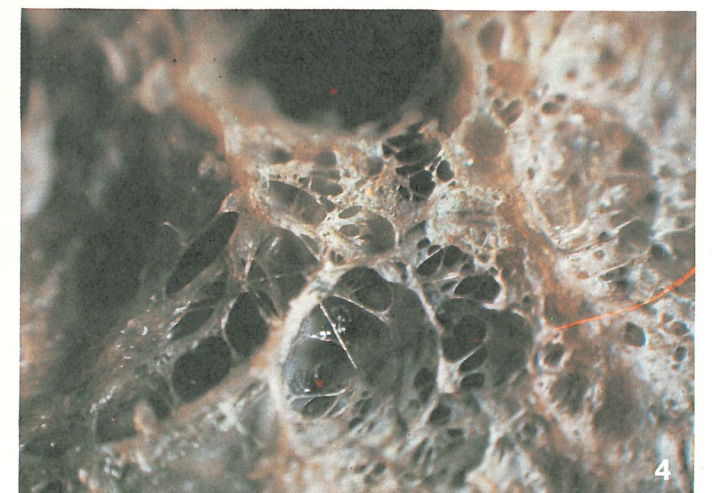
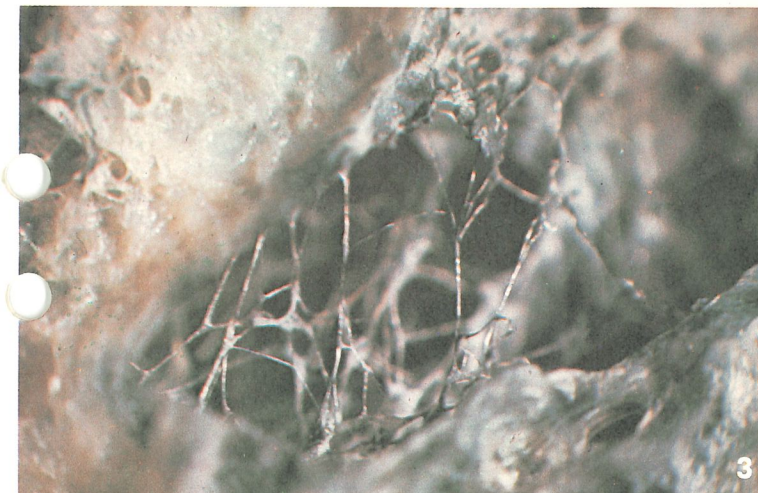
Persons with emphysema experience shortness of breath, lack of energy, and decreased efficiency. Eventually they cannot perform the necessary duties of life. Quitting smoking enables the lungs to function more effectively again, but the broken air-sac walls never heal.

1. A lung affected by emphysema. The ruptured air-sac walls on the exterior of the lung make breathing extremely difficult.

2. An unusually large ruptured air sac or "bleb" shows the extent to which emphysema can destroy the lungs.

3 and 4. These two cross sections of lungs affected by emphysema show how the disease produces broken and blackened tissue.

5. Although spotted by carbon from ordinary city air, this normal lung still has a healthy, naturally pinkish-cream color.



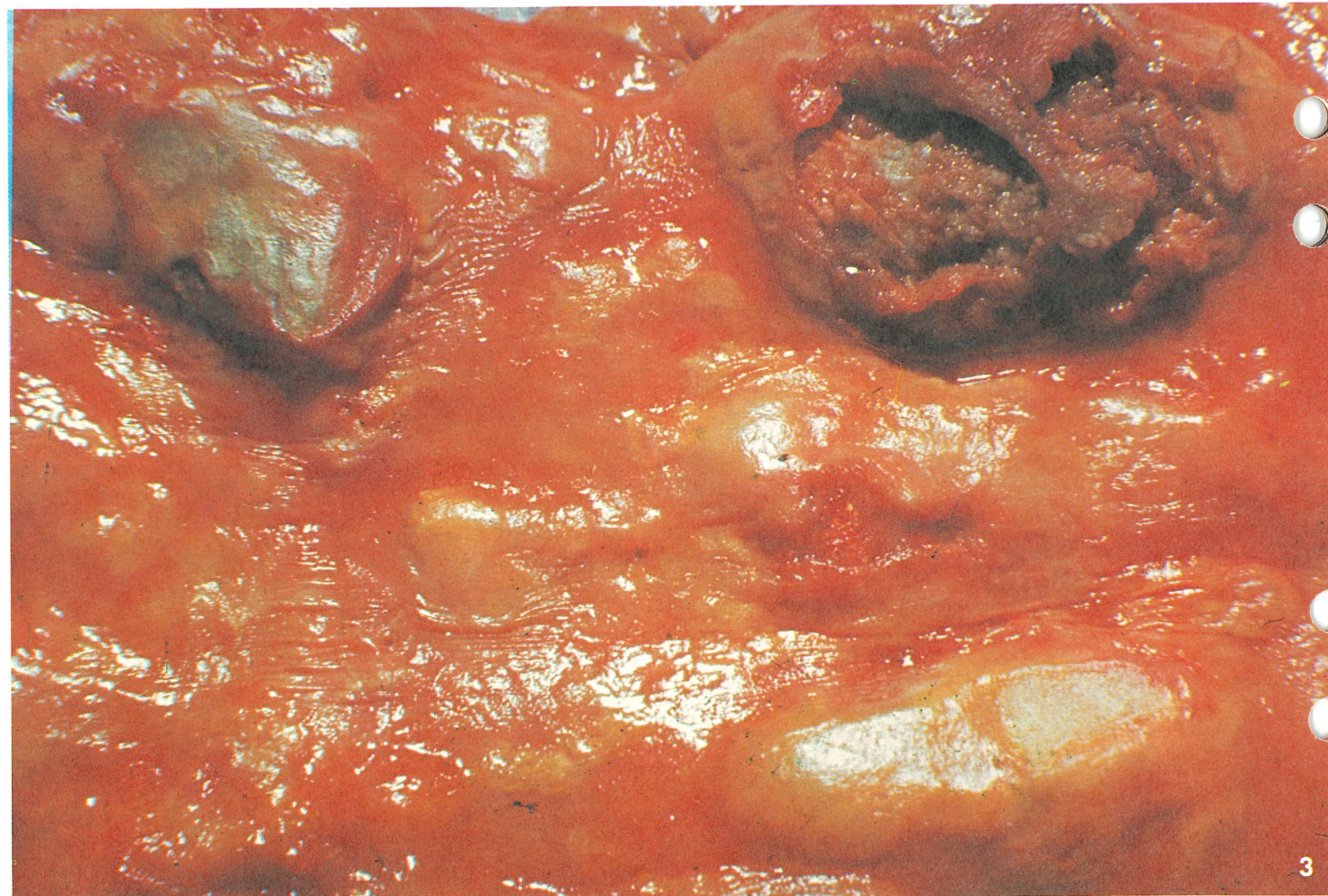
SMOKING AND HARDENING OF THE ARTERIES

If you smoke, your chances of dying from HEART DISEASE are 103% greater than those who have never smoked on a regular basis.

Hardening of the arteries (arteriosclerosis) affects more people and causes more deaths (54 percent of all deaths) in this country than any other disease.

In recent years doctors have discovered that the disease is directly related to the high-fat diet indulged in by most Americans. Now, further research has shown that nicotine, and possibly other chemicals absorbed from tobacco, increases the buildup of fatty deposits (mainly in the form of cholesterol) along the inner walls of the arteries. But that's not all. Nicotine also causes the arteries to shrink. This combination of fat buildup and shrinkage of the arteries hinders the blood vessels from supplying enough blood to the heart, brain, extremities, and other organs. As the condition becomes worse, tissue damage often results.

At this point it takes only a small blood clot caught in the constricted blood vessels to cause a heart attack or stroke.

