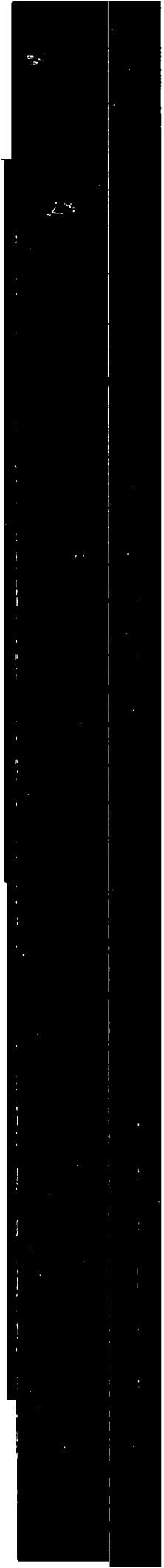

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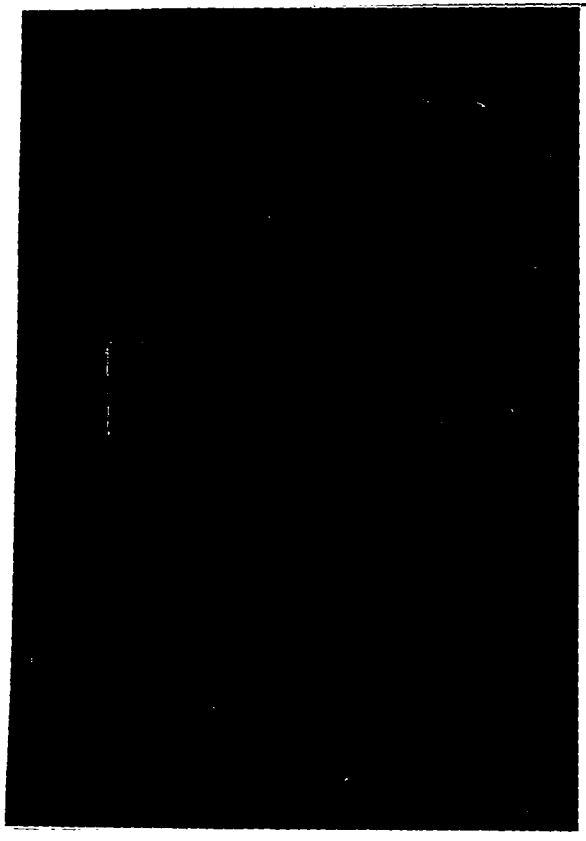
Fighting Heart Disease and Stroke



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American Heart Association

Fighting Heart Disease and Stroke

American Heart Association Public Policy Priorities 105th Congress, Second Session

The American Heart Association (AHA), representing 4.6 million volunteers, is dedicated to the reduction of disability and death from cardiovascular diseases and stroke. Coronary heart disease, stroke, and related diseases are the number one killer in the United States and account for almost as many deaths as the next eight leading causes of death combined. These diseases cause more than 954,000 deaths in the United States each year. More than one in five Americans suffer from some form of these diseases. In 1997, cardiovascular diseases will cost this nation an estimated $259 billion in medical expenses and lost productivity.

In working to fulfill its mission, the AHA plans, coordinates and implements a national legislative and regulatory program in conjunction with its affiliates, including maintaining and expanding contact with members of Congress, the Executive Branch, selected health coalitions and other national organizations. Particular emphasis is placed on public policy efforts focusing upon minorities, women and children.

Each fall the AHA's Board of Directors establishes a list of legislative priorities to guide the activities of its Office of Communications and Advocacy and to serve as a pilot for state, local and community-based advocacy efforts.

The AHA's public policy priorities for the 105th Congress, Second Session fall into four primary categories: Research; Health Promotion and Disease Prevention; Quality and Availability of Care and Charitable Organizations.

American Heart Association℠
Fighting Heart Disease and Stroke

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Statement of
M. Cass Wheeler
Chief Staff Executive Officer

on behalf of the
American Heart Association

before the
Senate Commerce Committee

on components of the
Proposed Tobacco Settlement

October 9, 1997

Good morning. My name is Cass Wheeler, and I am the Chief Staff Executive Officer for the American Heart Association. I am delighted to be here with you today to share our thoughts and concerns about the debate over national comprehensive tobacco control legislation.

The mission of the American Heart Association is the reduction of disability and death from cardiovascular diseases and stroke. Combined, coronary heart disease, stroke and related diseases are the number one killer in the United States, accounting for almost as many deaths as all other causes combined. Despite our efforts, and the efforts of our partners in tobacco-control, tobacco use continues to be the number one preventable cause of premature death in the United States. We, therefore, conducted our detailed review to determine the extent to which the agreement reflects our mission to reduce disability and death from cardiovascular diseases and stroke, and our responsibility as the public's advocate for the elimination of tobacco use.

In June of this year, the American Heart Association's Board of Directors appointed a 19 member Settlement Review Task Force, chaired by AHA Chairman-Elect Edward F. Hines, to review the tobacco settlement proposal negotiated between state attorneys general, plaintiffs attorneys and the tobacco industry.

After careful review, the American Heart Association felt encouraged by the health benefits that the settlement could provide to the public. It would be an important step in the battle against tobacco use. And, while we identified a number of key concerns about the proposal, we do not believe that the perfect ought to be

the enemy of the good. Recently we joined with eleven of the nation's most prestigious public health groups to pledge to work with Congress and the Administration to pass comprehensive, sustainable, effective, well-funded national tobacco control legislation. We look forward to working with this Committee and others to pass strong bi-partisan legislation.

I would first like to detail for the Committee the areas of concern our review identified, using the proposed settlement as a point of reference.

Specifically, the AHA holds as an absolute principle that the FDA must be guaranteed complete authority, and provided appropriate resources, to carry out its regulatory role over tobacco products in a timely fashion. As we have advocated since 1988, when we were joined by the American Cancer Society and American Lung Association in petitioning the FDA to regulate low-tar, low-nicotine cigarettes as drugs, we believe any legislation must ensure FDA's total control over tobacco and nicotine products. We believe the FDA should use its existing authority to treat tobacco products as it does other legal drugs, devices, food and consumer products. It is this nation's constitutional responsibility to design health and safety laws that ensure that consumer products are properly dispensed, labeled and marketed. Tobacco products have long eluded this crucial oversight.

The AHA also believes that it must cost the shareholders of tobacco companies money each time a child is addicted to tobacco. The cost of tobacco products should be increased well beyond the 62 cents per pack projected under the proposed settlement, in order to deter children from beginning to smoke. In addition, strong enforcement mechanisms must be developed so that the penalties have the "teeth" necessary to be effective.

Additionally, we are concerned over any legislation that might allow tobacco companies to escape liability through bankruptcy protection. Any legislation must include language that closes off this escape route.

Further, Congress ought to ensure that the public education programs authorized by national legislation are of the highest quality. To accomplish this goal, the funding for these programs must be under the auspices of organizations independent of tobacco industry influence and exempt from the traditional appropriations process. These steps will guarantee independent information and a consistent funding source.

The AHA also firmly believes that all documents that yield information relevant to the health hazards of tobacco products and their use must be fully and openly disclosed.

In addition, federal legislation must not preempt the adoption of state or local laws that are more comprehensive in addressing reduction of sales, marketing and use of tobacco products, and restriction of smoking in public places.

Finally, report after report make the same point about the impact of tobacco advertising on children. Tobacco advertising glamorizes and legitimizes tobacco use, increasing social and peer pressure among young people to use tobacco products in order to be accepted and creating the false impression that tobacco products pose no significant health risk. Advertising and promotion overwhelm the efforts of parents and teachers to educate this nation's youth about the adverse health effects of tobacco use. All states prohibit the sale of tobacco products to minors, but enforcement generally has been ineffective or nonexistent. The 1994 Institute of Medicine report, *Growing Up Tobacco Free,* quoting researcher Richard

Pollay, said it well -

> Tobacco advertising is characterized by images and themes that are especially appealing to adolescents, and some are appealing to children. In addition, a large proportion of promotional expenditures associate use of tobacco with activities and products that are attractive to children and youths. The sheer amount of expenditures for advertising and promotion assures that young people will be exposed to these messages on a massive scale. It is clear that society's efforts to discourage young people from smoking are obstructed -- and perhaps fatally undermined -- by the industry's efforts to portray their dangerous products in a positive light.

Nearly 1 billion packs of cigarettes are consumed by minors annually and at least half are illegally sold to minors. Enforcement of laws prohibiting sales to minors would help parents better protect their children from the dangers of tobacco use. Our organization supports legislation which will provide an effective menu of access, advertising and promotional restrictions, including measures which:

- require black and white "tombstone" advertising
- prohibit human and cartoon images
- prohibit tobacco billboard and other outdoor or outdoor-facing advertising
- limit point of purchase advertising
- ban self-service displays
- prohibit sponsorship of cultural, entertainment and sporting events
- require national licensing for vendors

The AHA supports the simple but firm message from President Clinton to the tobacco industry -- stop marketing and promoting tobacco to children.

Our final area of potential concern is tobacco industry immunity. Tobacco companies and their agents should not be granted any immunity for past criminal

wrongdoing. Tobacco use kills more than 400,000 Americans each year and is the single leading preventable cause of death in the United States. The AHA remains steadfast in our efforts to hold the industry accountable for the death and disability it has caused.

At this time I'd like to expand upon a few issues of particular interest to the AHA, not addressed in the proposed tobacco settlement, but clearly critical components of national tobacco control legislation.

International issues

First, the AHA is concerned about the sale and use of tobacco outside of the United States. U.S. tobacco companies must be prevented from exporting cigarettes and other tobacco products that are more hazardous than those permitted on the domestic market.

The World Health Organization (WHO) predicts that more than 500 million people alive today eventually will die of diseases caused by smoking unless strong action is taken to stem the epidemic. The global smoking rate is increasing steadily, despite decreases in the U.S. and other developed nations.

