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Tobacco, Local Control [3]

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Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Jeannette Noltenius to Bruce Reed re meeting (partial) (2 pages)	07/28/1997	b(6)

COLLECTION:
Clinton Presidential Records
Office of Science and Technology Policy
Jerold Mande
OA/Box Number: 13038

FOLDER TITLE:
Tobacco, Local Control [3]

2008-1524-F
kc1227

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Tobacco Control Progress in Massachusetts 1993 to 1995

Massachusetts Department of Public Health
250 Washington Street, 4th Floor
Boston, MA 02108-4619

Tobacco Control Progress in Massachusetts 1993 to 1995

MASSACHUSETTS TOBACCO CONTROL •

It's time we made smoking history!

It's time we made smoking history!

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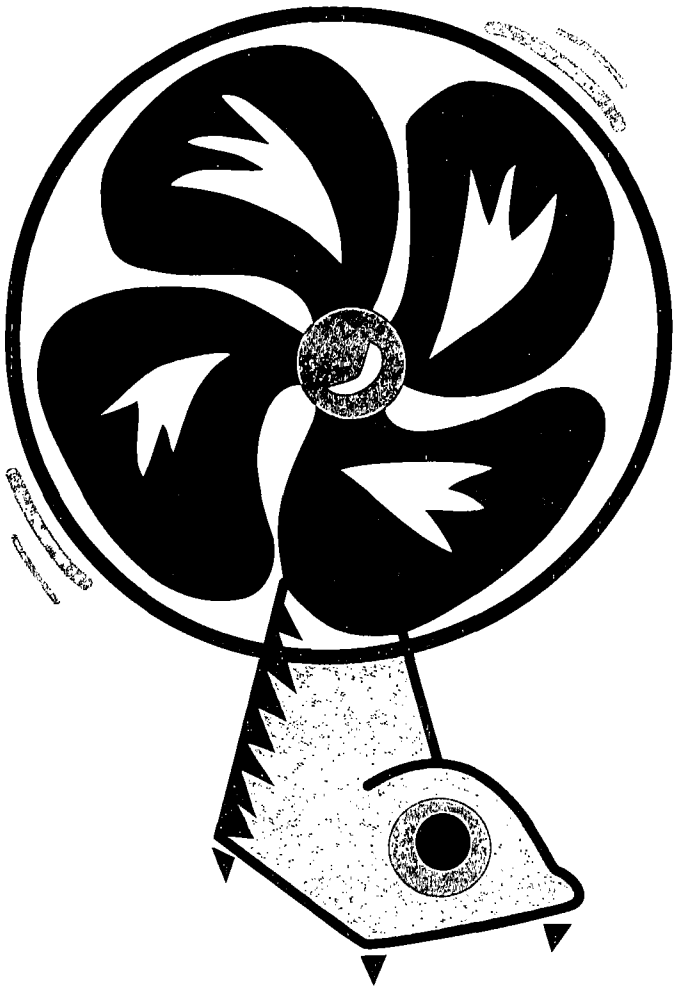
Clearing The Air In Massachusetts: Controlling Environmental Tobacco Smoke

MASSACHUSETTS TOBACCO CONTROL • 1995



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Making Progress Toward Quitting

MASSACHUSETTS TOBACCO CONTROL • 1995

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Reducing the risk: Preventing teen smoking in Massachusetts.