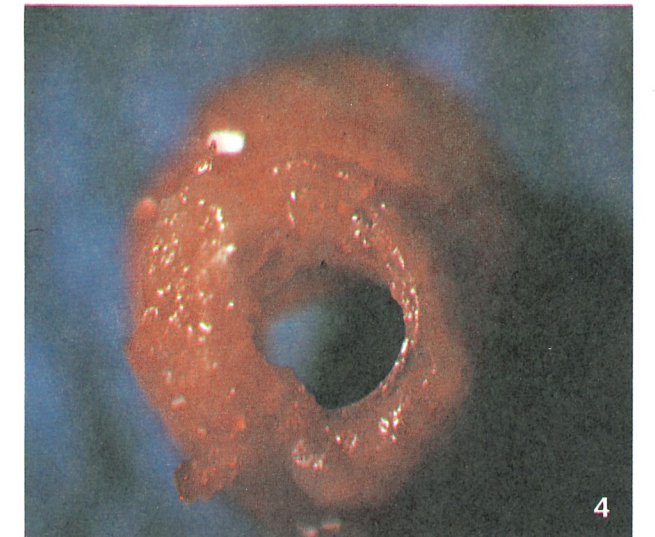


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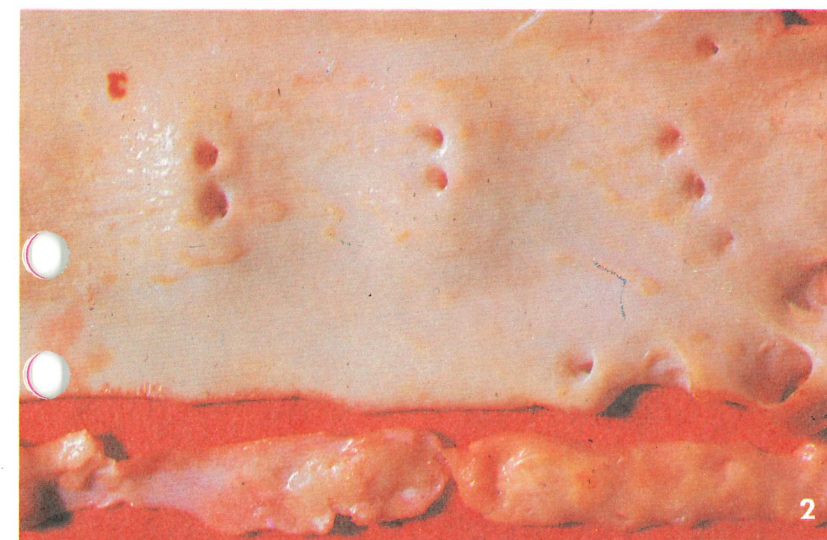
ARTERIES



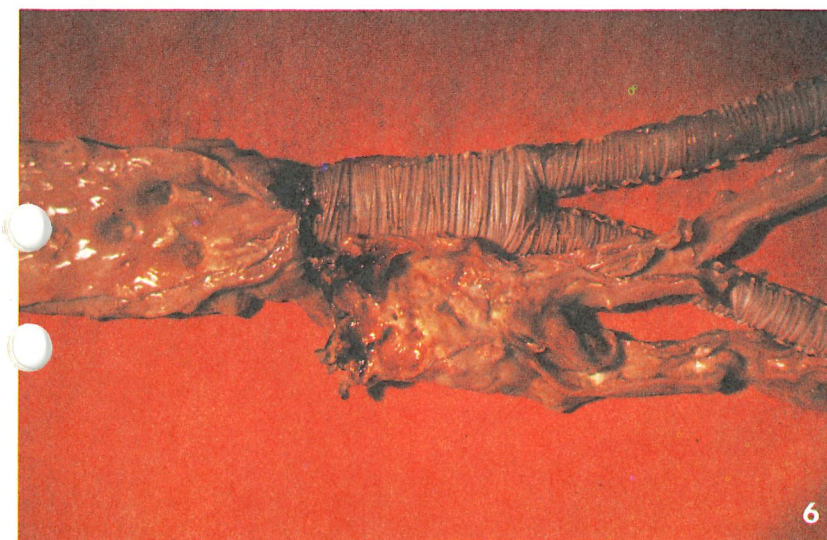
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4



2



6



5

1. A healthy artery has no cholesterol deposits. Branching off from this section of an artery are many smaller blood vessels.

2. Most Americans, because of improper diet and use of tobacco, are affected to some extent by cholesterol deposits. As they begin to form, the yellow deposits start hindering the flow of blood.

3, 4, and 5. As the cholesterol deposits continue to grow, they begin to clog the inside wall of the arteries in the body, blocking the entrances into the branching blood vessels.

6. Recently doctors have developed nylon grafts in order to bypass arteries which have become seriously affected by cholesterol blockage. Shown here is a graft designed to bypass a blocked lower aorta.

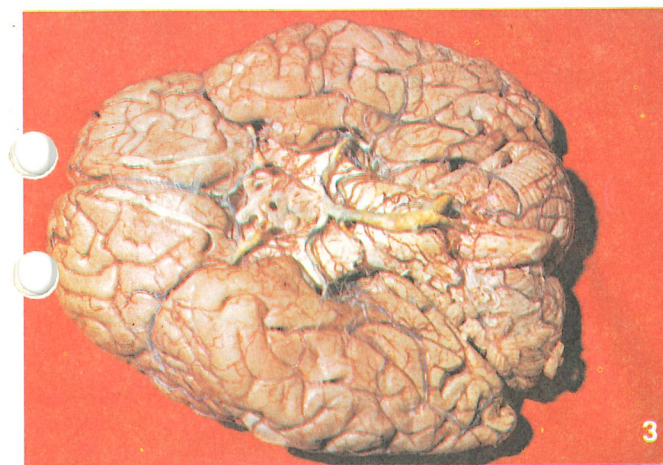
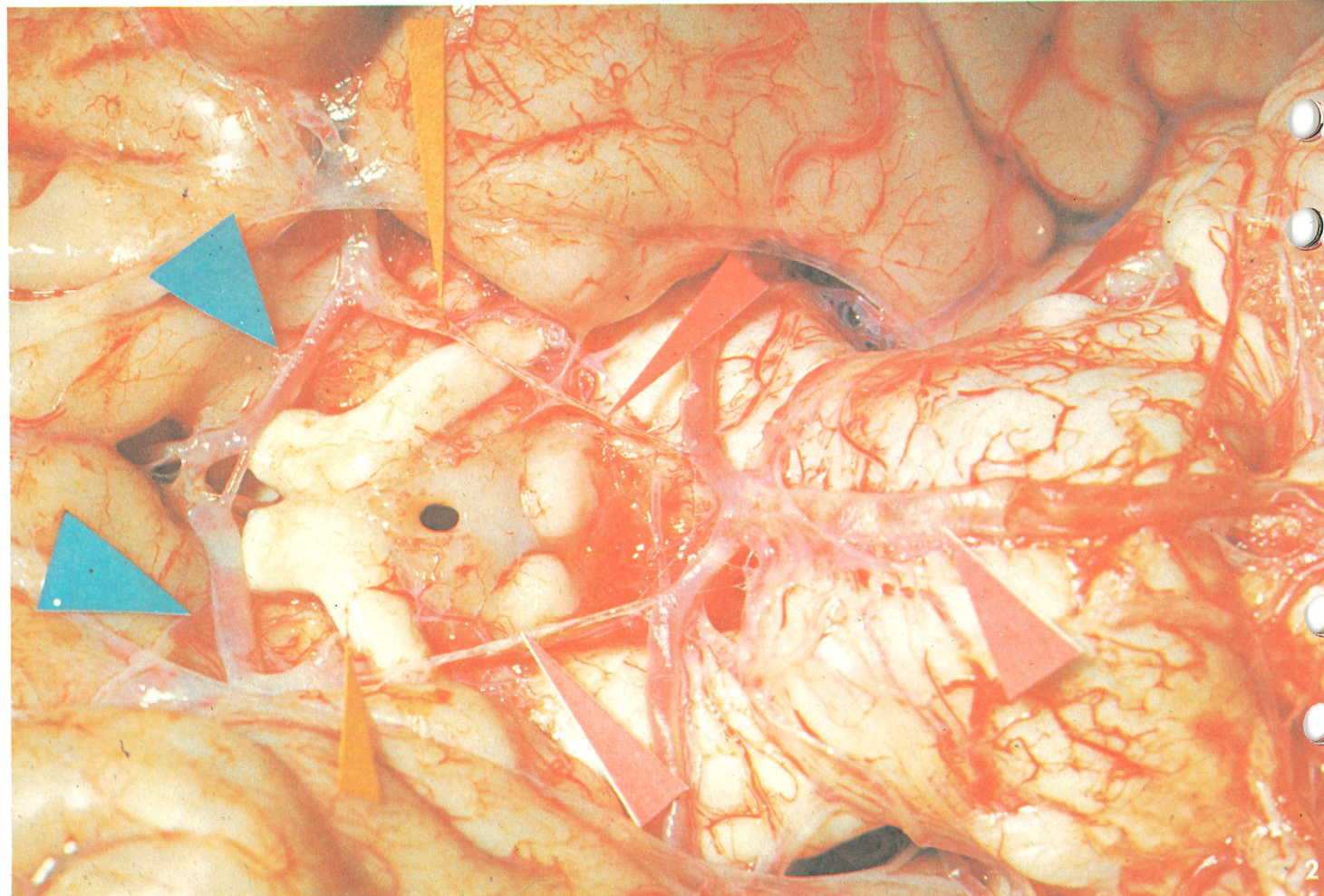
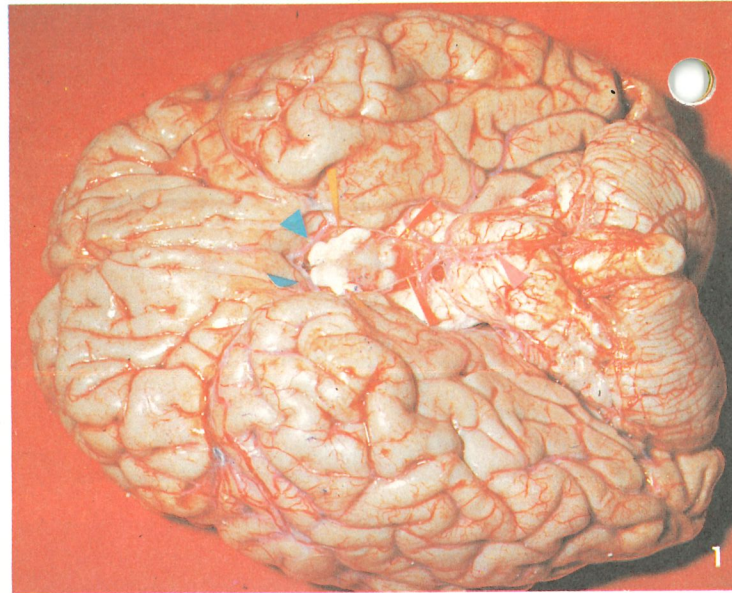
SMOKING AND BRAIN DAMAGE