Historically, U.S. government agencies have assisted U.S. tobacco companies in their efforts to expand tobacco advertising, promotion and exports around the world. Previous administrations have issued formal trade threats under Section 301 of the Trade Act of 1974 to force other nations to import U.S. tobacco products and to weaken health laws that would reduce tobacco use.

The issue was nicely framed in a November 1996 cover article in the Washington Post, which stated that "[Prior] administrations used their economic and political clout to pry open markets in Japan, South Korea, Taiwan, Thailand

and China for American cigarettes at a time when one arm of the government was warning Americans about the dangers of smoking, [and] another was helping the industry recruit a new generation of smokers abroad."

The AHA agrees with the recommendation of the Koop/Kessler blueprint that the U.S. should substantially fund, and utilize, a broad range of its international activities and influence to actively promote tobacco control, including the adoption of U.S. domestic control standards as at least minimum global standards. It should also insist that public health concerns overrule trade concerns in all trade negotiations and related proceedings. In addition, we urge the Senate to support language amended to the Commerce Appropriations bill by Representative Lloyd Doggett (D-TX) which would bar the use of federal funds to promote the sale or export of tobacco or tobacco products, or to seek the reduction or removal by any foreign country of restrictions on the marketing of such products.

Tobacco pricing/taxation

Second, national tobacco control legislation should include the use of tax policy to further decrease consumption of tobacco products, particularly among our nation's youth. Aggressive enactment of significant, immediate, federal and state tobacco excise taxes must be maintained.

Health care expenditures caused directly by smoking totaled $50 billion in 1993, according to the U.S. Centers for Disease Control and Prevention. Lost economic productivity caused by smoking cost the U.S. economy $47 billion in 1990, according to the U.S. Office of Technology Assessment. Adjusted for inflation, the total economic cost of smoking is more than $100 billion per year.

According to an August 1993 report from a National Cancer Institute expert

panel, "An increase in cigarette excise tax may be the most effective single approach to reducing tobacco use by youth. The impact of an increased excise tax can be expected to encourage teenagers to stop smoking, and it may also discourage children from ever starting. Analysis has found that youth consumption of tobacco is influenced by price at least as much as adult consumption." The report further concluded that, "There is widespread agreement within the community of scholars knowledgeable about the effects of interventions on the consumption of tobacco products that few measures exhibit the speed and magnitude of impact achieved by increasing taxation on tobacco products."

Earlier this year Congress voted to fund children's healthcare, in part, with a phased-in 15 cent tobacco tax increase. Unfortunately, such a phased-in approach will have little effect on consumption among adolescents and children. Congress, once again, has an opportunity to significantly increase tobacco taxes. Polling done earlier this year found that health care coverage for children, biomedical research and public education were favored uses of tobacco tax revenue. Each could be addressed in comprehensive tobacco-control legislation.

President Clinton recently called upon Congress to increase the price of cigarettes by up to $1.50 a pack over the next decade to meet youth smoking reduction targets. The AHA supports legislative actions to enact significant, immediate, increases in tobacco prices through increases in state and federal excise taxes, modifications in the tax treatment of annual tobacco industry payments, and/or price hikes from industry payments, including excise increases for failure to meet youth targets.

Tobacco Growers

Third, the AHA recognizes the production of tobacco plays a significant role in the economic maintenance of many American families living in states that grow a large quantity of tobacco. However, tobacco growers understand what the future may bring, and they have begun to examine options for the future.

The results of a survey of tobacco growers and allotment owners in tobacco growing states published in 1996 found that among burley growers, 50 percent of growers had discovered on-farm alternatives that were profitable, 49 percent were interested in trying other on-farm ventures to supplement tobacco income alternatives. Overall, 66 percent of growers under 45 years of age answered yes to these questions. A September 1994 Lexington Herald Leader poll of Kentucky tobacco farmers found that 75 percent of respondents said they would be interested in alternatives to growing tobacco.

The Rural Advancement Foundation International (KY) has stated the need to "demonstrate additional uses of tobacco facilities and other community infrastructure, and to create new agricultural economic activities around which communities can thrive. The Southern Tobacco Communities Project in Virginia has sponsored a series of roundtables to explore concerns in tobacco-growing communities and to develop ways to strengthen those communities. According to the group's purpose statement, "The growing, processing, manufacturing, and marketing of tobacco is changing dramatically... Strategies must be developed to help these families and communities cope with these pending changes in ways that protect the value and heritage that are so important to them." A July 27th article in the Washington Post accurately stated that "the issue in all its fullness has to do

with how to maintain a viable rural economy in a broad swath of the Southeast."

The AHA supports the allocation of funding for improving access of farmers to markets for other crops by providing grants or loans to communities in tobacco-growing areas for specialty facilities and infrastructure; supporting economic diversification plans that provide economic alternatives to tobacco; and financing government purchase of tobacco allotments for purposes of retiring such allotments for farmers who choose to terminate their involvement in tobacco production.

The AHA also supports the establishment of a Presidential task force to examine options available to tobacco growers and tobacco-growing regions for looking beyond the growth of tobacco. Regional public forums should be established for sharing of ideas and potential solutions, analyzing public opinion within tobacco growing regions and developing plans for assisting regions in diversification/supplementation.

The AHA appreciates the Committee's in-depth analysis of the tobacco issue, and we welcome the opportunity to work with the Committee. Together with our partners in the public health community, we are committed to improving public health. We support the efforts of our ENACT Coalition (Effective National Action to Control Tobacco) in support of passage of an effective national policy on tobacco control.

American Heart Association℠
Fighting Heart Disease and Stroke

m e m o

September 10, 1997

TO: Walt

FROM: Rich

SUBJECT: BULLET POINTS

- We need to break the dependence of tobacco-growing regions on the growth of tobacco. The AHA has played a role in facilitating such discussions between the health community and tobacco growers.

- An independent body should be established by Congress to incorporate the views of growing groups, individual farmers, allotment holders, individuals involved in the manufacture of tobacco and other stakeholders, in the development of plans to promote economic development and reduce dependence on the growth of tobacco

- While the AHA supports the earmarking of tobacco excise taxes for diversification and economic development, we also support the inclusion of additional funds for this purpose in any settlement legislation introduced in Congress.

- The AHA believes that long-term comprehensive tobacco control legislation must be accompanied by a long-term strategy for assisting tobacco growers and tobacco-growing regions.

- Many rank and file farmers seem inclined at this point to support some sort of government buyout. The AHA supports government financed purchase of tobacco allotments for purposes of retiring such attotments for farmers who choose to terminate their involvement in tobacco production.

- The AHA supports the elimination of federal funding for administration of the federal tobacco support program and related activities. Settlement funds would be an appropriate funding mechanism for the program.

- THE AHA HAS LONG-SUPPORTED SIGNIFICANT INCREASES IN TOBACCO EXCISE TAXES AS AN INCENTIVE TO REDUCING TOBACCO USE, PARTICULARLY AMONG CHILDREN. WE ALSO ADVOCATE THAT A PERCENTAGE OF SUCH FUNDS BE ALLOCATED FOR HELPING BREAK TOBACCO REGIONS' DEPENDENCE ON TOBACCO.

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Statement by

J. Walter Sinclair, Esq.
Chair, Advocacy Coordinating Committee
Member, Board of Directors

on behalf of the
American Heart Association

Before the Committee on Agriculture
United States Senate

on the Agricultural Components of the
Proposed Tobacco Settlement

September 11, 1997

My name is Walt Sinclair from Twin Falls, Idaho. I am an attorney by trade and I am a volunteer member of the board of directors of the American Heart Association, serve on its Administrative Cabinet, chair its Advocacy Coordinating Committee, co-chair its 19 person Tobacco Settlement Review Subcommittee and served as an AHA volunteer member of the Koop-Kessler Tobacco Advisory Committee. Today, Mr. Chairman, and members of the committee, I welcome the opportunity to present testimony on behalf of the American Heart Association on the agricultural components of the proposed tobacco settlement; and for that matter, the agricultural components even without a tobacco settlement.

The AHA, as a non-profit organization, represents the interests of over 4.6 million volunteers nationwide who give their time and energies to assist in reducing cardiovascular diseases and stroke, this nation's number one and three causes of premature death respectively. The AHA represents the interests of the general public, as well as patients, physicians and researchers. Despite our efforts, and the efforts of our partners in tobacco-control, tobacco use continues to be the number one preventable cause of premature death and disease in the United States.

Realities of tobacco growth

Today, domestic tobacco farming is on the decline. I do not believe that the traditional image of the family tobacco farm that once pervaded much of the southern U.S. and dominated the region's economy is any longer accurate. It is increasingly apparent that the nation's tobacco farmers have lost ground while the U.S. tobacco industry has continued to thrive. While the tobacco farmers' share of the value of tobacco products has plummeted from 16 percent of every dollar's worth of tobacco products sold in 1957 to a

mere 3 percent in 1991, the share garnered by manufacturers and distributors has increased to nearly 70 percent.

In 1969, U.S. manufactured cigarettes contained 90 percent American-grown tobacco. By the 1990's, that figure dropped to as little as 60 percent. The number of tobacco farms in the U.S. has dropped dramatically, from 512,000 in 1954 to 124,000 in 1992. Overall, the contribution of the tobacco industry to the North Carolina economy dropped from 11.3 percent in 1960 to 7.8 percent in 1993. With respect to North Carolina farm cash receipts, the contribution of tobacco dropped from 47 percent in 1959 to 19 percent in 1993.

In recent years, tobacco-growing regions have become much more diversified. From 1972-94, tobacco's share of farm receipts in North Carolina (the nation's number one tobacco producing state) fell from 37 percent to just 16 percent. Tobacco's share of farm receipts exceeds 10 percent in only two other states.