MASSACHUSETTS TOBACCO CONTROL • 1995

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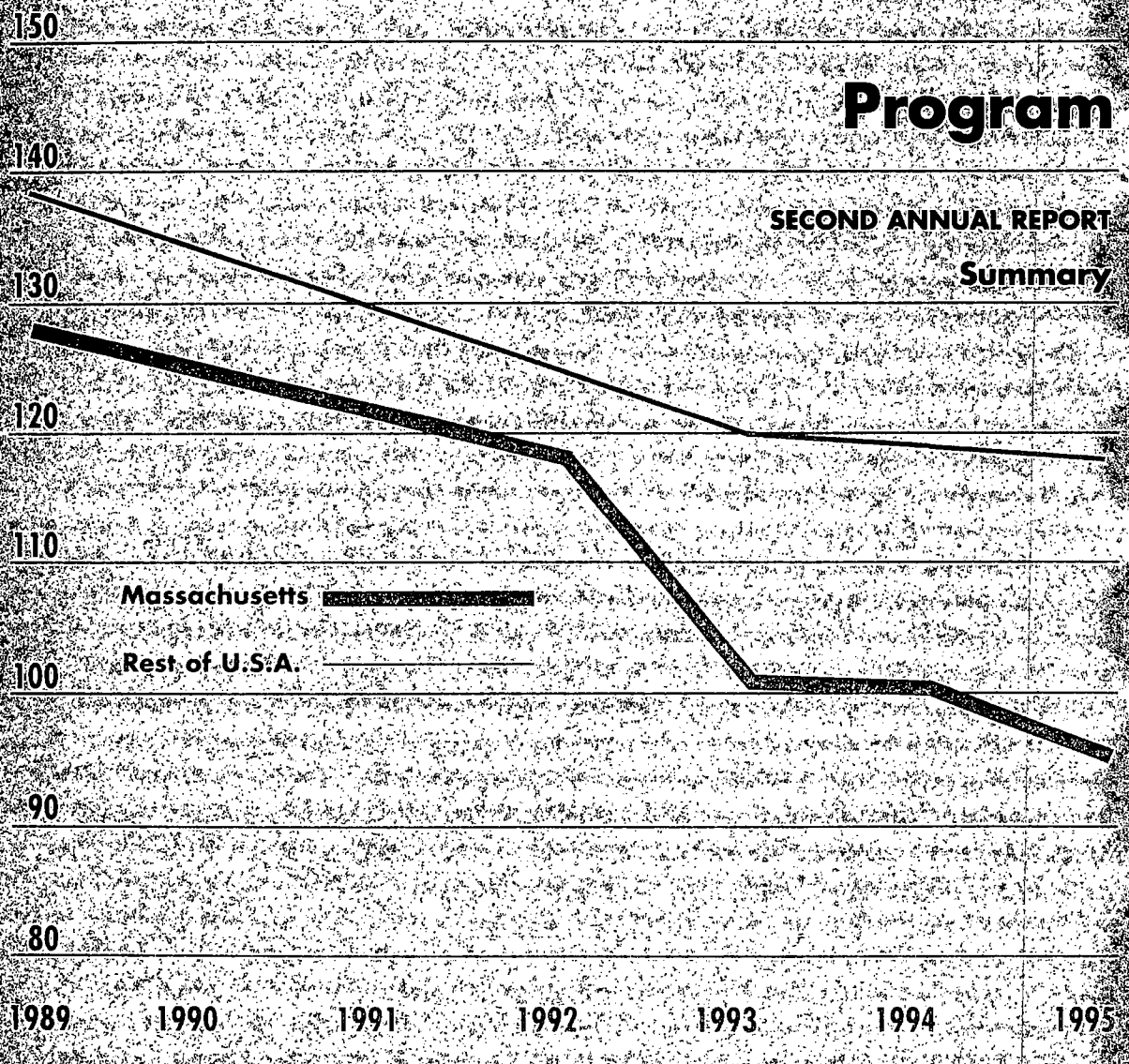
Divider Title: _____

Independent Evaluation of the Massachusetts Tobacco Control Program

SECOND ANNUAL REPORT

Summary



It's time we made smoking history

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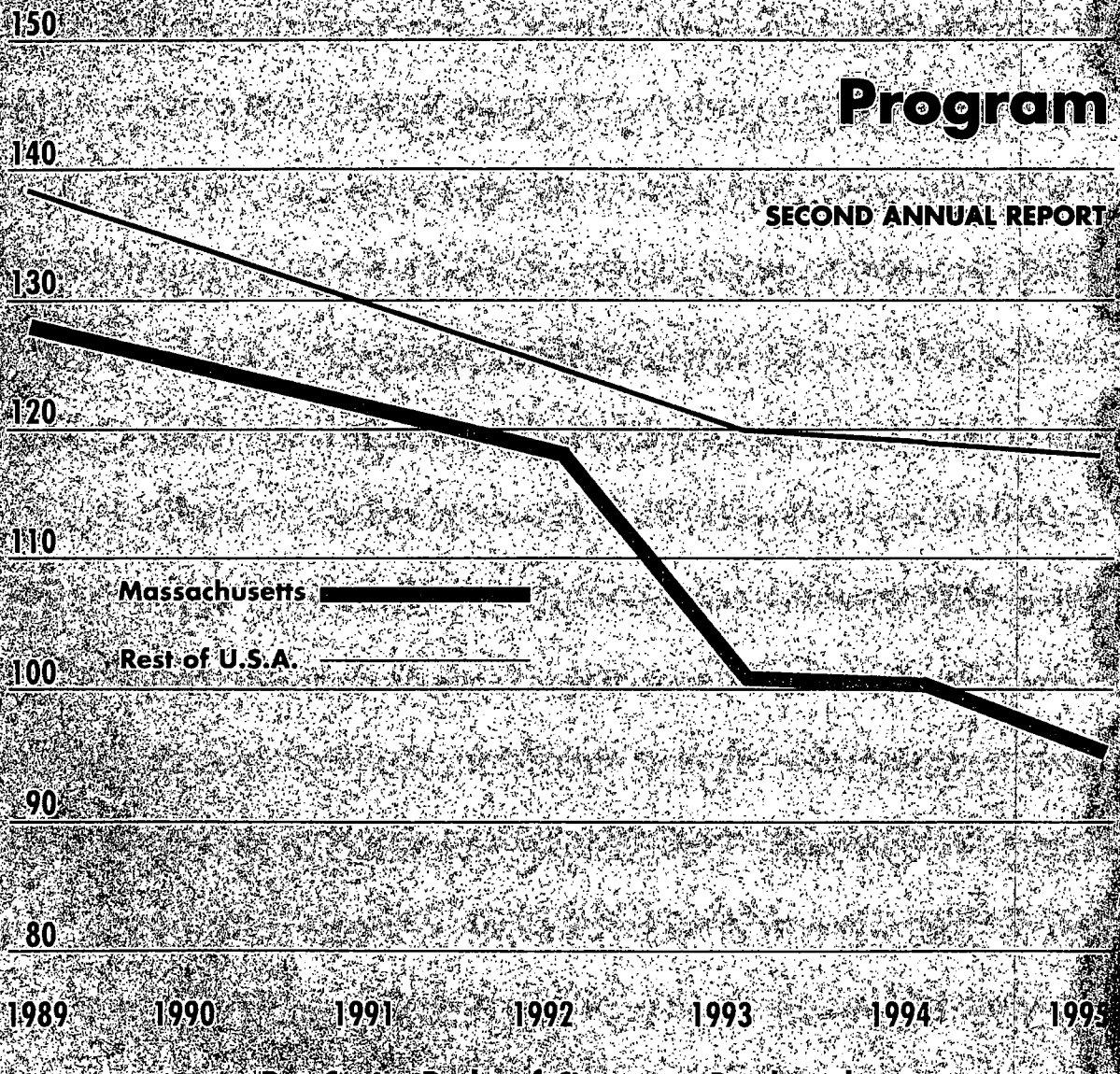