In order for the human brain to function properly, it must have an adequate supply of blood to bring it oxygen. One of the greatest threats to the brain is cholesterol.

Every year thousands of individuals die as the result of apoplectic seizures or strokes. Most of those who die from strokes are over the age of forty. Strokes occur when a blood vessel in the brain hemorrhages or when a clot forms on the roughened surface of a blood vessel. Either of these conditions stops the flow of blood to a portion of the brain, causing paralysis of part of the body and in severe cases death.

The buildup of cholesterol in the blood vessels which supply the brain can also cause senility by actually starving parts of the brain of needed oxygen.

Because both improper diet and smoking contribute to the buildup of cholesterol, the person who smokes is a prime target for senility and strokes.



1. A normal human brain is a remarkable organism capable of gathering, synthesizing, and storing information; acting upon it, and even creating new thoughts. For the brain to operate normally, it is absolutely essential that it have an adequate supply of blood.

2. A closeup view of the underside of a human brain. The colored arrows point to the arteries which supply the brain with blood. These arteries, clear and almost transparent, show no sign of cholesterol buildup.

3. A brain supplied with blood through damaged arteries is more prone to strokes and senility.

4. A closeup view of a brain with cholesterol-clogged arteries. Notice the difference between these arteries and those shown in picture No. 2.

NOTHING TO RECOMMEND IT

Kenneth H. Cooper, M.D., major of U.S.A.F. Corps, in his book *Aerobics*, describes the most effective research plan ever, regarding smoking and physical fitness. He writes:

"We evaluated nearly 1,000 young recruits at Lackland Air Force Base, and divided them into five groups, those who never smoked, those who smoked and quit, those who smoked an average of less than 10 cigarettes a day, those who smoked 10 to 30, and those who smoked 30 or more. Then we put them into the standard conditioning program.

"At the beginning of training, only the never-smoked, as a group, made it into the good category on the 12-minute test. The stopped-smoking group was just slightly behind, and the other three groups, in nice, neat order, were three, four and five behind. This did not surprise us.

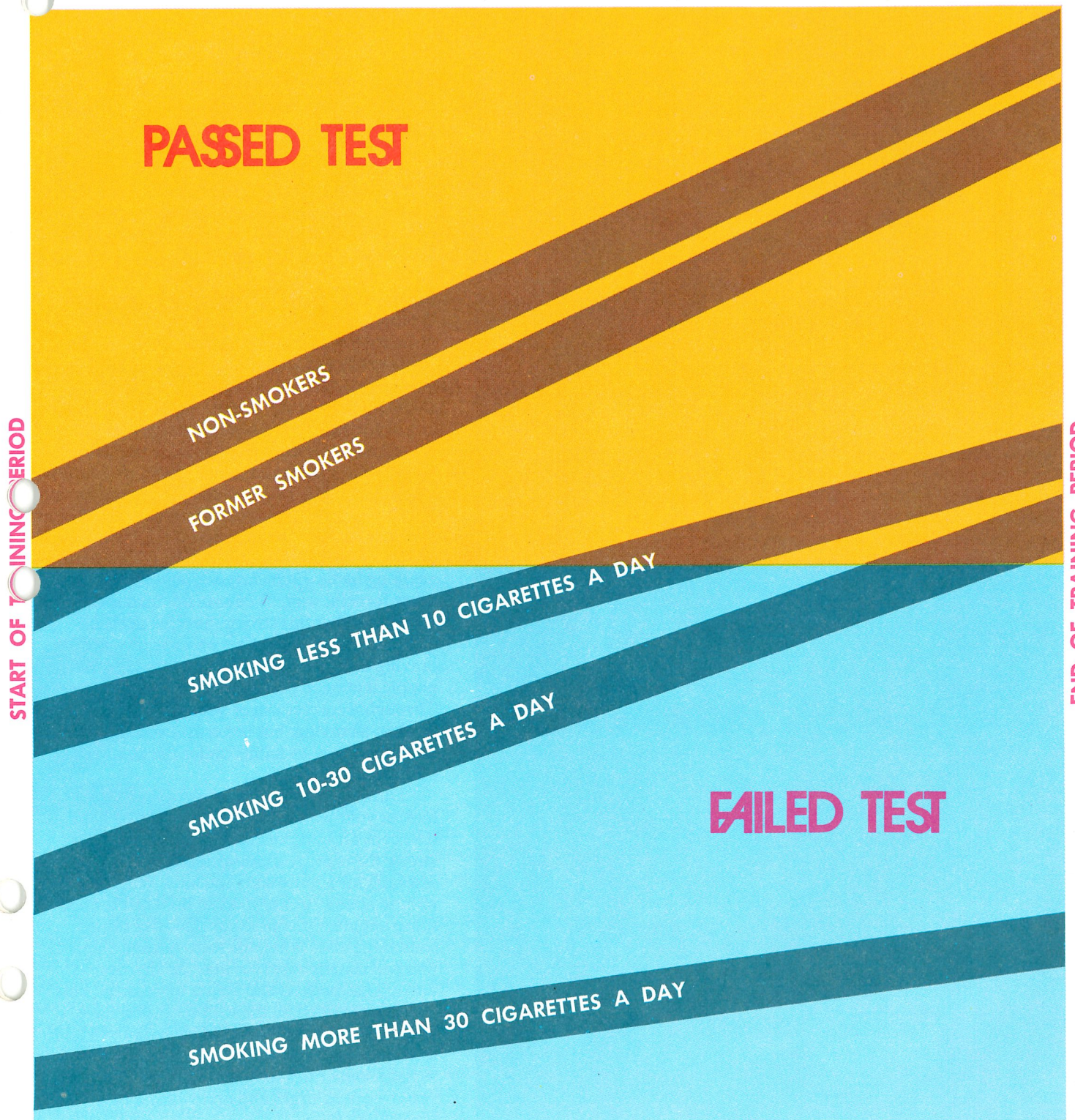
"What did surprise us was the way the groups started spreading out as training progressed. Their progress lines on the chart spread apart the way the peacock on television spreads its tail.

"The 30-cigarettes group remained a poor fifth. Their performance at the end of training was only slightly above what it was when they started and still they were not in the good category. This left a significant gap between the fourth and fifth groups.

"All of the other four groups made it into the good category, still in the same order, with the next significant gap between the 10-cigarette group and the stopped-smoking group. The never-smoked, of course, were still comfortably in first place.

"All of this, remember, involved nearly 1,000 men, so we could hardly be in doubt about the results. I think it's especially significant because it was done on young men who could not have had many smoking years behind them. As the cigarette consumption increased, performance decreased. I can only believe that, as they add years, and more cigarette consumption, the performance gap will widen still more to say nothing of the health hazard to the heavy smoker.

"I can only repeat, with as much emphasis as possible, Smoking isn't good. It just doesn't have anything going for it."



HOW TO STOP SMOKING

The world-famous "Five-Day Plan to Stop Smoking" includes valuable health hints everyone can use with profit.

BY J. WAYNE McFARLAND, M.D.

No matter how convincing all the facts against smoking may be, it is not mere facts and statistics that you need, but rather a program to help you quit smoking.

The desire to stop smoking is good, as far as it goes; but many people make the mistake of confusing a mere desire with willpower. Along with the desire to stop smoking you will want to mobilize your willpower into positive, forceful action.

We feel that the best way to quit smoking is to stop all at once—none of this tapering-off business. The reason: It is better to have a few rough days and be through with it than to drag it out for weeks and months. Slow torture is no fun. You can make a clean sweep of this thing and do it easier than you think. It is our purpose to help you get over the craving as rapidly as possible—in fact, in five days' time.