According to a backgrounder on the 1995 Farm Bill published by the USDA's Economic Research Service, "Production of U.S. tobacco is likely to decline by the end of the 1990's. Accelerated anti-smoking activity, together with an increasing number of smoking restrictions and prohibitions and proposals to increase cigarette taxes, is weakening demand. A shift worldwide to cheaper cigarettes and technological advances that permit production of an acceptable-quality cigarette with cheaper leaf are holding down demand for U.S.-grown leaf."

A September 1994 poll of Kentucky farmers conducted by the Lexington (KY) Herald Leader found that only seven percent of respondents believed that cigarette companies consider the interests of farmers when making decisions.

As reported in that article in the Lexington Herald Leader, American farmers face the possibility of a future in which tobacco is grown overseas, bought overseas by U.S. companies, shipped to U.S.-owned factories overseas, made into cigarettes and sold

overseas. The only money coming back to the U.S. in that scenario would go into the pockets of the shareholders of tobacco companies.

U.S. companies have made it clear that they are committed to buying, manufacturing and marketing tobacco overseas. Philip Morris has committed hundreds of millions on joint venture tobacco operations in Eastern Europe and the former Soviet Union. R.J. Reynolds has dozens of overseas factories that now have the capacity to produce tens of billions of cigarettes each year.

The threat of foreign competition does not affect only tobacco growers. For example, just a few years back, Philip Morris cut a total of 14,000 domestic manufacturing jobs.

While a 1994 deal with cigarette manufacturers resulted in company purchases of nearly all tobacco reserves, and largely as a result, the USDA increased quotas for flue-cured and burley tobacco from 1995-97, it is clear that the buyout was simply another short-term fix.

Communications build between growers and health groups

I would like to take this opportunity to brief you on a paradigm shift occurring slowly but surely between the public health and tobacco-growing communities.

In September 1996, representatives of the tobacco-growing and tobacco-control communities, including the American Heart Association, came together to discuss issues of mutual interest. The meeting, held in Roanoke, VA, was entitled, "Tobacco and Health Symposium: Both Sides of the Coin." It was the first time that these groups met in such a public forum to discuss their views on a variety of issues affecting the growth of tobacco and the public health consequences which result.

In March of this year, the Southern Tobacco Communities Project, housed in the University of Virginia, sponsored *The Southern Tobacco Communities Roundtable*, featuring representatives from the six leading tobacco-growing states, who convened to

explore concerns of tobacco growing communities and to develop ways to strengthen those communities. The gathering included representatives of growers, agricultural advocacy groups, community development groups and community health leaders. The forum provided for "diverse interests to work together to explore concerns and options and develop strategies for economic diversification that works."

According to the group's purpose statement, "The growing, processing, manufacturing, and marketing of tobacco is changing dramatically. For a variety of reasons, including reduction in domestic use of tobacco products due to health and other considerations, competition from international growers facilitated by support from manufacturers, and increasing mechanization of tobacco production, forced changes are occurring within the South's tobacco growing communities...Even in [the] growers' best-case scenario from their own perspective, where American tobacco continues to be in demand as the premium tobacco in the world, fewer growers will likely be working than is now the case. This change could be devastating to tobacco-growing families and their communities, particularly in areas where poverty and unemployment is already high...Strategies must be developed to help these families and communities cope with these pending changes in ways that protect the value and heritage that are so important to them."

Just two weeks ago, the Project coordinated a farm tour in southern Virginia's Halifax County, which included visits to a number of tobacco farms, an equipment dealer and a tobacco warehouse. Representatives of the American Heart Association, other health groups, the U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services participated in, from what I am told, an eye-opening experience.

Growers polled

According to a January 1997 survey of tobacco growers and tobacco allotment owners conducted by the Bowman Gray School of Medicine at Wake Forest University and

the Center for Sustainable Systems in Berea, Kentucky, over 70 percent of respondents have taken steps to learn about on-farm alternatives to tobacco . Fully 66 percent have discovered on-farm alternatives that were profitable. However, there are major barriers to supplementation. Between 64 and 79 percent of those surveyed listed the following as barriers: few processing plants connecting farmers to consumers; lack of capital for new business ventures; no places to sell new products; few low-interest loans or grants for new business ventures. Finally, in subsequent polling of the general public, 66 percent believed the government should actively help farmers find other ways to make a living. We agree.

At the time of the release of the data, a representative of the Center for Sustainable Systems was quoted as saying, "We don't want farmers to be stuck in the tobacco trap. We have to be realistic and face the truth - tobacco is not safe for people's health, and it's not a secure foundation for the economic health of farmers and their families and communities. Tobacco farmers have told us they're willing and eager to try other crops - but we need policies in place to help them do that."

Settlement should address tobacco-growing issues

The AHA recognizes that the production of tobacco plays a significant role in the economic maintenance of many American families living in states that grow a large quantity of tobacco. We urge Congress and the Executive Branch to actively work to provide tobacco-producing communities viable economic options for diversification, as well as ensuring assistance for economic development. Opportunities must be provided to tobacco growing communities and tobacco farmers which provide for their future economic stability and productivity independent of tobacco production.

The Community Farm Alliance, headquartered in Frankfurt, Kentucky, concurs, stating that, "family-scale farming and people working together lays a foundation for community life. Family-scale farming has eroded so significantly that we need to create a new system of agriculture that keeps people on the land. We believe that American society

is best served by family-scale agriculture, and that corporate control of agriculture endangers our land, food and communities."

Unfortunately, the tobacco settlement fails to address this issue. While this issue was raised during the time of the settlement negotiations by the American Heart Association and others, the proposed settlement does not directly address tobacco-farming issues. Legislation developed by Congress to implement the goals of the settlement should earmark funds for economic development in tobacco-growing regions.

Utilization of Tax Policy

In addition, the settlement agreement should not preclude the use of tax policy to raise the funds necessary to ensure assistance for economic development which would further decrease consumption of tobacco products, particularly among our nation's youth. Independent studies of past tax increases show that for every 10 percent increase in the price of cigarettes, overall smoking rates fall approximately four percent. Aggressive enactment of federal and state tobacco excise taxes must be maintained. The AHA recommends that a portion of tobacco excise taxes include "set-asides" to help provide economic stability for tobacco farmers as they transition out of tobacco crops and into other agricultural ventures. Just three cents set-aside from a tobacco tax to American farmers would return an estimated $400 million dollars a year to tobacco states, to assist their farmers in diversification and economic development. Interestingly, almost half of those asked by the Bowman Gray survey also favored an increase in the federal tax on cigarettes with a percentage of the revenues earmarked to help farmers get out of the tobacco business.

Economic development plans proposed

Funds would be well spent, with or without a settlement agreement, for facilitating the growth of alternative crops and improving access to markets for other crops, rather than helping to support the growth of tobacco in a declining market. The American Heart

Association believes such funds could be used, in part, to finance state and federal policymakers' examination of opportunities for supporting economic diversification in tobacco dependent communities, with a bulk of the funds going directly towards building alternative infrastructures for food, livestock, collection and distribution processes.

However, it is not our place to recommend the details of the expenditure of these funds. Such plans must take regional differences into account. For example, according to the USDA, over 50 percent of farms with tobacco in Kentucky have less than three acres related to the crop, compared with just under 30 percent in North Carolina. In Kentucky, the largest number of farms (40 percent) plant one to three acres, while in North Carolina the largest number of farms (39 percent) plant 10 or more acres of tobacco. The AHA concurs with the Koop/Kessler recommendation of the formation of a blue-ribbon panel, heavily represented by individuals from tobacco growing regions, to suggest short and long term strategies for reducing the dependence of tobacco growing states on tobacco.

Beginning before the announcement of the proposed settlement, a number of groups and individuals representing tobacco-growing regions and constituencies have floated ideas for such diversification/supplementation. Senators Ford and McConnell have proposed a "Tobacco Community Revitalization Fund" which would include funding for potential lost income, job development, rural and agricultural development, compensation for lower land values and penalties assessed on tobacco companies which renege on purchasing intentions.

Last month, the Flue-Cured Tobacco Cooperative Stabilization Corporation proposed that the settlement agreement include funds for quota retirement, grants to farmers for new or existing agricultural enterprises, rural and community development, and federal tobacco program costs, including crop insurance.

Another organization, the Rural Advancement Foundation International (RAFI-USA), is currently setting up a pilot reinvestment fund to support farmers' efforts in demonstrating

and trying new on-farm enterprises. Funds could be used for new marketing, handling or processing operations as a means for leveraging additional support from lending, rural development, church or industry sources. Its guidelines encourage development of alternative enterprises that "help lead to long-term income stability and reduced dependency on tobacco income."

Concluding comments

The time is now for those affected parties to come forward to aggressively pursue opportunities for breaking their dependence on the growth of tobacco. We are not talking about eliminating tobacco as a crop, but rather, giving power back to the farmers by offering them viable economic alternatives.

The American Heart Association stands ready, and would be honored to help facilitate continued discussions with this Committee on this critical issue.

For Release:
July 15, 1997
11:00 a.m. EDT

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THE AMERICAN HEART ASSOCIATION CALLS TOBACCO SETTLEMENT PROPOSAL A STEP IN THE RIGHT DIRECTION

IDENTIFIES AREAS OF CONCERN

Washington, DC -- The American Heart Association announced today its response to the proposed settlement document drafted by the state attorneys general and the tobacco industry.

According to Martha Hill, RN, Ph.D., FAAN, president, American Heart Association, "The proposed settlement document includes a comprehensive set of provisions that the public health community could not have thought possible just months ago. The proposed settlement document is not perfect. Nor can it be thought of as a total solution to the death and disease caused by tobacco. But it could serve as a significant instrument to help reduce tobacco use."

Edward F. Hines, Jr., Esq., chair-elect, American Heart Association, led the association's 19-member task force that conducted a review of the proposal. "The AHA believes that the horrendous impact of tobacco use on the health of all people must be dealt with through multiple approaches. These include education; regulatory, legislative and judicial action; accountability by the tobacco industry; and individual responsibility," said Hines.