It's time we made smoking history

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[001]

LATINO COUNCIL ON ALCOHOL AND TOBACCO

1015 Fifteenth Street, NW, Suite 409
Washington, DC 20005
(202) 371-1186 (202)371-0243 fax
Email: lcat@erols.com

Via Facsimile
July 28, 1997

Mr. Bruce Reed
The White House
Washington, DC

Re: Meeting for tobacco control minority groups with White House and HHS staff.

Dear Mr. Reed:

I have been in touch with Ms. Barbara Woolley, Associate Director for Public Liaison in order to arrange a meeting between prominent representatives of minority tobacco control organizations from California and New Mexico, your staff and members of Secretary Shalala's office. Ms. Woolley requested we provide two possible dates for our meeting the week of August 4th, 1997. The minority representatives will be available either August 4th or August 7th.

The California delegation is composed of the coordinators of the multi-ethnic networks that have been mobilizing the resources earmarked by California's Proposition 99 for tobacco control. (See attached brochure for descriptions). Rev. Sherwood C. Carthen will also be coming representing a national coalition of African-American clergy involved in substance abuse. Mr. Rod Lew, is director of the only national Asian American tobacco control network.

1 Mr. ~~Ronald~~ Don H. Reece, the Tobacco Control Coordinator for the Indian Health Service will be bringing to the table an analysis from the American Indian perspective nationwide.

The delegation from California and New Mexico includes:

6 **Ms. Brenda Bell-Cafee,** (b)(6)
Coordinator, African-American Tobacco Education Network

3 **Dr. Lourdes Baezconde-Garbanati,** (b)(6)
Coordinator, Hispanic/Latino Tobacco Education Network

Mr. Ed Lee, (b)(6)
Coordinator, Asian/Pacific Islander Tobacco Education Network

4 **Ms. Toni Martinez** (b)(6)
Project Manager, American Indian Tobacco Education Network

Rod Lew, (b)(6)
Associate Director, Association of Asian Pacific Community Health Organizations

Rev. Sherwood C. Carthen, (b)(6)
Chairman, Black Clergy for Substance Abuse Prevention (BCSAP)

2 APHA/IHS

Mr. Ronald H. Reece, (b)(6)
Tobacco Control Coordinator, Indian Health Service

As you know, Dr. Mohammad Akhter, Executive Director of the American Public Health Association (APHA) wanted to join the delegation, as stated in my letter dated June 30th. If his schedule will allow it, he would be like to be part of this meeting. In the original list the name of Mr. Dong Suh appeared because he represents two Asian groups in Washington, DC and because of the uncertainty of participation from the California Asian delegation he could represent them. Mr. Suh's (b)(6) (b)(6) I would be glad to accompany the delegation, if appropriate. Please let me know if this is possible.

We want to thank you and Ms. Woolley for responding to needs of the minority community to express their concerns directly to the White House and HHS on this important matter. The minority community is not one voice, is many voices expressing differing points of view and positions. As a whole, minorities compose 25% of this nation. In California, 53% of the youth is minority, therefore, the perspective the California delegation brings will be vital for the overall tobacco control blueprint for the 21st Century.

Sincerely,

Jeannette Noltenius
Executive Director

Enclosures

cc: Brenda Bell-Caffee
Ed Lee
Lourdes Baezcondc-Garbanati
Toni Martinez
S. C. Carthen
Don Suh
Rod Lew
Ronald Reece
Mohammad Akhter

AAPCHO

Association of Asian Pacific Community Health Organizations

August 1, 1997

President Bill Clinton
The White House
1200 Pennsylvania Ave.
Washington, D.C. 20500

Dear President Clinton,

We are writing to you to express our concern about the proposed tobacco industry settlement. Although we want to see some powerful changes in terms of the manufacturing, marketing and advertising of tobacco products, we are opposed to the proposed settlement.

We represent a national coalition of Asian American/Pacific Islander (AAPI) organizations. We share the same concerns that have been raised by other public health advocates and the Advisory Committee on Tobacco Policy and Public Health chaired by Drs. Koop and Kessler regarding future immunity and restrictions on the FDA's regulatory powers. We find that the settlement is fundamentally flawed in that it has an overly narrow focus on youth and doesn't address adult tobacco use, particularly among women and communities of color.

As the fastest growing ethnic group in the U.S. over the past three decades, Asian Americans/Pacific Islanders represent more than 30 diverse and distinct communities who have contributed tremendously to this country. AAPIs have some of the highest tobacco use prevalence especially among males (i.e. Laotian American 72%, Cambodian Americans 71%, Native Hawaiians 42%, American Samoans 50%). We are also witnessing a major increase in tobacco use among AAPI women and girls.