After quitting, the hardest part comes in the first three days, but by the end of five days the majority of individuals find the craving definitely less or gone. Stay by it for ten days, and you make it. Say to yourself, "I choose not to smoke." Keep repeating your decision throughout the day from morning eye-opening through that final yawn at night. As you repeat it, be sure to mean it! In repeating the decision "I choose not to smoke," many people discover within themselves a positive, growing resistance to the physical craving for tobacco.

Right now is the time for you to accept fully the fact that how you think, how you use your willpower, has an actual effect, an immediate effect, on your body's craving for tobacco. By all means remember this basic relationship between mind and body, because you can utilize this principle in breaking the smoking habit. Each day, as you decide in a more forceful way, "I choose not to smoke," remember that this strong, positive decision exerts an immediate effect on your physical craving to smoke—to the extent that in many people it at once perceptibly weakens the urge. Through a correct use of your will, you not only weaken a craving, but better still you gradually help to bring your habits under the control of reason.

During a period of strong craving to smoke, look at your watch. Observe the second hand as it sweeps around the dial. Regardless of how strong the urge, you can certainly keep from smoking for a mere sixty seconds. With one minute already gone, you can hold out for one more minute. Of course you can. But notice something else. When the third minute elapses you will usually discover that the sharpest craving has peaked and begun to weaken. You are going to need all the willpower you have, but each additional hour and each day will add to your determination and willpower. We suggest some rules to follow faithfully, to help you over peak urges and on toward a new way of living.

1

Water on the Outside

This is the time really to enjoy luxury. Take a warm bath two or three times a day for fifteen to twenty minutes. Just relax. If you feel you cannot stand it any longer to smoke, hop right back into the tub or shower. It's pretty hard to smoke in a shower.

In addition, try another relaxing procedure—the cold mitten friction. Known in the field of medical rehabilitation as a vascular gymnastic, it will help jangled nerves, step up circulation, and make you feel like a million! Here is the procedure. First, get up in the morning a few minutes earlier than usual. Second, in a warm bathroom fill the washbasin with tepid or cool water. Third, immerse a washcloth in the water, then wring it out thoroughly, with no dripping ends. Fourth, firmly rub an arm until the skin begins to glow.

Keep rubbing until the desired pink color appears, denoting an increased peripheral blood circulation. Some people discover it requires considerable rubbing before the skin turns pink, which fact often indicates the peripheral or surface blood vessels are somewhat sluggish in dilating. However, the same mitten friction applied the next morning will usually cause the surface vessels to dilate much sooner.

Use progressively cooler water each morning in order to obtain a greater tonic effect. Do not attempt, however, to cover the entire body with the cold mitten friction on the first morning. On the second morning the second arm can be covered in addition to the first. On the third morning the sequence can run as follows: left arm, right arm, and chest. On the fourth morning the legs may be covered, in addition to arms and chest, so that the entire body will have been covered by the cold mitten friction. Some Spartan souls find themselves eventually tossing a tray of ice cubes into the morning washbasin. A cold, vigorous mitten friction will make you feel more wide-awake and stimulated without triggering the craving for another smoke.

2

Water on the Inside

Drink six to eight glasses of water between meals. Keep a record if necessary. The more liquids you can down, the quicker the nicotine leaches out of your body. Take no alcoholic beverages—no beer, no wine.

The average person may not realize the importance of sufficient water for the proper function of the human body. The brain, for example, is approximately 75 percent water. The nervous system cannot function properly without adequate fluids. Water is vital not only to help you get rid of nicotine from the system, but also to keep your nerves running smoothly.

For the next few days, then, here's a suggested water schedule: Upon arising in the morning, try to drink a glass or two of warm water. At first you may be forced to start

with the proverbial thimbleful until your stomach becomes used to it. But start forming the habit of drinking water the first thing upon rising. Then drink two glasses of water between breakfast and noontime, plus another two sometime during the afternoon. That will total six glasses in all.

Those six glasses of water in addition to fresh fruit juice may cause your kidneys to think that Christmas and New Year's have both arrived on the same day. In fact, you may even slish a bit when you walk. But by substantially increasing your fluid intake during the first twenty-four hours, you may find yourself rounding the corner on craving much sooner. After twenty-four hours you can cut down on the water, but keep your intake of fresh fruit and fruit juices high.

3

Importance of Regularity

Get adequate rest especially during these five days, have regular times for meals, a set time to go to bed (eight hours of sleep won't hurt you). No nightclubbing these five days. You are going all out to conserve your nervous energy.

So plan to retire a bit earlier than usual tonight. Give those nerves a good rest. Fatigue in its many forms is an enemy of willpower. Because they habitually stay up till the national anthem is played at the close of the late, late show and thus rob their bodies of needed rest; many people stumble groggily out of bed in the morning with eyes looking like two burnt holes in a blanket. With jangled nerves already screaming for a cigarette, how can a person chronically fatigued possibly wage a strong-willed campaign against anything, let alone tobacco? Whether your fatigue arises from a lack of adequate rest or from simple overwork, we suggest that during these five days you make definite plans for obtaining sufficient sleep at night.

4

No Sitting Around After Meals

After meals, get outside, walk and breathe deeply for fifteen to thirty minutes. Do not sit after eating. This is the time you will want most of all to smoke. Get outside.

Heretofore you've been in the habit of eating a substantial dinner, only to collapse feet up in your favorite easy chair with a smoke, a newspaper, and television. At this moment your favorite easy chair has become a dual booby trap, all saturated with the aroma from a thousand previous smokes and part of an established pattern. There you sit encircled by the permeating aroma from sofa, curtains, rug. No wonder your craving to smoke comes to life with a vengeance.

Get up and go to your favorite workshop hobby or outside for a walk. You might even go so far as to help

your wife with the dishes. But whatever you do, just don't sit down after you eat. After every meal a walk is the rule for you.

Here is another reason: It is estimated that brain cells require some five times the amount of oxygen required by any other part of the body. It must naturally follow, then, that by reducing the amount of oxygen available to the brain, we may well impair certain mental functions. May we not logically assume that impaired mental functions due to insufficient oxygen would likewise hinder the exercise of strong willpower, so vital in resisting the urge to smoke?

Further, medical research indicates the frontal areas of the brain, usually the first to be affected by an insufficient oxygen supply, to be closely associated with functions of willpower, reason, and judgment. Therefore, during the next few days when strong willpower and calm nerves are so vital, decide to take time out for extra amounts of oxygen, and particularly after meals.

5

Careful What You Drink

Do not drink alcohol, tea, coffee, or cola beverages. Try to avoid all sedatives and stimulants in order to build up your nervous reserves as quickly as possible. Milk or buttermilk is the beverage now. For a hot beverage, use a cereal drink.

Many smokers, while trying to kick the tobacco habit, double their daily coffee intake, not realizing its ability to trigger an explosive craving for the very tobacco they are trying to quit. But there is more to the story. In addition to the established habit pattern linking a cup of coffee with a cigarette, caffeine in the coffee stimulates nerves. You need no extra nervous tension now. Keeping calm is the watchword.

Another prominent enemy of willpower is alcohol. In any form, it strikes directly at your vital brain centers of reason, willpower, and judgment. For this reason confer upon it, during these next few days, the dubious honor of being labeled Personal Enemy Number One.

In almost every group of people trying to break the smoking habit, we discover a sizable number who make excellent progress until the fateful afternoon they drop in at a cocktail party. They fully intend to nurse a glass of ginger ale throughout the affair—until some old friend entices them into "just a tiny one for old times' sake." A half pack of cigarettes later they're still trying to figure out what made a shambles of their willpower.

6

No Eating at This Table

Often we can tell when a man is smoking heavily, for all his food is highly spiced. Also he eats heavily of meats,

gravies, fried foods, and rich foods, making it well-nigh impossible for him to stop smoking.

The reason the average smoker uses strong condiments is that tobacco deadens his taste buds. He often requires liberal doses of strong-flavored condiments to punch through this deadened sense of taste. When he suddenly stops smoking, his taste buds begin to awaken from their many-a-year anesthetic, to proclaim a wonderful improvement in the flavor of his wife's cooking, calling for yet another display of willpower; namely, "I choose not to overeat." So by all means during these five days give yourself every chance by leaving off such condiments as hot sauce, mustard, black pepper, chili, and horseradish. Remember, if it's hot when it's cold, you'd better not use it.

During these five days omit rare steaks and rich and/or greasy fried foods from your diet. Give your body the best possible chance to recuperate through the use of plain, simple food prepared in as natural a manner as possible. Some people discover that a well-seasoned rare steak is in itself sufficient to stimulate a strong craving to smoke. The craving may possibly be stimulated from purine substances in the meat and by an increase in blood ammonia absorbed from the breakdown of the high protein of the meat, since high ammonia levels may stimulate the central nervous system. The rarer the steak, the greater the amount of ammonia formed. Substitute fish for other meat; it will also help keep cholesterol low.

