

March 12, 2012

Comments in Opposition to HB 2690
House Federal and State Affairs Committee
By James D. Gardner, M.D. FACP

Thanks you for allowing me to speak to this important issue. Although I have had to inconvenience some patients by re-scheduling their appointments, I think that they appreciate my trying to provide you important information about tobacco use and secondhand smoke that has been so devastating to many of my patients. **I am here to speak against HB 2690 which opens up dangerous exemptions to the current smokefree law for Kansas.**

The current law was supported by many Kansas as well as a majority of legislators and by the governor at that time. It had wide spread local support from the Manhattan area also. My local chamber of commerce members were especially pleased with the state law, although they wanted it passed with no exemptions. I was and continue to be impressed with the Manhattan chamber's that bar facilities would be included under the law in order to make sure that there was a fair playing field among businesses. Prior to the state law, there were "smoking" businesses outside the city boundaries that Manhattan business people thought might "unfairly compete" with Manhattan businesses.

This proposed amendment is not based on the principles of public health. **People over the age of 21 are also in need of the benefits of a public policy that dramatically reduces the morbidity and mortality associated with unintended second hand smoke.** HB 2690 would also complicate enforcement at a time when we are trying to reduce the cost of government itself. In addition it should be clear that legislation that would promote the continued use of tobacco regardless of the harm it does to both smokers and non smokers surely has a negative impact on health care and insurance costs and on government sponsored medical programs that treat the consequences of tobacco use and second hand exposure.

Second hand smoke is dangerous to the health of others. The 2006 Surgeon General Report on "The Health Consequences of Involuntary Exposure to Tobacco Smoke" notes:

"The large body of evidence documenting that second hand smoke exposures produce substantial and immediate effects on the cardiovascular system indicates that even brief exposures could pose significant acute risks to older adults or to others at high risk for cardiovascular disease."

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Attachment # 7

“Dr. C. Everett Koop, Surgeon General at the time, notes that ‘the right of smokers to smoke ends where their behavior affects the health and well-being of others; furthermore, it is the smokers’ responsibility to ensure that they do not expose nonsmokers to potential harmful effects of tobacco smoke.”

“Estimates of approximately 3,000 US lung cancer deaths per year in non-smokers were attributed to secondhand smoke.”

“Overall, Cal/EPA estimated that about 50,000 excess deaths result annually from exposure to secondhand smoke. Estimated annual excess of deaths for the total US population are about 3,400 (range of 3,423 to 8,866) from lung cancer, 46,000 (a range of 22,700 to 69,000) from cardiac-related illnesses, and 430 from SIDS. The agency also estimated that between 243,300 and 71,900 low birth weight or preterm deliveries, about 202,300 episodes of childhood asthma (new cases and exacerbations), between 15,000 and 300,000 cases of lower respiratory illness in children, and about 789,700 cases of middle ear infections in children occur each year in the United States as a result of exposure to second hand smoke.”

“Homes and workplaces are the predominant locations for exposure to secondhand smoke.”

“Pooled relative risks from meta-analyses indicate a 25 to 30 percent increase in the risk of coronary heart disease from exposure to secondhand smoke. “

“Workplace smoking restrictions are effective in reducing secondhand smoke exposure. “

“Workplace smoking restrictions lead to less smoking among covered workers.”

“Establishing smoke-free workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace.”

The magnitude of harm done by tobacco is emphasized by the estimate of 400,000 tobacco-related deaths during 2011 and annually. In World War II the total number of US deaths was 416,000. The war years in Iraq have produced death toll estimates of 100,000, including 58,156 military deaths of US citizens throughout the war. Every year we have as many deaths from tobacco use as was produced during the years of World War II.

Public health crises call for public health initiatives. Before tuberculosis could be controlled by medication, the only way to keep this disease from killing millions of people was through confinement. To protect against this disease required laws that took people out of their homes if they were unfortunate enough to be exposed to the disease.
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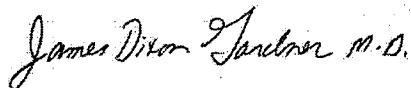
People were sent to camps until they either were no longer considered contagious or they died along with their new neighbors.

Treatment for tobacco addiction is possible, but protection for the public can best be provided by smokefree policies in public places. I wish we had a vaccination that would deactivate those receptors in the brains of smokers that drive them to continue re-supplying themselves with the addictive nicotine contained in cigarettes. Such a cure could provide a quick death for the tobacco industries as they ran out of addicted customers. **But at this point we must rely on public health policies that can counter exposure to secondhand smoke by the adoption of laws that eliminate such exposure in public places and worksites.**

As a physician who today has left his list of appointments to attend this hearing, I believe that it was important to provide you information from the Surgeon General's Report on secondhand smoke. Much of my medical practice deals with providing treatment for people suffering from the diseases caused by tobacco.

I as a person (68 years old well) who has coronary artery disease. I often have had the unfortunate requirement to go into businesses which allow second hand smoke. As the result of these kinds of visits, blood platelets get stickier and the risk for recurrent and possible death from a heart attack increases for me despite taking aspirin and Plavix. I often remember an older patient who loved the casino social scene but had finally been able to quit smoking after suffering his own heart attack, Unfortunately on his very last visit to his favorite casino where he was again exposed to second hand smoke, he had his second and fatal cardiac event.

Thanks again for allowing me and other advocates for public health to testify to this group of elected law makers. We truly hope that our message will be received and understood. We oppose HB 2690 because it turns public health in Kansas back to the "old days" when people and policy makers did not understand the health consequences of secondhand smoke in public places. Please vote against HB 2690.



James Dixon Gardner M.D. FACP

Practicing Physician, Internal Medicine, Manhattan Kansas
Member of the Manhattan Chamber of Commerce
Trustee of the Manhattan Township
President of the Board of Tobacco Free Kansas Coalition

Contact Information: Phone 785-537-494- Email: gardner@pcpman.com