Since nearly two-thirds of AAPIs are immigrants, our communities are very much impacted by what happens in Asia and the Pacific. The increase in targeted tobacco advertising and promotion of AAPIs both here in the U.S. and overseas in Asia/Pacific cuts into the heart of our community like a double-edged sword, resulting in our AAPI populations becoming "double targets" of the tobacco industry.

Due to the tobacco epidemic that our AAPI communities face, we would like to express the following concerns:

1) Adequate AAPI Representation: There has been a significant lack of representation of Asian American/Pacific Islander communities and other communities of color through-

1440 Broadway, Suite 510 • Oakland, CA 94612 • 510/272/9536 • 510/272/0817 fax • e-mail: info@aapcho.org

out the settlement process and on the Advisory Committee on Tobacco Policy and Public Health. We recommend that any national discussions about the tobacco issues (including any potential settlement) involve representation from the Asian American/Pacific Islander community.

2) **Access to Culturally Appropriate Prevention and Cessation Resources:** In addition to being a special target of tobacco industry advertising and promotions, the Asian American/Pacific Islander communities have been poorly served by mainstream tobacco cessation and prevention programs. We recommend that funding specifically be allocated for the development of tailored approaches to tobacco control for the diverse Asian Americans/Pacific Islander communities. And although the proposed settlement mentions "special populations", there is no specific and explicit mention of Asian American/Pacific Islanders.

3) **A Global Perspective:** It is unacceptable to consider any settlement with the tobacco industry without consideration of the profound consequences of their overseas operations. A settlement which imposes new restrictions on marketing in the U.S. will only increase the pressure on the tobacco industry to export their deadly products for expanded markets and profits. As a largely immigrant AAPI community in the U.S., we cannot accept a settlement which will be permitted to profit from the deaths of our family members in Asia and the Pacific.

We fully support the 12 recommendations put forth in the attached June 17, 1997 "Statement of International Tobacco Control Advocates on U.S. Tobacco Litigation Settlement Discussions". We particularly support the following: 1) apply regulatory controls adopted as part of a settlement to all cigarettes manufactured in the U.S., including those intended for export, 2) assure that any immunities or limits on liability granted to the tobacco companies not apply to the companies' exports or activities abroad, and 3) require the U.S. tobacco companies to compensate foreign government health agencies and to contribute to agreed upon international programs. We also would like to support the Koop-Kessler Report's recommendation that the U.S. "actively promote the global adoption of U.S. domestic tobacco control policies through all international activities."

4) **U.S. Territories:** In the Western Pacific and South Pacific, there are six U.S.-associated Pacific Island jurisdictions (Federated States of Micronesia, Marshall Islands, Guam, Commonwealth of Northern Marianas, Palau and American Samoa) that have their own unique situation. Tobacco use (both cigarettes and smokeless) for both men and women in these Pacific Island jurisdictions is significantly higher than for the general U.S. population. And in many jurisdictions such as Guam, they are now experiencing increased medical costs and mortality due to tobacco-related diseases. Any settlement must ensure that regulatory control also applies to these the Pacific Island nations and jurisdictions and that they receive necessary financial resources to address tobacco control. Since two of these jurisdictions (FSM and the Marshall Islands) will have their compact agreement with the U.S. end in the year 2001, efforts must be taken to provide a long range plan for

tobacco control especially since these Pacific Island nations are also being heavily targeted by tobacco industry advertising.