"The proposed settlement document is quite complex and will require legislative and regulatory action to implement and enforce many of its elements. The AHA has identified a number of areas of concern related to the proposal, and our focus will be on these concerns as the proposal moves forward," added Hines.

The concerns identified in the AHA's review of the proposal include FDA regulation of tobacco, penalties to the tobacco industry, bankruptcy, education, disclosure of industry documents, preemption, and immunity. Additionally, the AHA believes there are other crucial issues related to tobacco control that must be addressed. They include international marketing of tobacco products, tobacco excise taxes, and tobacco farm issues.

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- **FDA Regulation of Tobacco**

Regarding the FDA regulation of tobacco, the AHA holds as an absolute principle that the FDA must be guaranteed complete authority over tobacco products, including nicotine, and FDA must be provided appropriate resources to carry out its regulatory role.

- **Penalties to the Tobacco Industry for Addicting Youth Smokers**

The AHA believes that shareholders of tobacco companies should lose money each time a child is addicted to tobacco. The penalties to the tobacco industry outlined in the settlement should serve as a floor for Congress in determining how much the industry should pay if youth smoking does not decrease by the specified amount. Additional provisions should be included to ensure that penalties are painful enough to the tobacco industry to eliminate any economic benefit from addicting children to tobacco.

- **Bankruptcy**

The AHA feels it is important that, as legislation moves through Congress, provisions are added to prevent tobacco companies from escaping their obligations and liabilities through bankruptcy.

- **Public Education**

The proposed settlement sets aside funds for public education, but it is important for these efforts to be conducted by organizations independent of tobacco industry influence. Also, it is important that designated funds be exempt from the traditional appropriations process to ensure that Congress is not tempted to divert the funds into other projects.

- **Disclosure of Tobacco Industry Documents**

The settlement provides for disclosure of some but not all tobacco industry documents. In the interest of public health, it is important that all tobacco industry documents related to health issues are fully and openly disclosed.

- **Preemption**

The tobacco settlement agreement must not preempt the adoption of state or local laws that are more comprehensive in reducing sales, marketing and use of tobacco products, and restricting smoking in public places. The AHA will continue to promote efforts to protect people from environmental tobacco smoke, which causes 30,000 to 60,000 deaths each year. The proposed federal OSHA standards are a minimum that must be met, but stronger state and local policies should not be preempted.

- **Immunity for Wrongdoing**

The proposed settlement must not grant immunity for past criminal wrongdoing to tobacco companies or their agents.

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"Related to its additional concerns," Hill said, "the AHA believes any actions related to tobacco use in which the public health community is involved must consider international use of tobacco products.

"We also believe that the settlement should not preclude the use of tax policy to further decrease consumption of tobacco products.

"And we urge Congress and the White House to actively work to provide tobacco-producing communities viable economic options for diversification out of tobacco growing, production and manufacturing," added Hill.

"The battle against tobacco is far from over," said Hines. "As the proposed tobacco settlement document moves forward, its terms must be scrupulously watched to assure that the public's health is ultimately protected."

The American Heart Association remains steadfast in its efforts to hold the tobacco industry accountable for the death and disability it has caused. We are committed to assuring that Congress and regulatory agencies enact appropriate measures to correct past wrongdoing and protect our children and the public's health.

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American Heart Association℠
Fighting Heart Disease and Stroke

cc: Ek, ED, Jerry

For Release:
July 15, 1997
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THE AMERICAN HEART ASSOCIATION CALLS TOBACCO SETTLEMENT PROPOSAL ONE STEP

IDENTIFIES AREAS OF CONCERN

Washington, DC -- The American Heart Association announced today its response to the proposed settlement document drafted by the state attorneys general and the tobacco industry.

According to Martha Hill, RN, Ph.D., FAAN, president, American Heart Association, "The proposed settlement document includes a comprehensive set of provisions that the public health community could not have thought possible just months ago. The proposed settlement is not perfect. Nor can it be thought of as a total solution to the death and disease caused by tobacco. But it could serve as a significant instrument to help reduce tobacco use."

Edward F. Hines, Jr., Esq., chair-elect, American Heart Association, led the association's 19-member task force that conducted the review of the proposal. "The AHA believes that the horrendous impact of tobacco use on the health of all people must be dealt with through multiple approaches. These include education; regulatory, legislative and judicial action; accountability by the tobacco industry; and individual responsibility," said Hines.

"The proposed settlement document is quite complex and will require legislative and regulatory action to implement and enforce many of its elements. The AHA has identified a number of areas of concern related to the proposal, and these concerns will guide our actions as the proposal moves forward," added Hines.

The concerns identified in the AHA's review of the proposal include FDA regulation of tobacco, penalties to the tobacco industry, bankruptcy, education, disclosure of industry documents, preemption, and immunity. Additionally, the AHA believes there are other crucial issues related to tobacco control that must be addressed. They include international marketing of tobacco products, tobacco excise taxes, and tobacco farm issues.

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- **FDA Regulation of Tobacco**

Regarding the FDA regulation of tobacco, the AHA holds as an absolute principle that the FDA must be guaranteed complete authority over tobacco products, including nicotine, and FDA must be provided appropriate resources to carry out its regulatory role.

- **Penalties to the Tobacco Industry for Addicting Youth Smokers**

The AHA believes that shareholders of tobacco companies should lose money each time they addict a child to tobacco. The penalties to the tobacco industry outlined in the settlement should serve as a floor for Congress in determining how much the industry should pay if youth smoking does not decrease by specified amounts. Provisions should be included to ensure that penalties are painful enough to the tobacco industry to eliminate any economic benefit of addicting children to tobacco.

- **Bankruptcy**

Under the proposed settlement, tobacco companies could escape their obligations and liability through bankruptcy. The AHA feels it is important that, as legislation moves through Congress, provisions are added to prevent this from happening.

- **Public Education**

The proposed settlement sets aside funds for public education, but the AHA believes it is important for these efforts to be conducted by organizations independent of tobacco industry influence. Also, it is important that designated funds be exempt from the traditional appropriations process to ensure that Congress does not divert the funds into other projects.

- **Disclosure of Tobacco Industry Documents**

The settlement provides for disclosure of some but not all tobacco industry documents. In the interest of public health, the AHA would like all tobacco industry documents related to health issues to be fully and openly disclosed.

- **Preemption**

According to the AHA, the tobacco settlement agreement must not preempt the adoption of state or local laws that are more comprehensive in reducing sales, marketing and use of tobacco products, and restricting smoking in public places. The AHA will continue to promote efforts to protect people from environmental tobacco smoke, which causes 30,000 to 60,000 deaths each year. The proposed federal OSHA standards are a minimum that must be met, but stronger state and local policies should not be preempted.

- **Immunity for Wrongdoing**

The AHA feels that the proposed settlement must not grant immunity for past criminal wrongdoing to tobacco companies or their agents.

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"Related to our additional concerns," Hill said, "the AHA believes any actions on tobacco use in which the public health community is involved must consider international use of tobacco products.

"We also believe that the settlement should not preclude the use of tax policy to further decrease consumption of tobacco products.

"And we urge Congress and the White House to actively work to provide tobacco-producing communities viable economic options for diversification out of tobacco growing, production and manufacturing," added Hill.

"The battle against tobacco is far from over," said Hines. "As the proposed tobacco settlement document moves forward, its terms must be scrupulously watched to assure that the public's health is ultimately protected.

"The American Heart Association remains steadfast in its efforts to hold the tobacco industry accountable for the death and disability it has caused. We are committed to assuring that the Congress and regulatory agencies enact appropriate measures to correct past wrongdoing and protect our children and the public's health."

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AMERICAN HEART ASSOCIATION
Response to the Settlement Proposal
Between the Tobacco Industry and State Attorneys General

Prevention of cardiovascular diseases and stroke remains the primary goal of the *American Heart Association.* The costs in terms of lives lost and health because of tobacco use are staggering. Tobacco use is the single leading preventable cause of death in the United States.

- Tobacco use kills more than 400,000 Americans each year – more people than car accidents, alcohol, homicides, illegal drugs, suicides, and fires combined.

- Each day 3,000 children begin smoking in the United States. Each year another 1 million young people will become regular smokers and approximately one out of every three of these adolescents will die prematurely as a result of tobacco use.

- Children are starting to smoke at earlier and earlier ages. Studies show that the proportion of 8^{th} and 10^{th} graders who reported smoking rose by 33 percent between 1991 and 1995.

- Approximately 3 million American adolescents currently smoke, and an additional 1 million adolescent males use smokeless tobacco.

- Cigarette smoking is the greatest risk factor for sudden cardiac death.

- Chronic exposure to environmental tobacco smoke (secondhand smoke) significantly increases the risk of heart disease.

- Smoking is the biggest risk factor for peripheral vascular disease (narrowing of blood vessels carrying blood to leg and arm muscles). Smokers with peripheral vascular disease are more likely to develop gangrene and require leg amputation.

- Of the fifty million people who smoke cigarettes, an estimated 77 – 92 percent are addicted.

- Some 82 percent of adults who have ever smoked had their first cigarette before age 18, and more than half of them had already become regular smokers by that age.

- The international impact of tobacco on world health is frightening. Between 1992 and 2025 mortality in developed countries will increase from two to three million. In developing countries, where the tobacco industry is concentrating their efforts, mortality will increase from one to seven million by 2025.

The AHA believes that the horrendous impact of tobacco use on the health of all people must be dealt with through multiple strategies. These include community education; government interventions including regulatory, legislative and judicial action; accountability by the tobacco industry; and individual responsibility.

At the forefront of our concerns is protecting the health of our children from the addiction, disease and risk of death from tobacco use.

After a careful review of the proposed settlement document drafted by the state attorneys general and representatives of the tobacco industry, the AHA has identified a number of concerns. These include FDA regulation of tobacco, penalties to the tobacco industry if the terms of the settlement document are not met, bankruptcy, public education, disclosure of tobacco industry documents, preemption, and immunity of the tobacco industry for wrongdoing.