While we are discussing certain foods at this point, we also suggest that you abstain from rich, sugar-heavy desserts.

In white refined sugar there is neither calcium, phosphorus, iron, nor vitamin B₁. Even more important, your body requires vitamin B₁ in order to burn blood sugar. Therefore, whenever you eat an excessive amount of sugar, your supply of vitamin B₁—which should be strengthening your nerves—is being constantly drawn off to burn up the excessive sugar being eaten. No wonder, then, that nerves so often become jumpy and irritable.

Therefore, during these five days when you're breaking the cigarette habit, dispense with rich pastries and desserts containing liberal amounts of sugar. This will help to give your nerves the best possible chance of weathering the present storm.

7

Instead, Eat Here

For meals, eat all you want of fruit, grains, vegetables, and nuts. Eat abundantly of fresh fruit (this is your opportunity to go on a fruit jag). It is best to eat fruit and vegetables at separate meals—nothing between meals. And only sugarless gum, if you insist.

One reason individuals give for not stopping smoking is that they'll put on weight and look like a balloon. They ask, "Which is worse, to be overweight or risk the bad results of smoking?" Don't worry about the problem of overweight during the first few days. You will be drinking extra amounts of water, so you may put on a few pounds; but this water is essential to help you get rid of the nicotine in your system.

However, this problem of overweight is indeed important. But you will have more progress in handling it

during these five days than most of you probably realize. Your willpower has been steadily strengthened. It has kept you from eating and drinking certain things that would be harmful. It can now be a valuable weapon in your battle against overweight. Most people can control their weight a lot easier than they can control the smoking habit. So just take courage; we are ready to discuss some valuable hints on how to keep your weight normal.

Here is a simple plan to aid you in losing weight. It is sound, and it will work.

The object is to lose one pound a week. This is a good average. Of course, you lose weight more slowly than on a rash program," but you also avoid looking like a scarecrow or a dried prune. Nutritional deficiencies are much rarer. The stress on the human body is less.

This program starts with a good breakfast. Right here is where many people fail. They skip breakfast, and then they continually try to catch up on nutrients the rest of the day. They may even nibble between meals, but snacking is disastrous to any weight-control program. You cannot eat between meals and control your weight.

Folks sometimes eat only two meals a day, but the wrong two. They have a meal at noon, and then really a feast at night. Make your lightest meal the one at night. Reduce your fluids to four glasses, and use salt only in preparing the food, none at the table. Reduce all your servings by one third. Cut down or reduce to zero fried foods, rich gravies, and desserts. Use sugarless mints and sugarless gum. Snack only on carrot sticks or celery sticks.

8

Extra Vitamins Help

For extra amounts of vitamins, particularly of B complex, which is the vitamin to help your nerves as you deprive them of nicotine, take at each meal one or two tablespoons of wheat germ. As a substitute for wheat germ one or two tablespoons daily of dried brewer's yeast is another good source of B complex and also of excellent protein.

One way to take brewer's yeast is to stir a tablespoon of dried yeast into a glass of tomato juice, hold your nose, and drink it down. This is for the folks who feel that they have been cheated unless there is some nasty-tasting medicine to take. Others of you wishing added amounts of vitamin B₁ can check with your family physician for such vitamin B₁ capsules or tablets as he might wish to recommend during this particular period of time.

9

Panaceas May Disappoint

Special tablets or other aids to stop smoking may help you. Some individuals swear by them, while others seem to receive no benefit. You may wish to try some of them. If those nerves of yours begin complaining too loudly about

this whole process of giving up tobacco, feel free to contact your own doctor who may suggest a mild tranquilizer for a day or so. For any type of medication it is always wise to consult your family physician.

10

Divine Help Doesn't Disappoint

The most important part of this whole program is to ask God to help you. If you have never prayed before, this is the time to learn. Heaven will help any man or woman who is really serious about stopping the use of tobacco. Place your will on the side of God, and you are invincible. You can never fail with God as your partner.

The greatest Book ever written says, "Ask, and ye shall receive." Here we have not only God's promise but also assurance of His power to aid us in overcoming any defiling habit. Don't hesitate for a moment to ask for strength. But as you ask, simply believe that you will receive strength, and you will. A basic natural law is, "Strength is acquired through effort." This law holds true in muscles, in willpower, and in faith. Just try it and see.

For that irresistible urge that may strike you during the first few days of stopping, pause right where you are and say to yourself: "I choose not to smoke." Then get a drink of water, start deep breathing, and ask for divine aid. You will note that the craving begins to lessen in a few minutes and that you have made it through a real crisis. These periods of extreme craving will gradually lessen. You can make it.

Follow the outlined schedule each day, and you will feel better and have a sense of well-being unknown to you for a long time. Furthermore, you can look the world straight in the face because *you* are the one, not the cigarette, who is running your life. When you feel the lowest, you may very well be a great deal nearer to a major breakthrough than you realize.

Recently a heavy-smoking business executive declared, "I am amazed at how many beneficial side effects there are in this plan to stop smoking." Whereupon he listed a number of benefits experienced through more exercise, deep breathing, and the stronger willpower to regularize personal habits. For him the plan had already paid off in an improved sense of well-being. He concluded by saying, "And all these benefits have come to me within the framework of giving up tobacco." We believe this is as it should be. In ceasing to smoke, you are certainly not the victim of some negative decision that deprives you of a cherished habit. Instead, in the process of quitting you can open other doors leading to new avenues of altogether better living.

Now for a word of definite warning. If you allow your willpower to drift into gradual inactivity, thus becoming careless in habits of eating, drinking, working, and sleeping, your guard will be imperceptibly but steadily lowered. Don't forget that just beneath the surface lies a once well-established neuromuscular, psychological addiction, ready without warning to unleash a savage craving to smoke.

Keep your guard up. Your job now is to establish the habit of not smoking just as firmly as before you had established the habit of smoking. Remember, this will take time, but you can make it!

HOW TO BE A SUCCESSFUL EX-SMOKER AND NOT GAIN WEIGHT

You have probably realized by now that what you put into your body has a definite effect on your well-being and the efficiency with which your body operates. You need not worry about gaining weight when you stop smoking if you recognize a few basic principles.

First of all, when you stop smoking, two things begin to happen immediately. On the one hand your body's metabolism begins to work more efficiently. This means that your body will be utilizing your food more efficiently. On the other hand you will find that your food tastes better. Your taste receptors, drugged

by years of constant exposure to nicotine, will once again begin to function as they should. And so, because you feel better and because your food tastes better, you will be tempted to eat more than you have been. In addition, for years you have been used to having something in your mouth. This makes it all the more tempting to indulge in between-meal snacks.

Understanding these facts, you can *choose* to establish new patterns which will bring you greater health and a longer life. Here is a list of nine health tips suggested by specialists in the Health Education Department of Hinsdale Sanitarium and Hospital near Chicago, Illinois.

1. Eat a good breakfast
2. Eliminate between-meal snacks
3. Remove empty and refined calories from the diet as much as possible
 - A. Eliminate or cut down drastically on all visible fats (Crisco, Mazola oil, margarine, usual salad dressings)
 - B. Eliminate or reduce use of free sugar: Usual desserts (ice cream, candy, cake, pie)
Jams or jellies
Common sweetened cereals or sugar on breakfast cereals (substitute raisins)
Soft drinks or fruit drinks (may use fruit juices)
Use fresh fruit rather than canned fruit
 - C. Use unrefined cereals
Use brown rice rather than white rice, whole wheat bread rather than white bread even though enriched
Use cooked cereals for breakfast in preference to dry cereals
 - D. Don't use any alcoholic beverages
4. Reduce drastically the intake of animal fats
 - A. Eliminate meats (fish may be an exception)
 - B. Eliminate dairy fat (use skim milk or buttermilk in place of whole milk; use no cheese except skim-milk cottage cheese; use no butter)
 - C. Select proper spreads for bread, and use these in small quantities only. Use some avocado, special margarine, or peanut butter in place of butter or regular margarine.
 - D. Beware of all baking goods—most are high in fat and/or sugar
 - E. Use only three eggs a week or less
5. Eat a light fruit supper or none at all
6. Get regular and moderate exercise
7. Get adequate rest, fresh air, sunshine, pure water
8. Have regular medical checkups
9. Let God do your worrying

A DAILY FOOD GUIDE

The rules for a balanced diet are simple. Follow the basic suggestions outlined below, and you will see how easy the way to good health is.

MILK & CHEESE

This food group provides an excellent source of minerals such as calcium and phosphorus as well as vitamin B and protein.