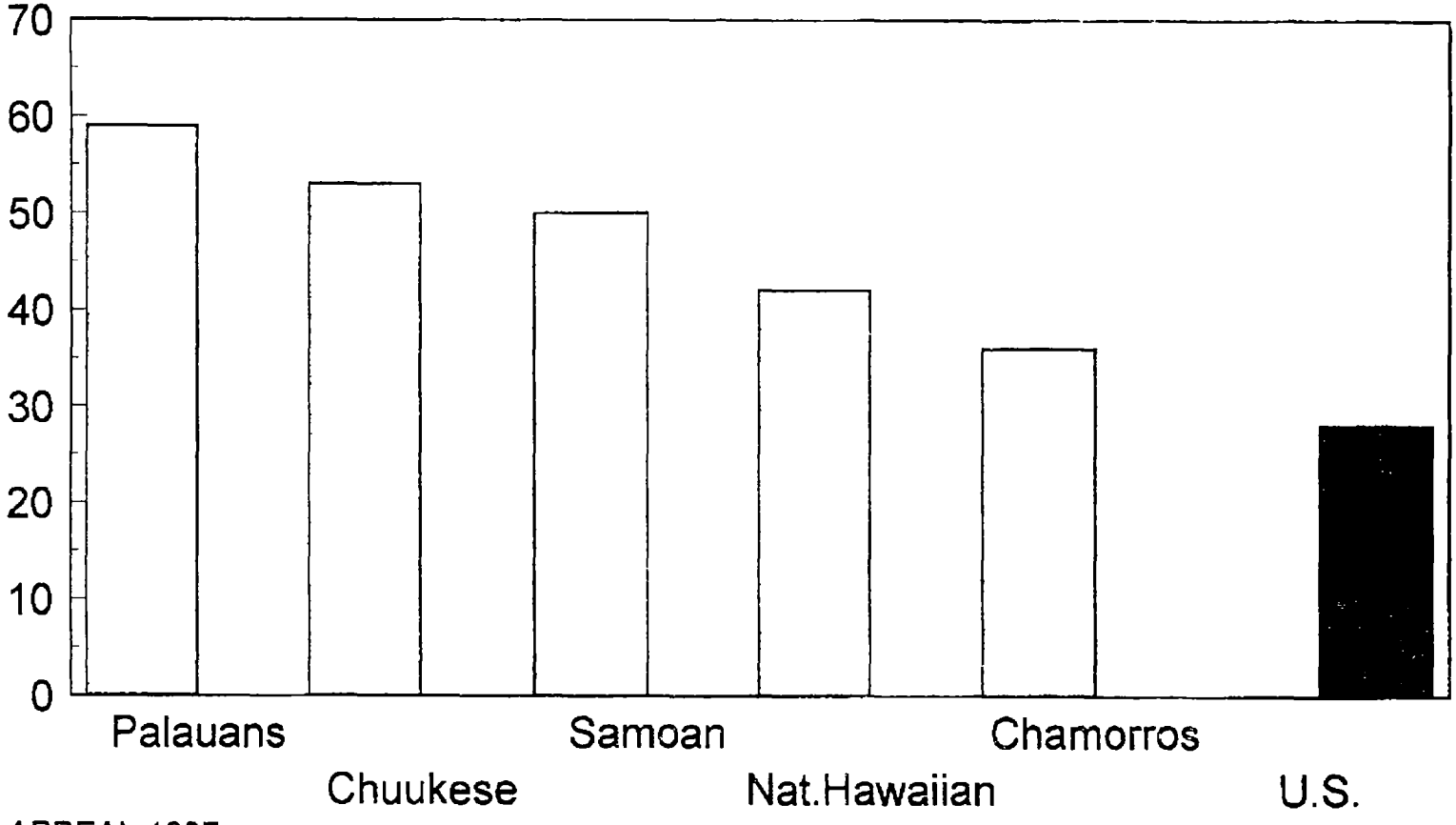
We would greatly appreciate your attention to these important issues. Any settlement which does not take into consideration the impact on our AAPI peoples and other people of color will have a tremendous negative impact on our communities. Although it is challenging to come up with consensus on all priority areas, we believe that it is vital to address a tobacco-free solution for all Americans (especially the fastest growing and most at-risk populations) or our nation will have to address a much more serious problem later. Please do not hesitate to contact me at (510) 272-9536 if there are any other questions I can help answer. Thank you for your continual support of tobacco control.

Respectfully yours,

Rod Lew

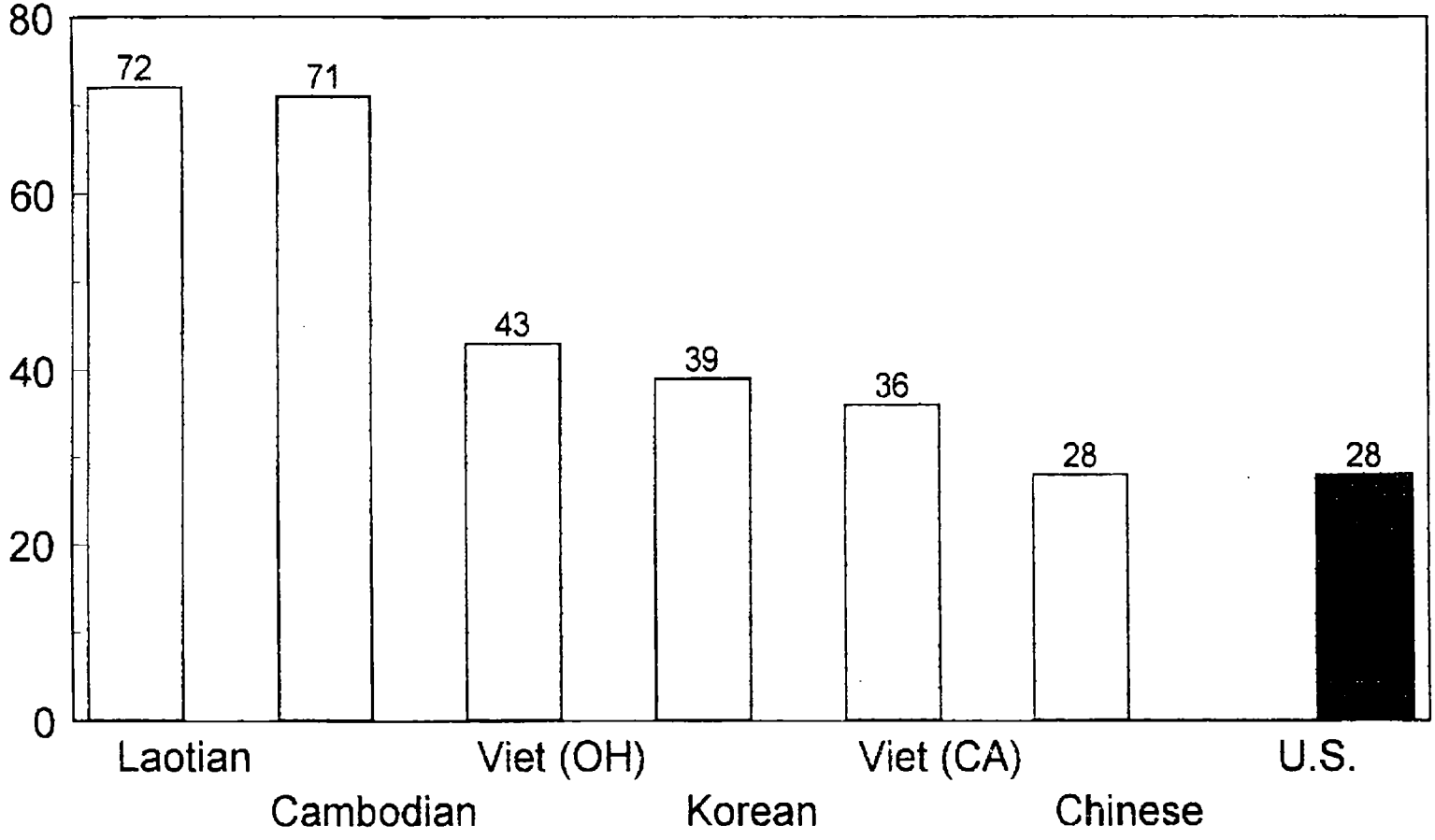
Rod Lew, M.P.H.
Associate Director, External Programs