Additionally, the AHA believes there are other crucial elements related to tobacco control that must be addressed by the Congressional and Executive Branches of our government. This response document will highlight those as well. They include international marketing of tobacco products, tobacco excise taxes, and tobacco farm issues.

Part 1 comments on the issues addressed in the proposed settlement document. *Part 2* addresses additional concerns that go beyond the scope of the settlement document, which the AHA believes are vital to the efforts to eliminate tobacco use.

Part 1:

Overview Comments of the Proposed Settlement Document

The AHA views the proposed settlement document as one step in the battle against tobacco use.

The proposed settlement document is not perfect. Nor can it be thought of as a total solution to the death and disease caused by tobacco. But it could serve as a significant instrument to help reduce tobacco use in the United States. Those who have brought the proposal forward with true intent to positively improve the health and lives of all people should be thanked for their efforts.

The proposed settlement document is complex and will require legislative and regulatory action in order to implement and enforce many of its elements. Implementation of the terms of the document demands that the public health community be vigilant in holding both the tobacco industry and our government officials accountable to carry out steps that will reduce and eventually eliminate use of tobacco products in our country.

FDA Regulation of Tobacco

The proposed settlement document sets out detailed provisions for Food and Drug Administration (FDA) regulation of the manufacture, production, sales and marketing of tobacco products. The AHA holds as an absolute principle that the FDA must be guaranteed complete authority, and provided appropriate resources, to carry out its regulatory role over tobacco products in a timely fashion. The FDA must be provided funding and other needed resources as part of the settlement to enable them to conduct appropriate tobacco regulation without interfering with or impeding their regulatory responsibilities over other drugs and devices.

We also support expansion by Congress of the proposal to give the FDA authority to regulate the manufacture, sales and marketing of cigar and pipe tobacco in order to protect the public from the addictive and deadly qualities of these products.

Action by Congress or other government agencies must not create bureaucracy that will prevent or obstruct the FDA's ability to control tobacco products. FDA's control over tobacco and nicotine products must be total, including advertising and promotion, and Congress must commit to ongoing support of the FDA in the control of tobacco products.

We believe that the FDA's control over nicotine and tobacco should be governed by health and science concerns.

Concerns have been expressed that the proposed settlement document, in apparently requiring Formal Rule Making procedures and in requiring specified findings subject to certain evidentiary standards, may hamper the FDA in the discharge of its new duties. These concerns need to be explored and, if valid, addressed.

While the FDA's responsibilities relate only to U.S. consumed products, a strong FDA model for control over tobacco can serve as a useful template for international control over tobacco products.

Penalties to the Tobacco Industry

The AHA is concerned about the health damages of tobacco use, and therefore supports enactment of penalties significant enough to deter tobacco manufacturers from addicting new smokers. The penalties outlined in the settlement document should serve as a *floor* for Congress and others in determining appropriate amounts the tobacco industry should pay if it does not meet the terms of the agreement. Congress should assure there is a mechanism to enforce penalties and should be accountable for assuring the penalties are not reduced.

Penalties need to be painful to the tobacco industry and should eliminate any economic benefit of addicting a young person to tobacco.

Since penalties stated in the proposed settlement document are calculated on current information and data on teenage smoking, the figures must be reevaluated annually and adjusted appropriately. Adjustments must include evaluation of wholesale and retail prices of tobacco products to assure tobacco companies never again profit from sales to children.

It must cost the shareholders of tobacco companies money each time they addict a child to tobacco.

Bankruptcy
As legislation moves through Congress to implement the terms of the proposed settlement agreement, provisions need to be added so that tobacco companies cannot escape their obligations through bankruptcy.

Public Education
The funding of all education programs resulting from the settlement agreement must be under the auspices of independent organizations appointed to handle counter-advertising programs, educational programs and related issues. This does not preclude government organizations from being funded to implement such tobacco-control or education programs.

This should be done in a manner that streamlines implementation of the educational programs, and does not create a bureaucratic quagmire.

Similar structures should be applied to programs earmarked for state and/or local implementation.

The availability of funds shall be removed from traditional appropriations processes.

Disclosure of Tobacco Industry Documents
Documents of the tobacco industries, and persons or organizations under their control, that yield information relevant to the health hazards of tobacco products and their use must be fully and openly disclosed.

Preemption
Any provisions resulting from the proposed tobacco settlement agreement must not preempt the initiation, adoption and/or enforcement of state or local laws that are more severe in reducing sales, marketing and use of tobacco products, and restricting smoking in public places.

The AHA will promote and uphold efforts to protect people from environmental smoke, which accounts for an estimated 30,000 to 60,000 deaths annually, and significantly contributes to diseases including heart disease, cancer, emphysema, chronic lung disease, asthma and sudden infant death syndrome. The AHA advocates strong clean indoor air policies, and we view the proposed OSHA standards as a minimum that must be met. Stronger state and local clean air policies must not be preempted.

Immunity for Wrongdoing
Tobacco companies and their agents should not be granted any immunity for past criminal wrongdoing.

Part 2:

Additional Concerns of the Proposed Settlement Document

The battle against tobacco is far from over. As the proposed tobacco settlement document moves forward, its terms must be scrupulously watched to assure that the public's health is ultimately protected. In addition to the terms contained in the proposed settlement agreement, there are three other items of critical concern to the AHA.

International Marketing of Tobacco Products

There is a significant concern about issues related to the manufacturing, distribution, marketing, sales and use of tobacco outside the United States. The proposed settlement document does not address international issues, and we understand that these issues were not a part of the discussions that led to the proposed settlement document.

However, the AHA believes any actions related to tobacco use in which the public health community is involved must consider international use of tobacco products.

U.S. tobacco companies must be prevented from exporting cigarettes and other tobacco products that are more hazardous than those permitted on the domestic market.

In addition the AHA is concerned that a consequence of reducing U.S. tobacco sales will intensify marketing of tobacco products elsewhere in the world. Therefore the AHA requests that the White House, through executive action, initiate assertive efforts to enable the appropriate international organizations to more aggressively attack international tobacco use.

As a partner with many international health and medical organizations, the AHA believes there is a responsibility to look at tobacco control not only within the U.S., but also worldwide.

Tobacco Excise Taxes

The settlement agreement should not preclude the use of tax policy to further decrease consumption of tobacco products, particularly among our nation's youth. (Independent studies of past tax increases show that for every 10 percent increase in the price of cigarettes, overall smoking rates fall approximately four percent.) Aggressive enactment of federal and state tobacco excise taxes must be maintained.

Tobacco Farm Issues

The AHA recognizes the production of tobacco plays a significant role in the economic maintenance of many American families living in states that grow a large quantity of tobacco. We urge Congress and the Executive Branch to actively work to provide tobacco-producing communities viable economic options for diversification as well as ensuring assistance for economic development. Opportunities must be provided to tobacco growing communities and tobacco farmers which provide for their future economic stability and productivity independent of tobacco production.

The AHA recommends that a portion of tobacco excise taxes include "set-asides" that will provide economic stability for tobacco farmers as they transition out of tobacco crops and into other agricultural ventures.

Summary

The American Heart Association remains steadfast in its efforts to hold the tobacco industry accountable for the death and disability it has caused. We are committed to assuring that the tobacco industry and our government agencies enact appropriate measures to correct past wrongdoing and assure future protection of our children and of the public's health.

We are committed to our responsibility as the public's advocate for the elimination of tobacco use. This is crucial to our mission: *the reduction of disability and death from cardiovascular diseases and stroke.*

For Release:
July 15, 1997 at 11:00 a.m EDT

THE AMERICAN HEART ASSOCIATION CALLS TOBACCO SETTLEMENT PROPOSAL A STEP IN THE RIGHT DIRECTION

Identifies Areas of Concern

Washington, DC - The American Heart Association announced today its response to the proposed settlement document drafted by the state attorneys general and the tobacco industry.

According to Martha Hill, RN, Ph.D., FAAN, President, American Heart Association, "The proposed settlement document includes a comprehensive set of provisions that the public health community could not have thought possible just months ago. The proposed settlement document is not perfect. Nor can it be thought of as a total solution to the death and disease caused by tobacco. But it could serve as a significant instrument to help reduce tobacco use."

Edward F. Hines, Jr., Esq., Chair-elect, American Heart Association, led the association's 19-member task force that conducted a review of the proposal. "The AHA believes that the horrendous impact of tobacco use on the health of all people must be dealt with through multiple approaches. These include education; regulatory, legislative and judicial action; accountability by the tobacco industry; and individual responsibility," said Hines.

"The proposed settlement document is quite complex and will require legislative and regulatory action to implement and enforce many of its elements. The AHA has identified a number of areas of concern related to the proposal, and our focus will be on these concerns as the proposal moves forward," added Hines.

The concerns identified in the AHA's review of the proposal include FDA regulation of tobacco, penalties to the tobacco industry, bankruptcy, education, disclosure of industry documents, preemption, and immunity. Additionally, the AHA believes there are other crucial issues related to tobacco control that must be addressed. They include international marketing of tobacco products, tobacco excise taxes, and tobacco farm issues.

- **FDA Regulation of Tobacco**
  Regarding the FDA regulation of tobacco, the AHA holds as an absolute principle that the FDA must be guaranteed complete authority over tobacco products, including nicotine, and FDA must be provided appropriate resources to carry out its regulatory role.

- **Penalties to the Tobacco Industry for Addicting Youth Smokers**
  The AHA believes that shareholders of tobacco companies should lose money each time a child is addicted to tobacco. The penalties to the tobacco industry outlined in the settlement should serve as a floor for Congress in determining how much the industry should pay if youth smoking does not decrease by the specified amount. Additional provisions should be included to ensure that penalties are painful enough to the tobacco industry to eliminate any economic benefit from addicting children to tobacco.