Sources: Milk (whole, skim, evaporated, instant nonfat dry, buttermilk), with cheese and ice cream as alternates.

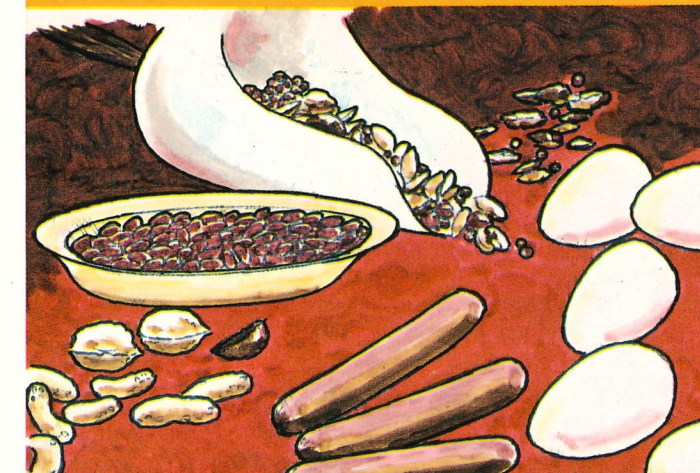


**3 OR MORE
SERVINGS DAILY**

PROTEIN FOODS

Protein is necessary for growth and maintenance of the body.

Sources: Eggs, dry beans, dry peas, nuts, meat, and fish.

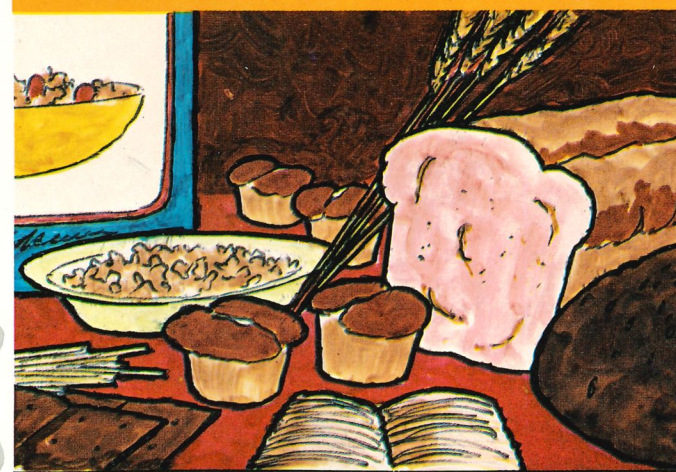


**2 OR MORE
SERVINGS DAILY**

BREADS & CEREALS

These foods have a high carbohydrate content and provide the body with energy.

Sources: Bread (preferably whole grain), cereals, noodles, and rice.



**4 OR MORE
SERVINGS DAILY**

FRUITS & VEGETABLES

This group is a primary source of vitamins and minerals.

Sources: For vitamin A select dark green or yellow vegetables; for vitamin C select citrus fruits, strawberries, tomatoes, and potatoes.



**4 OR MORE
SERVINGS DAILY**

THE SILENT WARD

By A. E. Terrill

It was just a sore throat, I reassured myself, as I lit another cigarette. The doctor's office was filled with patients. A woman sitting next to me coughed when my smoke drifted her way, so I shifted the cigarette to my other hand. Going to have to change my brand, I thought. This weed doesn't taste good like a cigarette should. I hummed the catchy tune from a cigarette commercial. Doctors' offices make me nervous.

"Sorry, you'll have to put it out." The nurse's voice was firm. "Many of our patients are sensitive to smoke."

"O.K., sorry," I mumbled and ground out the cigarette in a potted plant on the table beside me. I should have known when there wasn't any ashtray around.

Finally, my turn came. Dr. Grady was brusque while he questioned me about the scratchy feeling that had turned into a sore throat and stayed that way.

"Let's have a look," he said.

It didn't take long.

"You have a growth on your vocal cords that will have to be removed. I think we can get you in the hospital by the twentieth. In the meantime, of course, you will have to quit smoking," he said bluntly.

At first the part about not smoking didn't even sink in. Hospital. Growth. That meant cancer, didn't it?

The doctor continued, "We can't be sure of what you have here until it's removed and we do lab tests."

I was still in shock when the nurse ushered me to the door. "I'll confirm the hospital room and make an appointment for you with the doctor just before you go in."

As the door closed behind me, I fumbled in my pocket for a cigarette. I needed it.

But I paused and stuffed the package back. No smoking, he had said. I was scared as I stumbled to the car, and fear was bigger than my habit. For the first time in years I spent a waking hour without a cigarette.

At home I tried to put on a show of calm for my wife, Marcie's, sake; but underneath, the fear was there.

The worst time was the night my Aunt Ethel dropped by. She was brimming with news of her recent successful ear operation undertaken by a famous doctor at the university hospital.

"Pretty smart people up there," she said. "They put the deaf in a ward with patients who have had laryngectomies. They had no voices, but it didn't matter to us. We couldn't hear anyway, before our operations. It was known as the silent ward."

"Zero communication, huh?" I really wanted to drop the whole subject, but something impelled me to hear the rest of it.

"Well, no," Aunt Ethel went on. "When the doctors and nurses weren't attending to them, most of the laryngectomies huddled around the television at the end of the ward. But one woman, Mrs. Farr, who had a tube contraption in her nose that was fastened to some kind of container, used to come around with a child's slate and attempt to carry on a conversation. There was a man there, too, who used to walk all over the ward strung up to a rack on wheels that took care of the

perpetual drainage."

"Aunt Ethel, please!" begged my wife.

"Oh, they had lots of courage," Aunt Ethel went on. "Mrs. Farr wrote on her little slate that she would soon start training in 'burp' talk, or 'frog' talk, it's called sometimes. A retired Army officer who had been through the same ordeal called on her to demonstrate how it is done. It's his mission in life now, calling on new laryngectomies in the hospital to try to give them hope and incentive."

"Oh, those poor people!" Marcia was almost sobbing.

I sat, numb with horror, waiting for Aunt Ethel to finish.

She shrugged. "I'm afraid if it was me I'd be looking for a bridge to jump from, but I never saw Mrs. Farr shed a tear."

I put out a hand to comfort Marcia. We had been married only two years. What would it be like if I couldn't speak to her? tell her how much she meant to me except by burps or writing it on a slate?

After Aunt Ethel's visit we grew more silent every day. What could we say to comfort each other? It all depended on the doctor and the tests now.

I was glad to enter the hospital. The waiting had grown unbearable. Not smoking hadn't bothered me after the first few days when I had groped for cigarettes instinctively. I hardly thought about them because this stark fear had crowded out everything else.

A trip to the operating room, another day in the hospital, and then I was home.

"Absolutely no talking until I see you again," Dr. Grady had ordered. "Your throat must heal. We removed the growth, and I'll let you know the lab results as soon as we get them."

That was Friday. The long weekend dragged by. Monday, Tuesday. Marcia was so nervous she cried often. I paced the small apartment like a caged animal.

The next day I sat in Dr. Grady's waiting room again. A young woman across the room took out a pack and removed a cigarette, tapping it nervously on her fingernail. Then the nurse gave her the word. I watched her put the cigarette back. She was annoyed. They were curtailing her right to smoke.

My turn came, and I entered Dr. Grady's consulting room. As he shuffled papers on his desk, I tried to read his mind. Was the news good or bad?

Dr. Grady cleared his throat. "Young man, you are lucky. The growth was not malignant."