Tobacco Prevalence: Pacific Islander Males



APPEAL 1997

Smoking Prevalence: Asian American Males



APPEAL 1997

STATEMENT OF INTERNATIONAL TOBACCO CONTROL ADVOCATES ON U.S. TOBACCO LITIGATION SETTLEMENT DISCUSSIONS

It is ironic that the U.S. tobacco litigation settlement discussions have been labeled talks aimed at achieving "a global settlement," since the talks have reportedly excluded consideration of the public health consequences of U.S. tobacco exports and the U.S. tobacco companies' overseas operations. It is unacceptable to discuss a comprehensive settlement of the U.S. tobacco litigation which does not include measures to control the use of U.S. tobacco products outside of the United States.

Only four percent of the world's smokers are in the United States. As horrible and monumental as the death and disease caused in the United States by tobacco is, the toll outside of the United States is much greater. Approximately 85 percent of the annual 3 million tobacco-related deaths occur outside of the United States. And while smoking and tobacco use rates are relatively flat or declining in the United States, they are rising elsewhere, especially in the developing countries. By the 2020s, the World Health Organization predicts 10 million people will die annually from tobacco related disease, 70 percent in the developing world.

Already, the major U.S. tobacco firms are selling more cigarettes abroad than domestically. Philip Morris and R.J. Reynolds sell more than two thirds of their cigarettes overseas, and the proportion is growing.

The U.S. tobacco companies are looking to markets in the Third World and Eastern Europe for future growth. And in many countries they are using slick and deceptive advertising and marketing techniques that target children, especially girls, in ways that would never be tolerated in the United States.

A settlement of the U.S. tobacco lawsuits that does not incorporate international tobacco control measures will fail to address the major tobacco-related public health problems. Even worse, a U.S. tobacco settlement in the absence of global controls may actually exacerbate public health threats in the developing world. If sales fall in the United States, or the U.S. companies are forced to pay a substantial settlement award, the tobacco multinationals can be expected to intensify their invasion of the Third World and Eastern Europe, pursuing marketing and corporate acquisition strategies with even greater determination. The drying up of information potentially associated with a settlement, and the inevitable loss of political momentum which will accompany a settlement, will also damage tobacco control efforts outside of the United States.

To avoid doing public health harm, a settlement must set a worldwide floor on U.S. tobacco company practices, and the practices of their subsidiaries and those firms over which they exercise de facto control, including trademark licensees, without limiting the ability of countries to require companies to exceed the global minimum standard. Specifically, a settlement should be structured to:

1. Apply regulatory controls adopted as part of a settlement to all cigarettes manufactured in the United States, including those destined for export.

2. Require the tobacco companies to agree to a code of conduct embodying the regulatory provisions contained in a U.S. settlement in areas such as marketing to children, advertising and marketing, labeling and performance requirements for reduction of new children smokers. The industry must immediately agree to end practices such as cigarette giveaways, television advertising, sports, music and other similar sponsorships and clothing giveaways. This code should be developed in consultation with the World Health Organization, the International Union Against Cancer and other international tobacco control advocates.

3. Require the tobacco companies not to oppose efforts in other countries to adopt regulatory measures (for example, workplace restrictions on smoking and ingredient regulation) which are in line with World Health Organization recommendations.

4. Assure that any immunities or limits on liability granted to the tobacco companies not apply to the companies' exports or activities or investments abroad. There should be no immunities or limits on liability or annual caps covering potential litigation in either U.S. or non-U.S. courts relating to the tobacco companies' exports or activities and investments abroad. There should be no immunity or limits on liability applied to enforcement in U.S. courts of foreign judgments against the tobacco companies.

5. Ensure full public disclosure of the tobacco company documents now obtained by tobacco litigants and those sought by litigants but currently held by the tobacco companies under claim of attorney-client privilege.

6. Require full public disclosure by the tobacco companies in every country of all political donations and political lobbying efforts.