- **Bankruptcy**
  The AHA feels it is important that, as legislation moves through Congress, provisions are added to prevent tobacco companies from escaping their obligations and liabilities through bankruptcy.

- **Public Education**
  The proposed settlement sets aside funds for public education, but it is important for these efforts to be conducted by organizations independent of tobacco industry influence. Also, it is important that designated funds be exempt from the traditional appropriations process to ensure that Congress is not tempted to divert the funds into other projects.

- **Disclosure of Tobacco Industry Documents**
  The settlement provides for disclosure of some but not all tobacco industry documents. In the interest of public health, it is important that all tobacco industry documents related to health issues are fully and openly disclosed.

- **Preemption**
  The tobacco settlement agreement must not preempt the adoption of state or local laws that are more comprehensive in reducing sales, marketing and use of tobacco products, and restricting smoking in public places. The AHA will continue to promote efforts to protect people from environmental tobacco smoke, which causes 30,000 to 60,000 deaths each year. The proposed federal OSHA standards are a minimum that must be met, but stronger state and local policies should not be preempted.

- **Immunity for Wrongdoing**
  The proposed settlement must not grant immunity for past criminal wrongdoing to tobacco companies or their agents.

"Related to its additional concerns," Hill said, "the AHA believes any actions related to tobacco use in which the public health community is involved must consider international use of tobacco products.

"We also believe that the settlement should not preclude the use of tax policy to further decrease consumption of tobacco products.

"And we urge Congress and the White House to actively work to provide tobacco-producing communities viable economic options for diversification out of tobacco growing, production and manufacturing," added Hill.

"The battle against tobacco is far from over," said Hines. "As the proposed tobacco settlement document moves forward, its terms must be scrupulously watched to assure that the public's health is ultimately protected."

The American Heart Association remains steadfast in its efforts to hold the

tobacco industry accountable for the death and disability it has caused. We are committed to assuring that Congress and regulatory agencies enact appropriate measures to correct past wrongdoing and protect our children and the public's health.

For Release:
July 15, 1997

AMERICAN HEART ASSOCIATION RESPONSE TO THE SETTLEMENT PROPOSAL BETWEEN THE TOBACCO INDUSTRY AND STATE ATTORNEYS GENERAL

Prevention of cardiovascular diseases and stroke remains the primary goal of the American Heart Association. The costs in terms of lives lost and health because of tobacco use are staggering. Tobacco use is the single leading preventable cause of death in the United States.

- Tobacco use kills more than 400,000 Americans each year -- more people than car accidents, alcohol, homicides, illegal drugs, suicides, and fires combined.
- Each day 3,000 children begin smoking in the United States. Each year another 1 million young people will become regular smokers and approximately one out of every three of these adolescents will die prematurely as a result of tobacco use.
- Children are starting to smoke at earlier and earlier ages. Studies show that the proportion of 8th and 10th graders who reported smoking rose by 33 percent between 1991 and 1995.
- Approximately 3 million American adolescents currently smoke, and an additional 1 million adolescent males use smokeless tobacco.
- Cigarette smoking is the greatest risk factor for sudden cardiac death.
- Chronic exposure to environmental tobacco smoke (secondhand smoke) significantly increases the risk of heart disease.
- Smoking is the biggest risk factor for peripheral vascular disease (narrowing of blood vessels carrying blood to leg and arm muscles). Smokers with peripheral vascular disease are more likely to develop gangrene and require leg amputation.
- Of the fifty million people who smoke cigarettes, an estimated 77-92 percent are addicted.
- Some 82 percent of adults who have ever smoked had their first cigarette before age 18, and more than half of them had already become regular smokers by that age.
- The international impact of tobacco on world health is frightening. Between 1992 and 2025 mortality in developed countries will increase from two to three million. In developing countries, where the tobacco industry is concentrating their efforts, mortality will increase from one to seven million by 2025.

The AHA believes that the horrendous impact of tobacco use on the health of all people must be dealt with through multiple strategies. These include community education; government interventions including regulatory,

legislative and judicial action; accountability by the tobacco industry; and individual responsibility.

At the forefront of our concerns is protecting the health of our children from the addiction, disease and risk of death from tobacco use.

After a careful review of the proposed settlement document drafted by the state attorneys general and representatives of the tobacco industry, the AHA has identified a number of concerns. These include FDA regulation of tobacco, penalties to the tobacco industry if the terms of the settlement document are not met, bankruptcy, public education, disclosure of tobacco industry documents, preemption, and immunity of the tobacco industry for wrongdoing.

Additionally, the AHA believes there are other crucial elements related to tobacco control that must be addressed by the Congressional and Executive Branches of our government. This response document will highlight those as well. They include international marketing of tobacco products, tobacco excise taxes, and tobacco farm issues.

Part 1 comments on the issues addressed in the proposed settlement document. *Part 2* addresses additional concerns that go beyond the scope of the settlement document, which the AHA believes are vital to the efforts to eliminate tobacco use.

Part 1

Overview Comments of the Proposed Settlement Document
The AHA views the proposed settlement document as one step in the battle against tobacco use.

The proposed settlement document is not perfect. Nor can it be thought of as a total solution to the death and disease caused by tobacco. But it could serve as a significant instrument to help reduce tobacco use in the United States. Those who have brought the proposal forward with true intent to positively improve the health and lives of all people should be thanked for their efforts.

The proposed settlement document is complex and will require legislative and regulatory action in order to implement and enforce many of its elements. Implementation of the terms of the document demands that the public health community be vigilant in holding both the tobacco industry and our government officials accountable to carry out steps that will reduce and eventually eliminate use of tobacco products in our country.

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Action by Congress or other government agencies must not create bureaucracy

that will prevent or obstruct the FDA's ability to control tobacco products. FDA's control over tobacco and nicotine products must be total, including advertising and promotion, and Congress must commit to ongoing support of the FDA in the control of tobacco products.

We believe that the FDA's control over nicotine and tobacco should be governed by health and science concerns.

Concerns have been expressed that the proposed settlement document, in apparently requiring Formal Rule Making procedures and in requiring specified findings subject to certain evidentiary standards, may hamper the FDA in the discharge of its new duties. These concerns need to be explored and, if valid, addressed.

While the FDA's responsibilities relate only to U.S. consumed products, a strong FDA model for control over tobacco can serve as a useful template for international control over tobacco products.

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Penalties need to be painful to the tobacco industry and should eliminate any economic benefit of addicting a young person to tobacco.

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It must cost the shareholders of tobacco companies money each time they addict a child to tobacco.

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Immunity for Wrongdoing
Tobacco companies and their agents should not be granted any immunity for past criminal wrongdoing.

Part 2

Additional Concerns of the Proposed Settlement Document
The battle against tobacco is far from over. As the proposed tobacco settlement document moves forward, its terms must be scrupulously watched to assure that the public's health is ultimately protected. In addition to the terms contained in the proposed settlement agreement, there are three other items of critical concern to the AHA.

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Tobacco Farm Issues
The AHA recognizes the production of tobacco plays a significant role in the economic maintenance of many American families living in states that grow a large quantity of tobacco. We urge Congress and the Executive Branch to actively work to provide tobacco-producing communities viable economic options for diversification as well as ensuring assistance for economic development. Opportunities must be provided to tobacco growing communities and tobacco farmers which provide for their future economic stability and productivity independent of tobacco production.

The AHA recommends that a portion of tobacco excise taxes include "set-asides" that will provide economic stability for tobacco farmers as they transition out of tobacco crops and into other agricultural ventures.

Summary
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We are committed to our responsibility as the public's advocate for the elimination of tobacco use. This is crucial to our mission: *the reduction of disability and death from cardiovascular diseases and stroke.*

ENACT

Effective National Action to Control Tobacco

– A Public Health Coalition –

American Academy of Family Physicians
American Academy of Pediatrics
American Cancer Society
American College of Chest Physicians
American College of Preventive Medicine
American Heart Association

American Medical Association
Association of State &Territorial Health Officials
Campaign for Tobacco-Free Kids
National Association of County and City Health Officials
Partnership for Prevention

Consensus Statement of ENACT

Building on decades of work by the public health community, the 1996 assertion of jurisdiction over tobacco by the U.S. Food and Drug Administration, the principles in the recent Koop-Kessler Report, and the June 20 agreement negotiated between the state Attorneys General and the tobacco industry, President Clinton announced on September 17 his support for comprehensive federal legislation based on five key elements to reduce tobacco use among all Americans, but particularly among children.

Our organizations support the President's call for bipartisan legislation and pledge to work with the Administration, Members of Congress, the public health community and the American people to achieve this goal.

We have an historic opportunity to prevent and dramatically reduce tobacco use among children and adults and reduce secondhand smoke in public places and worksites. Our priority is the enactment of comprehensive, sustainable, effective, well-funded tobacco control legislation.

This is a singular and unique opportunity to protect children and save lives. Therefore, we are committing our resources, including our millions of members, volunteers and staffs to the opportunity for fundamental change that is possible now, while pledging to continue to work on longer term public health goals.

The following are important elements for effective legislation and must be adequately funded:

- **Full FDA Authority**: The FDA must have full jurisdiction over all tobacco products and nicotine delivery devices. Furthermore, the FDA must be permitted to use the same procedures in regulating tobacco, and its decisions should be subject to the same standard of review that generally apply under the Food, Drug, and Cosmetic Act.

- **Tough Penalties**: The tobacco industry must be subject to significant penalties if tobacco use among children does not drop substantially. The penalties should be non-tax deductible, uncapped, escalating and brand-specific to youth tobacco use to give the tobacco industry the strongest possible incentive to stop targeting children.

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Washington, DC 20035
Phone: (202) 293-1405

- **Price Increases**: The cost of tobacco products should be increased well beyond the $0.62 per pack projected under the state Attorneys General agreement in order to deter children from taking up their use, whether through an increase in state and federal excise taxes, modifications in the tax treatment of annual payments, and/or price hikes from the tobacco companies due to increased settlement costs.