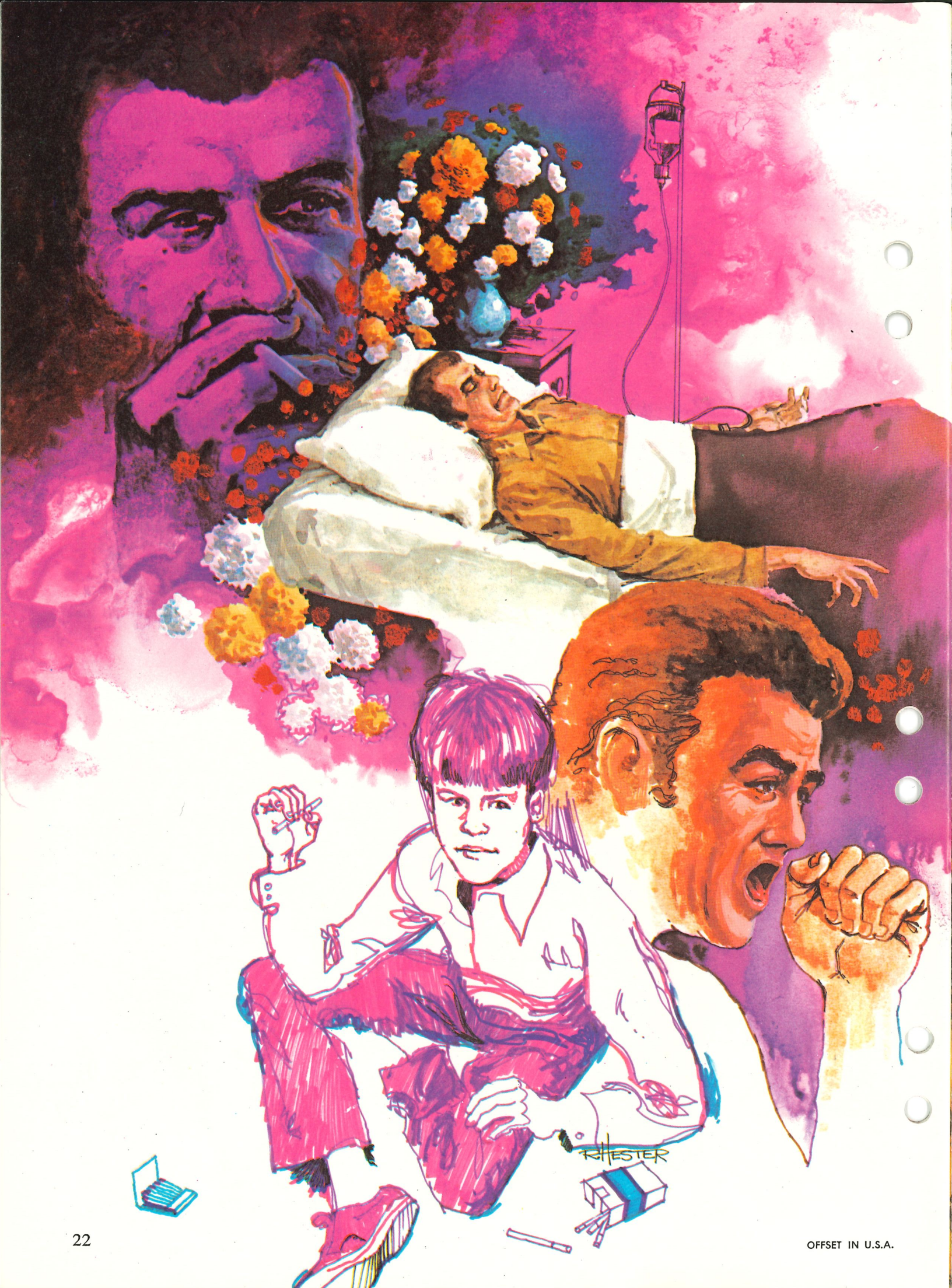
It was like being born again. I could have yelled for joy.

But the doctor's cautious voice continued. "I must warn you not to resume smoking. That could cause the growth to return, and each time it comes back chances are greater that it will be malignant."

"Never, never, never," I vowed. No smoking pleasure could be worth the agony of those past three weeks spent in suspense and deadly fear.

Cigarettes are for losers. I had just become a winner.

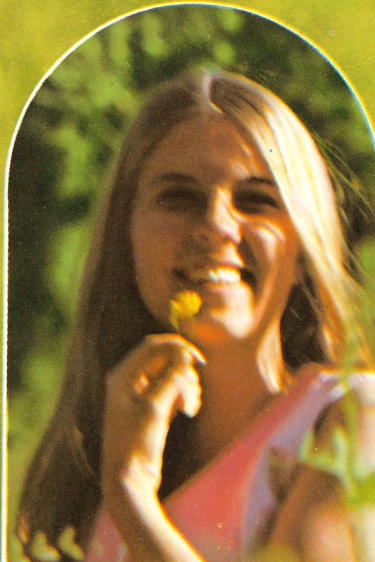
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YOUNG DREAMS

Your thoughts run free.
And daydreams
fade into today's reality.
Life must be lived,
for tomorrow always comes.
Your world is a world
of love. And fear.
It's a time when some
are seeking ways of escape.
Like the bottle. The red.
Or the needle.



So what have we to offer?
We call it an alternative.
It's "Listen" magazine.
And we'll send you
a copy free.
Chances are you'll find our
alternative makes
life worth getting into.
Write to "Free 'Listen' Offer"
1350 Villa Street
Mountain View, CA 94040

Second- Hand Smoke

Are you a nonsmoker who is shy about defending yourself against inconsiderate smokers?

Or are you a smoker who doesn't realize the distress you inflict on nonsmokers?

Find out the effects of tobacco smoke on nonsmokers.

Take A Look
At The Facts †

FACTS ABOUT NONSMOKERS

It just seems as if everyone smokes. Most people don't.

More than 30 million adult Americans have kicked the cigarette habit. Millions more are trying. Among adults, only one in three still smokes. In the population as a whole, it's one in four. Even counting cigar and pipe smokers, nonsmokers are a clear majority.

Nonsmokers are no longer a silent majority, though. They mind if you smoke. And they're speaking up. They see tobacco smoke as a pollutant that defiles their air. And new research gives them ammunition to defend themselves. It shows that second-hand smoke can have harmful effects on nonsmokers.

OPEN BURNING

Tobacco smoke is a very complex mixture of gases, liquids, and particles. There are hundreds of chemical compounds in tobacco and hundreds more created when tobacco burns.

Some of the most hazardous compounds are tar, nicotine, carbon monoxide, cadmium, nitrogen dioxide, ammonia, DDT, benzene, formaldehyde, and hydrogen sulphide. And dozens of others. Any one alone can assault the body and cause trouble. Together, they make smoking the menace it is.

Even when a smoker inhales, researchers have calculated that two-thirds of the smoke from the burning cigarette goes into the environment. The percentage of pollution from cigar and pipe smoke is even higher.

The amount of carbon monoxide generated from one cigar, in fact, is twice as high as from three cigarettes smoked simultaneously.

SIDESTREAM SMOKE

Every time anyone lights a cigarette or cigar or pipe, tobacco smoke enters the atmosphere from two sources. Most important for nonsmokers, there is *sidestream* smoke, which goes directly into the air from the burning end. Then, there is *mainstream* smoke, which the smoker pulls through the mouthpiece when he or she inhales or puffs. Non-

smokers are also exposed to mainstream smoke after the smoker exhales it.

A cigarette smoker inhales—and exhales—mainstream smoke eight or nine times with each cigarette for a total of about 24 seconds. But the cigarette burns for 12 minutes and pollutes the air continuously with sidestream smoke. Smokers can keep cigars and pipes burning for a much longer time. The pollution lingers long after.

The fascinating fact is that sidestream smoke—the smoke from the burning end—has higher concentrations of noxious compounds than the mainstream smoke inhaled by the smoker. Some studies show there is *twice* as much tar and nicotine in sidestream smoke compared to mainstream. And *three* times as much of a compound called 3-4 benzpyrene, which is suspected as a cancer-causing agent. *Five* times as much carbon monoxide, which robs the blood of oxygen. And *50* times as much ammonia.

There is also evidence that there is even more cadmium in sidestream smoke than in mainstream. Cadmium is now under investigation as one of the compounds in cigarette smoke that damages the air sacs of the lungs and causes emphysema. Once cadmium gets into your lungs, it stays there.

CARBON MONOXIDE

Carbon monoxide is a colorless, odorless gas created by incomplete combustion. Car exhaust puts it in the air. So does tobacco smoke.

While it is extremely difficult to measure the amount of tar or cadmium in someone's lungs or body before death, it is relatively easy to measure the levels of carbon monoxide in the blood.

When you inhale carbon monoxide, the gas bumps oxygen molecules out of your red blood cells and forms a new compound called carboxyhemoglobin, which can be measured. As the amount of this compound increases in your blood, the cells of the body become starved for oxygen.

One study shows that after only thirty min-

utes in a smoke-filled room the carbon monoxide level in the nonsmoker's blood increases as well as the blood pressure and heart beat.

HAZARDOUS LEVELS

What levels of carbon monoxide are hazardous? In industry, the maximum concentrations of carbon monoxide in the air cannot average out to more than 50 p.p.m. (parts per million); and efforts are now underway to reduce the maximum to 25. The Federal Air Quality Standards for the *outside air* limit concentrations to an average of 9 p.p.m.

Given this as a baseline, how much carbon monoxide do cigarettes send into the air?

Researchers have found that smoking seven cigarettes in one hour—even in a ventilated room—created carbon monoxide levels of 20 p.p.m. In the seat next to the smoker, the level shot up to 90 p.p.m., almost twice the maximum set for industry. Smoking ten cigarettes in an enclosed car also produced carbon monoxide levels up to 90 p.p.m. The carbon monoxide level in the blood of nonsmokers as well as smokers in the car *doubled*.

When nonsmokers were exposed to these levels, the carbon monoxide level in their blood not only doubled within the first hour, *but doubled again during the second hour*.