7. Entitle non-American victims to the same levels of compensation in U.S. courts as American victims, and ensure they maintain comparable legal remedies.

8. Require the U.S. tobacco companies to offer to compensate foreign government health agencies, proportional to their market share (taking into account smuggled cigarettes) and reflecting the formula used to determine their payment to the states for Medicaid reimbursement.

9. Require the tobacco companies to contribute $10 billion annually to the World Health Organization or other agreed upon international agencies for tobacco-control programs. This contribution would not preclude non-American demands for compensation for injuries caused by tobacco.

10. Contain an explicit stipulation by the tobacco companies that they will not claim in any context that settlement terms concerning their overseas sales or operations preclude other governments in any way from adopting laws and regulations more restrictive than those adopted in the United States.

11. Contain an explicit stipulation by the tobacco companies that they will not seek assistance from the U.S. Trade Representative, the U.S. Department of Commerce, U.S. embassies or other U.S. government agencies to resist or repeal other countries' tobacco control regulations and laws.

12. Penalize companies shown to participate in or support international tobacco smuggling.represented on a independent panel to determine the public health consequences of any final settlement.

Signers:

Australia
Professor Simon Chapman, University of Sydney and Action on Smoking and Health
Stephen Woodward, Tobacco Control Consultant

Cameroon
Dr. Wali Muna, Tobacco Control Commission for Africa

Canada
Gar Mahood, Non-Smokers' Rights Association

France
Dr. Albert Hirsch, St. Louis Hospital, France

Hong Kong
Dr. Judith Mackay, Asian Consultancy on Tobacco Control
Dr. A.J. Hedley, Department of Community Medicine, University of Hong Kong

India
Dr. Prakash C. Gupta, Tata Institute of Fundamental Research

Japan
Nobuko Nakano, Women's Action on Smoking

Kenya
Pamphil H.M. Kweyuh, Executive Coordinator, African Tobacco Media Program,
The Tobacco Control Commission for Africa

Malaysia
Dzulkifli Abdul-Razak, National Poison Center, University Sains Malaysia

Mongolia
Dr. P. Nymadawa, Subassembly of Medical Sciences, Mongolian Academy of Sciences

New Zealand
Murray Laugesen, Health New Zealand

The Philippines
Dr. Daniel Tan, Tobacco-Free Philippines Foundation

Poland
Dr. Witold Zatonski, Department of Cancer Control & Epidemiology,
Marie Sklodowska Curie Memorial Cancer Centre & Institute of Oncology

South Africa
Dr. Yussuf Saloojee, National Council Against Smoking
Katherine Everett, Cancer Association of South Africa
Dr. Derek Yach, Essential Health Research Group

Switzerland
Nigel Gray, President, International Union Against Cancer

Taiwan
Dr. David Yen, The John Tung Foundation

Thailand
Dr. Hatai Chitanondh, Thailand Health Promotion Institute, The National Health Foundation
Stephen L. Hamann, Tobacco Control Policy Research Network

Turkey
Dr. Elif Dagli, Department of Pediatric Pulmonology, Marmara University

Welcome from APPEAL Director

(continued from page 1)

now a part of the Association of Asian Community Health Organizations (AAPCHO), was funded by the Office on Smoking and Health within the Centers for Disease Control and Prevention (CDC) to address five major areas: network development, capacity building, education, advocacy/policy and leadership development.

The APPEAL Consortium consisting of four national API health organizations (AAPCHO, AAPIHP, APIAHF and NAPAFASA) and a well-respected, geographically and ethnically diverse APPEAL Advisory Committee provide guidance and leadership to our project. Already we have been traveling to cities and towns throughout the U.S. and the Pacific to learn more about issues facing the API community and to offer our support through resource sharing, technical assistance and training.

For those of you who have been doing tobacco control, we applaud your efforts and hope that we can provide a forum for sharing your experiences and wisdom with others. For those of you who we have not yet met, please let us know what is happening in your community and how APPEAL can help.

Tobacco is not just a health issue for APIs. It is an economic, social and even a civil rights issue. Help us make tobacco an issue for our communities. Help us move that mountain closer to the vision of a tobacco-free API community.

The APPEAL Advisory Committee meeting in San Francisco, October 1995.

CALENDAR of EVENTS
1996

October

5-6 STAT (Stop Teenage Addiction to Tobacco) are holding their annual conference in Austin, Texas. Contact STAT: 413-732-7828.

November

20 American Public Health Association Conference, New York City. APPEAL will facilitate API tobacco control panel presentation and host a reception.

ASIAN PACIFIC PARTNERS FOR
EMPOWERMENT AND LEADERSHIP
1440 Broadway Street, Suite 510
Oakland, CA 94612-1825

a global
APPEAL
SUMMER 1996
ASIAN PACIFIC PARTNERS FOR EMPOWERMENT AND LEADERSHIP

DIRECTOR'S MESSAGE:

A Vision for Tobacco-Free APIs

by Rod Lew

Welcome to the first issue of APPEAL's newsletter, "a global APPEAL". The Asian Pacific Partners for Empowerment and Leadership (APPEAL) is a national network designed to bring together tobacco control advocates, the community and non-traditional partners in addressing the complex tobacco issues facing the Asian and Pacific Islander (API) communities.