- **No Marketing to Children**: Tobacco marketing and advertising to children must be prohibited.

- **Document Disclosure**: To ensure that patterns of corporate malfeasance are disclosed and effectively checked in the future, tobacco legislation must provide for broad disclosure of industry documents, especially those containing scientific or other health information or relating to the industry's attempts to market tobacco to children.

- **No Preemption**: Any federal legislation should explicitly provide that state and local governments are not preempted from establishing or retaining requirements equal to or more stringent than any federal requirement (including taxation) relating to tobacco control, other than requirements regulating the content of tobacco products.

- **Public Health Initiatives**: Legislation should include improved warning labels, provisions to eliminate youth access to tobacco, public education, tobacco use cessation, research, and state and local tobacco control activities.

- **International Leadership**: A portion of any funds should be earmarked for international organizations and federal agencies for the implementation of international tobacco control initiatives. Furthermore, the President should issue an Executive Order prohibiting the U.S. Trade Representative, the Department of Commerce, U.S. Embassies, and other federal agencies from interfering in any efforts by foreign national governments to curb tobacco use.

- **Secondhand Smoke**: The public's protection from secondhand smoke hazards should be included as an integral part in any national tobacco policy. This should include federal environmental tobacco smoke restrictions for restaurants without preempting tougher local and state laws.

- **Protection of Tobacco Farmers and Their Communities**: The impact of the legislation on tobacco farmers and their communities should be addressed.

Each organization has identified additional ways to achieve our shared goal, and will work to implement those provisions which are unique to its constituency and goals.

Together, we are committed to improving public health; our organizations have long been devoted to reducing the use of tobacco, particularly among children. We join together now to support an effective national policy on tobacco control.

P.O. Box 65168
Washington, DC 20035
Phone: (202) 293-1405

ENACT

Effective National Action to Control Tobacco

– A Public Health Coalition –

American Academy of Family Physicians
American Academy of Pediatrics
American Cancer Society
American College of Chest Physicians
American College of Preventive Medicine
American Heart Association
American Medical Association
Association of State & Territorial Health Officials
Campaign for Tobacco-Free Kids
National Association of County and City Health Officials
Partnership for Prevention

FOR IMMEDIATE RELEASE
October 1, 1997

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– Public Health Groups Form Powerful Coalition to Enact Comprehensive Tobacco Control Legislation and Release Poll Showing Broad Public Support for National Efforts to Curb Smoking –

Washington, D.C. (October 1, 1997) -- Eleven of the nation's most prestigious public health organizations have formed the coalition ENACT (Effective National Action to Control Tobacco) and have pledged to work with the Congress and the Administration to help pass comprehensive, sustainable, effective, well-funded, national tobacco control legislation.

"The commitment made by all eleven organizations to come together to help pass legislation as significant as this is unprecedented," said John R. Seffrin, Ph.D., chief executive officer of the American Cancer Society. "By sharing resources we can educate the public about the need for national tobacco control policy. By joining forces we can activate millions of public health advocates across the country. By uniting we can overcome any obstacle we face to take advantage of this historic opportunity."

ENACT also released a letter it sent to members of Congress pledging to work together to help pass strong bipartisan legislation.

The group also released new national polling data that show strong public support for a comprehensive plan to control tobacco use. Seventy-one percent of those polled during the week following President Clinton's tobacco policy announcement think it is important that the Congress address a national tobacco control policy in the next six months. The survey also

- more -

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found that 87 percent of the public is concerned about tobacco use by kids as a public health issue.

An advertisement announcing the formation of ENACT and its pledge to help pass comprehensive legislation appears in *The Washington Post* and *The Washington Times* today.

"The American Academy of Family Physicians, American Academy of Pediatrics, American Cancer Society, American College of Chest Physicians, American College of Preventive Medicine, American Heart Association, American Medical Association, Association of State and Territorial Health Officials, Campaign for Tobacco-Free Kids, National Association of County and City Health Officials, and Partnership for Prevention are standing together here today to say to the American people that we will work with Congress, the Clinton Administration and anyone else who will join us in the fight to enact national tobacco control legislation," said Dr. Randolph Smoak, Jr., vice chair of the American Medical Association's Board of Trustees.

Building on decades of work by the public health community, the 1996 assertion of jurisdiction over tobacco by the U.S. Food and Drug Administration, the principles in the recent Koop-Kessler Report, the June 20th agreement negotiated between the state Attorneys General and the tobacco industry, and President Clinton's call for bipartisan legislation, ENACT members released a consensus statement that outlines the important elements for effective legislation. These elements include:

- Full FDA authority over all tobacco products and nicotine delivery systems.
- Tough penalties against the industry if tobacco use among children does not drop substantially.
- Significant price increases on the cost of tobacco products.
- No marketing to children.
- Broad disclosure of industry documents.
- Provisions to ensure that federal law does not preempt more restrictive state and local laws.
- Support for important public health initiatives.
- Funding for implementation of international tobacco control initiatives.
- Protections from secondhand smoke.
- Help for tobacco farmers and their communities.

In addition to documenting concern over youth tobacco use and the need for Congress to address national tobacco control policy in the next six months, the poll also revealed that:

- By a margin of two to one, the public favors President Clinton's approach to building on the proposed tobacco settlement agreement to enact a national tobacco policy. Fifty-nine percent of those polled favored the approach, with 29 percent opposed and 12 percent undecided.
- A majority also supports many of the more specific provisions of the president's plan for a national tobacco policy, including: full authority for FDA with no special restrictions (60% v. 28% opposed); a national minimum tobacco purchasing age with required photo

identification checks to reduce youth access to tobacco (85% v. 10% opposed); stiff industry penalties if youth smoking does not decline (57% v. 34% opposed); a cigarette price increase of as much as $1.50/pack if youth smoking does not decline (59% v. 33% opposed); restricting smoking in public places (78% v. 16% opposed); and funding a national tobacco use prevention/education program (70% v. 20% opposed).

- Seventy-three percent of respondents agreed that a national tobacco policy is important to help parents discourage kids from smoking. Two-thirds (67%) believe that a national tobacco policy is likely to reduce youth tobacco use, and almost one-half (49%) believe a national tobacco policy is likely to reduce tobacco use by adults.

Findings from the poll, commissioned by the CAMPAIGN FOR TOBACCO-FREE KIDS, were released at today's ENACT news conference.

"It's clear that there is overwhelming support for a comprehensive plan to protect both kids and adults from tobacco," said Dr. Ronald M. Davis, director of the Center for Health Promotion and Disease Prevention at the Henry Ford Health System in Detroit, which is a member of Partnership for Prevention. He also is a fellow of the American College of Preventive Medicine.

ENACT members said they thought Congress could pass legislation as early as the spring of 1998. Hearings on the issue are already taking place on Capitol Hill.

"We stand ready to work with the Congress and the American people to accomplish this important goal," said Dr. Michael C. Caldwell, Dutchess County (NY) health commissioner and a board member and tobacco committee chair of the National Association of County and City Health Officials.

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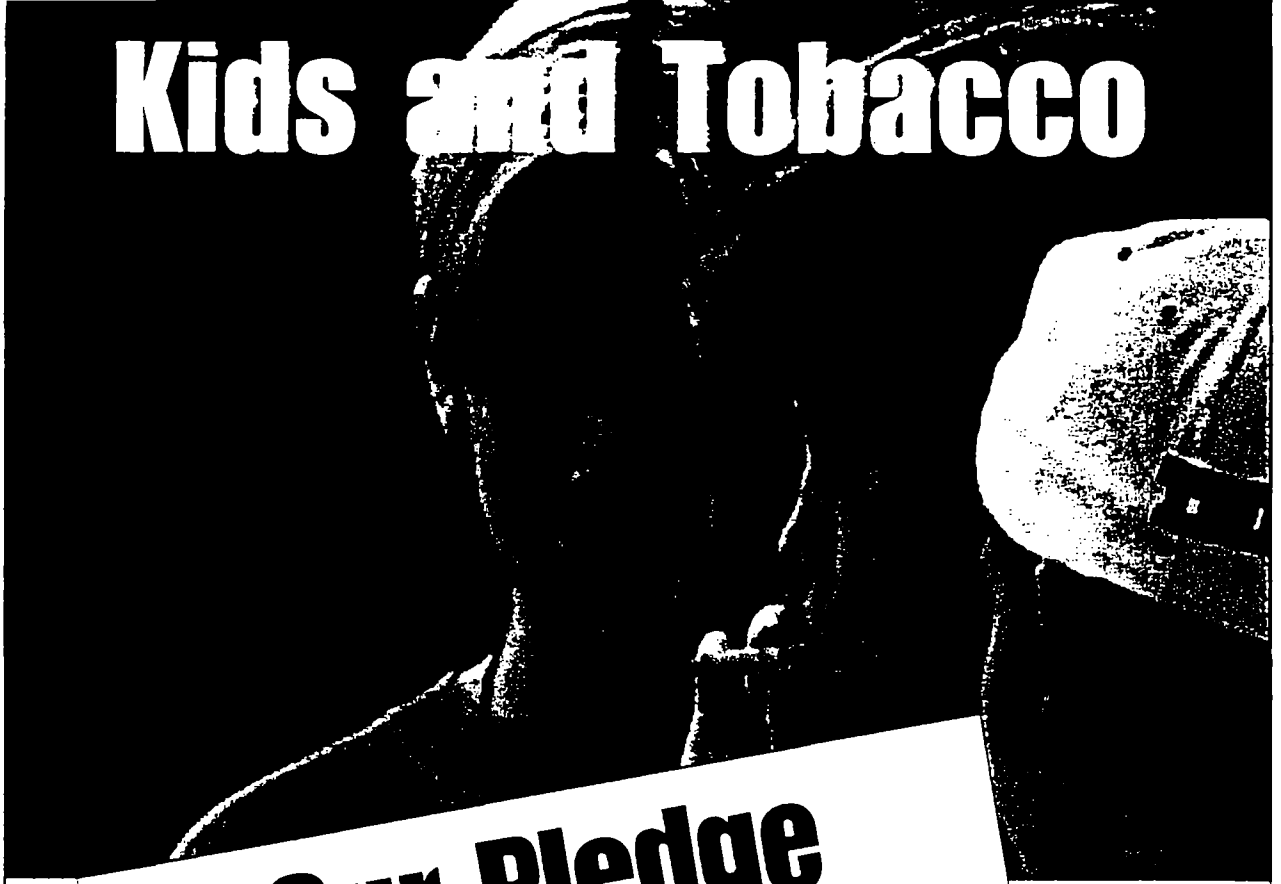
Note to editors: A full summary of poll findings is available.