When nonsmokers leave a smoky environment, it takes hours for the carbon monoxide to leave the body. Unlike oxygen which is breathed in and then out again in minutes, carbon monoxide in the blood lasts for hours. After three or four hours, half of the excess carbon monoxide is still in the bloodstream.

EFFECTS OF THE GAS

Some studies indicate that with these levels of carbon monoxide in the blood, people—including drivers—cannot distinguish relative brightness, lose some ability to judge time intervals, and take longer to respond to tail-lights. They also show impaired performance on some psychomotor tests. These levels of carbon monoxide in the blood create physiologic stress in heart disease patients. The re-

Additional lack of oxygen can also add distress for people who already have lung disease.

Animals exposed to carbon monoxide (levels from 50 to 100 p.p.m.) continuously for weeks showed damage to heart and brain.

OTHER COMPOUNDS

Not enough research has been done yet on the effects on nonsmokers of other compounds in tobacco smoke. For example, hydrogen cyanide is a poison that attacks respiratory enzymes. It is not found in ordinary air pollution. But the concentration in cigarette smoke itself is 1600 p.p.m. Long-term exposure to levels above 10 p.p.m. is considered dangerous.

Nitrogen dioxide is an acutely irritating gas that can damage the lungs. Levels of 5 p.p.m. in the air are considered dangerous. Cigarette smoke contains 250 p.p.m.

ANIMAL RESEARCH

Some researchers have exposed mice to second-hand smoke over a period of one or two years. A significant number of mice developed severe bronchitis, an inflammation of the bronchial tubes that connect the windpipe with the lungs. Rabbits exposed to smoke from 20 cigarettes per day for two to five years developed emphysema, destruction of the air sacs in the lungs.

Dogs exposed to cigarette smoke ten times per week for one year suffered a breakdown in lung tissues. Rats exposed to second-hand smoke for 45 minutes a day for two to six months showed twice as many lung tumors as a control group.

The exact parallel between animal and human exposure in smoke-filled rooms is difficult to determine at this stage of research. But some of the implications are serious indeed.

EFFECTS ON CHILDREN AND ASTHMATICS

Parents who smoke at home can aggravate symptoms in some asthmatic children and even trigger asthma attacks. There are millions of people, adults as well as children,

who are sensitive to tobacco smoke and suffer smoke-caused asthma attacks. Parents should limit their smoking to separate rooms away from these children or, better yet, should quit smoking altogether.

Even among nonasthmatic children, a team of researchers found that respiratory illnesses happened twice as often to young children whose parents smoked at home compared to those with nonsmoking parents.

In a study of 441 nonsmokers divided into two groups—those with a history of allergies and those without—70 percent of *both* groups suffered from eye irritations caused by smoke. Even among the nonallergic groups, 30 percent developed headaches and nasal discomfort, while 25 percent experienced coughs as a result of the smoke.

TOBACCO SMELLS

Contamination and odors are immediately created by such elements in tobacco smoke as ammonia and pyridine. Pyridine is a strong irritant that is produced when nicotine burns. The presence of a minute amount in the air produces distinctly unpleasant odors.

The contamination is so intense that when someone lights a cigarette, cigar or pipe in an air-conditioned environment, the air-conditioning demands can jump as much as 600 percent to control odor.

Another intriguing finding from air-conditioning research is that the human body attracts tobacco smoke. Burning tobacco smoke creates a high electrical potential, whereas the water-filled human body has a low one. The smoke in a room gravitates and clings to people in much the same way as iron filings are drawn to a magnet.

And the odors linger on. Chemicals in tobacco smoke called aldehydes and ketones supply the penetrating smell, while the tars hold them to your skin and your clothes. But the smoker is not sensitive to the smell because of the destructive effects of smoke on the inner lining of his or her nose.

BILL OF RIGHTS

In January, 1974, the National Interagency Council on Smoking and Health signed and adopted a Nonsmoker's Bill of Rights. The Council is composed of 34 organizations, including the American Lung Association, concerned about the effects of tobacco smoking. The Bill declared these three basic rights:

The Right to Breathe Clean Air

Nonsmokers have the right to breathe clean air, free from harmful and irritating tobacco smoke. This right supersedes the right to smoke when the two conflict.

The Right to Speak Out

Nonsmokers have the right to express—firmly but politely—their discomfort and adverse reactions to tobacco smoke. They have the right to voice their objections when smokers light up without asking permission.

The Right to Act

Nonsmokers have the right to take action through legislative channels, social pressures or any other legitimate means—as individuals or in groups—to prevent or discourage smokers from polluting the atmosphere and to seek the restriction of smoking in public places.

Here's what nonsmokers can do:


- Let family, friends, co-workers and strangers know you mind if they smoke.
- Put stickers, buttons, and signs in your home, car, and office.
- Always request seating in nonsmoking sections when you travel.
- Support legislation to restrict smoking or set up smoke-free areas in public places.
- Ask your doctor and dentist to restrict smoking in their waiting rooms and to establish no-smoking regulations in all health care facilities, including hospitals.
- Propose no-smoking resolutions at organizations and club meetings.
- Encourage hotels and restaurants to establish no-smoking areas.
- Contact your lung association to organize a group to help provide a smokeless environment for most people, who do not smoke.

If you are interested
in facts about:

- Air Pollution □ Asthma □ Bronchiectasis
- Chronic Bronchitis □ Chronic Cough
- Cigarette Smoking □ Cocci (Coccidioidomycosis)
- Common Cold □ Dust Disease □ Emphysema
- Hay Fever □ Histoplasmosis □ Influenza
- Pipe & Cigar Smoking □ Pleurisy □ Pneumonia
- Second-Hand Smoke □ Shortness of Br
- Tuberculosis □ Your Lungs

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#0006



I am not here to represent any formal group - just the nonsmokers. The nonsmoker is not in the minority - in fact 2 out of 3 adults do not smoke and 3 out of 4 of the entire population do not smoke.

The American Medical Association estimates that 34 million Americans are sensitive to cigarette smoke. For eight million second hand smoke represents a serious health hazard - among these are people with heart problems, emphysema, bronchitis and allergies. Two million Americans suffer smoke-caused asthma attacks.

Smoke from an idling cigarette contains almost twice the tar and nicotine of the smoke from an inhaled cigarette. Pipe and cigar smokers tend not to inhale so deeply; therefore even more of their smoke is released directly into the atmosphere. The nonsmoker forced to breathe this second-hand tobacco smoke will have elevated heart beat, blood pressure, and carbon monoxide level in the blood. The amount of carbon monoxide in the blood of nonsmokers doubles in a room filled with cigarette smoke. Even outside the room, the inhaled carbon monoxide stays in the body for three or four hours.

There is more cadmium in the smoke that drifts off the burning end of the cigarette than in the drag the smoker takes. Large doses of cadmium have been related to hypertension, chronic bronchitis, and emphysema. Once cadmium gets into your lungs, it stays there.

Researchers have found that lung illness is twice as common in children whose parents smoke at home compared to those with nonsmoking parents.

Family activities are curtailed by the second hand smoke. We are unable to attend the circus, hockey games, ice shows, basketball games, etc.

Mary Birkhead

I am unable to take courses at a nearby college because the smoke is so dense in the classrooms to make it seriously dangerous to my health.

Many people have to change jobs because the concentration of smoke at their place of employment is so high.

Restaurants - I personally have been taken to the hospital twice due to high smoke density in a restaurant. I am very allergic to tobacco smoke.

Stores, especially in check out lines. Inflation is high enough without adding insult to injury by having to breathe the smoke from someone's cigarette or cigar.

We are very fortunate in Overland Park; we have a City Ordinance that forbids smoking in stores, City Hall and City Council Meetings. I seldom see the Ordinance being violated in stores and I have never seen smoking in City Hall or Council Meetings.

Community meetings held elsewhere are a real problem to me as almost always the place is polluted with smoke in the first 15 minutes. As I am on the Board of Directors of Mid America Comprehensive Health Planning Agency it creates quite a problem as we have several meetings a month. It is ironic, as this is a Health Planning Agency.

Another problem is hospitals. If I'm not sick when I go, I will be before I leave if I'm unlucky enough to get a smoker for a roommate. There is no provisions for smoking/non-smoking rooms in most hospitals. This would seem to be the first place you would expect it.

We cannot take part in our church pot-luck dinners, etc. because of smoking in the parish hall.

If a controlled alcoholic attends a party and there is nothing to drink but liquor, he doesn't have to drink anything for the few hours he is there. Or if a diabetic attends a tea where only desserts are served - that person does not have to eat for the short time they are there.

But if I go anywhere and there is smoke, I have a real problem -- I haven't learned how to live for even a few minutes without breathing. One person smoking in a room of 50 people affects all 50.

Non-smokers are not against people who smoke, we just ask that they not pollute the air that the public (which is the majority) has to breathe and smoke only in private places or places designated as smoking areas.