Kids and Tobacco



Our Pledge to America

Recently President Clinton outlined broad principles for a national tobacco control policy and asked Congress to enact legislation to significantly reduce tobacco use among our youth.

After decades of rising youth addiction and adult disease and death, we have before us the chance to kick this nation's lethal tobacco habit.

That is why our public health organizations have joined together, representing millions of members, volunteers, and staff. Today, we pledge to the American people that we are committing ourselves fully to this challenge.

We pledge to work in a true bipartisan fashion with the Congress and to take our case to the public. We pledge to work with all our collective strength to bring about the nation's first comprehensive, well-funded and sustainable program to prevent and dramatically decrease tobacco use among children and adults and to reduce secondhand smoke in public places and worksites.

We welcome your help. Join with us to enact national tobacco legislation and win the Tobacco War for America's good health.

Effective National Action to Control Tobacco

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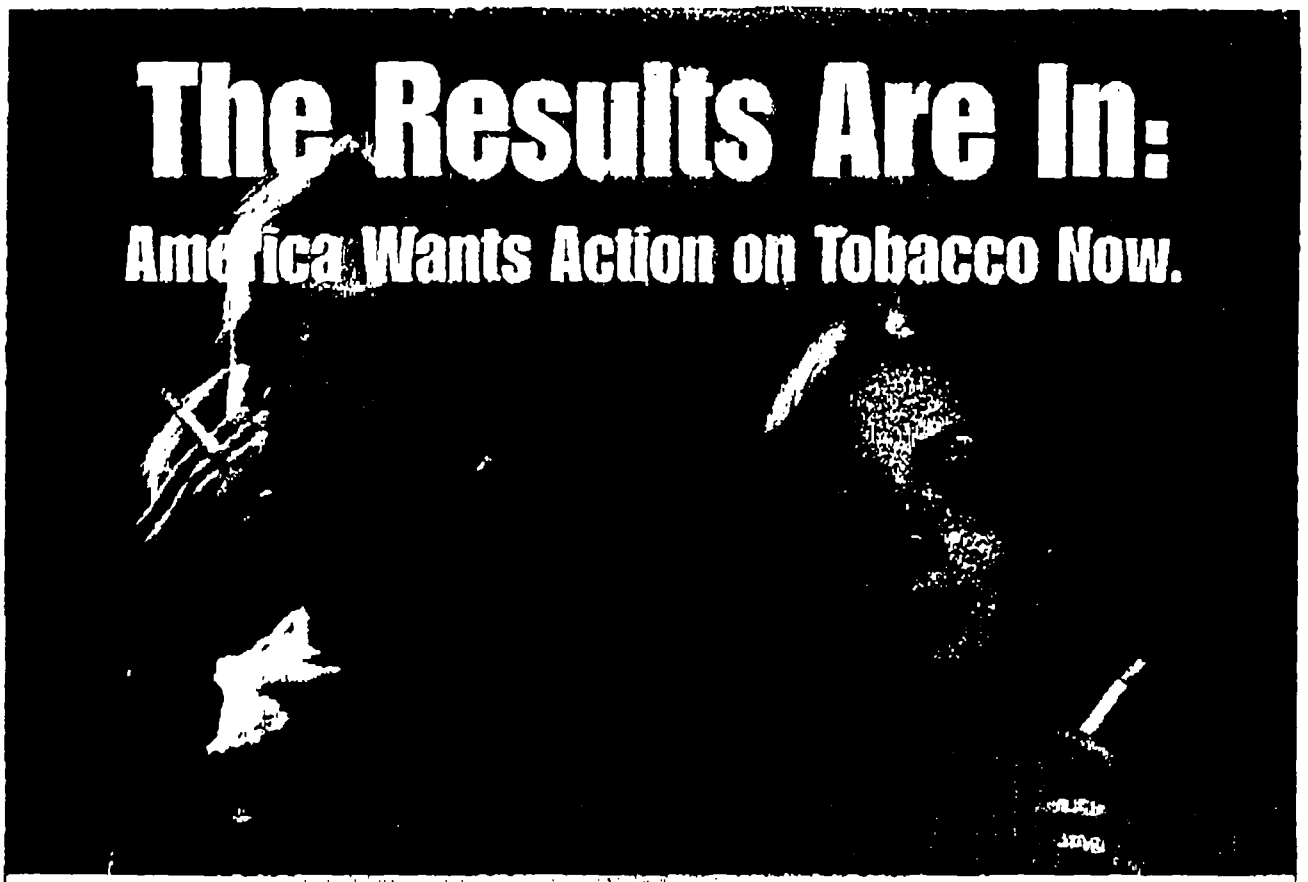
The Results Are In:

America Wants Action on Tobacco Now.



Why Does The Public Want Action?

- 87% are concerned about tobacco use by kids as a public health issue
- 73% agree that a national tobacco policy is important to help parents discourage kids from smoking
- 67% believe that a national tobacco policy is likely to reduce tobacco use by kids

What Does the Public Want?

- 85% want a national minimum age with ID checks
- 83% want to ban vending machines and place all tobacco products behind the counter
- 78% want restrictions on smoking in public places
- 77% want funds for programs to help smokers quit
- 70% want funding for a national prevention/education program
- 60% want full authority for the FDA
- 59% want to increase the price by as much as $1.50 a pack if youth smoking does not decline
- 57% want stiff tobacco industry penalties if youth smoking does not decline

When Do They Want It?

- 72% agree that it is important to establish a national policy now rather than waiting for lawsuits against the industry to conclude
- 71% think it is important that Congress address a national policy in the next six months.

Source: National survey of 1,000 adults, conducted by Market Facts' TeleNation, September 19-25.

It's time to end the nation's tobacco epidemic. Let's get it done. It's a life saver for America's kids.

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A Public Health Coalition

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CAMPAIGN for TOBACCO-FREE Kids

For Immediate Release

Contact: Jennifer Thorp
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NATIONAL POLL REVEALS PUBLIC SENTIMENT ON TOBACCO AGREEMENT'S TREATMENT OF TOBACCO FARMERS

-- Divided Opinion on Financial Support; Any Relief Should be Used to Develop Alternatives to Tobacco Farming, Not to Grow It Profitably --

Washington, DC (September 11, 1997) – A nationwide poll taken last month reveals the American public's overwhelming belief that any financial assistance provided to tobacco farmers impacted as a result of the proposed tobacco agreement should be used to help develop alternatives to tobacco farming -- not to fund programs to help ensure that farmers continue to grow tobacco profitably. This sentiment is widely held, even in states where a significant part of the economy is related to tobacco farming.

The poll was commissioned by the CAMPAIGN FOR TOBACCO-FREE KIDS and released in conjunction with today's Senate Committee on Agriculture, Nutrition and Forestry hearing on tobacco farmers and the proposed tobacco agreement. Its findings, which demonstrate that the public supports alternatives to tobacco farming, were presented to Committee members during testimony by Scott Ballin, senior policy consultant to the CAMPAIGN.

Americans were evenly divided on whether tobacco farmers should or should not receive financial assistance from the proposed tobacco agreement. Of those polled, 34 percent were found to be in favor of this concept; 37 percent were opposed, while 29 percent took no position. Support for helping the farmers was stronger in the six largest tobacco-producing states -- North Carolina, Kentucky, Tennessee, South Carolina, Virginia and Georgia. In those states, 45 percent of the public favored using tobacco agreement funds to help farmers, while 31 percent were opposed. Another 24 percent were undecided on the issue.

Americans, however, do feel strongly that if any assistance is provided to farmers, it should be used to help them develop alternatives to tobacco farming. According to the poll, more than three-fourths -- a full 77

- more -

percent -- support the use of such funds to develop alternatives to tobacco growing, while only 11 percent said the money should be used to help the farmers continue to grow tobacco profitably. The remainder were undecided.

Even in the six largest tobacco growing states, 69 percent of the respondents there supported allocating any tobacco agreement assistance money towards helping farmers find alternatives to growing the product. Twenty-one percent said that the money should go towards helping farmers continue to grow tobacco profitably.

"The results of this survey indicate that opposition to tobacco's dangers has grown so great that the public believes tobacco farmers should be encouraged to find other ways to make their livelihood," said Bill Novelli, CAMPAIGN president. "While the public has mixed feelings on whether tobacco farmers should receive any financial relief at all from the tobacco agreement, those polled -- including those in tobacco-producing states whose economies are dependent on the crop -- have expressed a clear desire for farmers to move out of tobacco production and into other areas."

The random telephone survey of 1,000 adults, split evenly between men and women from across the nation, was conducted by Market Facts' TeleNation from August 15-17, 1997. The margin of error for the full sample of 1,000 respondents is +/- 3 percentage points.

The CAMPAIGN FOR TOBACCO-FREE KIDS is the largest initiative ever undertaken to decrease youth tobacco use in the United States. Its mandate is to focus the nation's attention and action on keeping tobacco marketing from seducing children, and making tobacco less accessible to kids.

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Note to editors: Survey data demographic breakdowns are available upon request.

This is the survey I gave you in South Boston

American Heart Association[SM]

Fighting Heart Disease and Stroke