"Tobacco is not just a health issue for APIs. It is an economic, social and even a civil rights issue. "

Many of us know how prevalent smoking is among Asian and Pacific Islander males. We see it in our communities, at community events, and through some of our cultural traditions. We know that smoking has become even more popular among API women and girls. And we also know that many of the smokers (and families of smokers) are at increased risk for death from tobacco-related diseases, although the "tobacco" cause of death may be hidden under the more common names of heart attack, lung cancer and stroke.

But, what may not be realized is the extent to which the tobacco industry has been actively targeting Asians and Pacific Islanders both here in the U.S. and overseas. Studies in California have shown that API neighborhoods have a higher percentage of tobacco billboards and a more pro-tobacco environment than other ethnic neighborhoods.

Even though the U.S. mainstream has been exposed to more than 25 years of tobacco-free messages, the API community, especially recent immigrants, has very limited resources and capacity to combat the tobacco problem. Furthermore, with all of the major issues facing our communities, tobacco control has not been the highest (or even, a high) priority.

One of many tobacco ads in the API community

But still, many of us envision a tobacco-free community. Imagine going to a traditional Asian wedding and not being offered a cigarette. Imagine going to a metropolitan city like San Francisco, Seoul, Houston or Hong Kong or an island like Guam or Pohnpei and not having to see any tobacco advertisements or pass by smokers on the streets. Imagine not having to go to a funeral for a loved one who died from tobacco and saying to yourself, "If only I could have got him (or her) to stop smoking."

This is what APPEAL envisions and what we are striving toward. The name, APPEAL, itself signifies an "appeal" to our community and those concerned about our community to work together for a healthy, prosperous environment. We hope to be as immovable as a mountain that stands firm against the marketing ploys of the tobacco industry.

The APPEAL Network, initially a part of Asian Health Services in Oakland and

(continued on page 4)

Inside this issue...

TOBACCO POLICY:

On August 23, 1996, President Clinton took a major step to reducing tobacco use in this country by declaring that nicotine is an addictive drug and giving the Food and Drug Administration (FDA) jurisdiction to regulate cigarettes and smokeless tobacco.

These regulations, intended to reduce smoking among teenagers by 50% in the next 7 years, will attempt to affect how tobacco is marketed and distri-buted. The FDA regulations will require proof of age with a photo ID when purchasing tobacco, ban vending machine sales of cigarettes, prohibit brand-name sponsorship of sporting events by the tobacco industry and permit only black-and-white text in tobacco advertisements.

This presidential initiative is described by public health advocates as the most important step toward protecting children since the polio vaccine was developed more than 40 years ago.

In response, the tobacco industry has been lining up their forces to sue to block the FDA regulations. These regulations are expected to face a lengthy challenge in the courts and will most likely go all the way to the U.S. Supreme Court.
In addition, the FDA regulations could be affected by the upcoming November presidential election. Republican nominee Bob Dole has already announced his opposition to the FDA regulation.

Earlier this year, we sent a letter of support to the FDA on behalf of APPEAL. We will continue to provide updates of this landmark tobacco control measure that will benefit the health of our youth.

.....> interested in tobacco control? need materials, trainings? <.....

Several Asian-and Pacific Islander-language tobacco education materials were developed in California and are still available through the Tobacco Education Clearinghouse of California (TECC). For a listing of materials available, please contact Christina Ree at APPEAL (510) 272-9536.

If you would like to set up a tobacco control program or coalition in your area, or would like technical assistance relating to tobacco, please contact Rod Lew at (510) 272-9536.

API TOBACCO CONTROL UPDATES:

Guam: In 1995, Senator Lou Leon Guerrero introduced a bill to raise the tobacco excise tax from $.07 to $.27 per pack of cigarettes, which would still be the one of the lowest taxes in the U.S. Although this bill is still making its way through the legislative process, the Senator and her staff are continuing to seek tighter regulations on vending machines and limiting youth access to tobacco.

Marshall Islands: In celebration of World No-Tobacco Day, tobacco control advocates organized a day of sporting events, games and contests (poster and essay) on the main island of Majuro. This was part of a continuing effort to reduce tobacco use among Marshallese youth. For more information, call Glorina Harris at (692) 625-3335.

San Jose: Congratulations to the Coalition of Nationalist Vietnamese Organizations of Northern California, organizers of the annual Vietnamese Tet Lunar New Year Festival, for adopting an official policy to refuse any tobacco industry sponsorship of their events. Although a company promoting "555" cigarettes were still able to force their way into the Festival, the organizers continue to investigate ways to limit their involvement. We commend the Tet Festival organizers for providing a model for other API event planners and organizations to follow.

SUMMER 1996 volume 1, no. 1
APPEAL is a project of the Association of Asian Pacific Community Health Organizations (AAPCHO). This publication is pro-duced with funding from the Centers for Disease Control and Prevention #U1A/CCU911278-01.

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Tam Phan

APPEAL Activities Around the World

CONTINENTAL U.S.: API Tobacco-Control Trainings Held Nationally

Efforts to build an Asian Pacific Islander tobacco control coalition in **Wisconsin** were launched on March 21 when more than 50 health aides came from all over the state to participate in a day-long tobacco control training. This training, sponsored by the Manitewoc County Health Department, the Wisconsin ASSIST Program and APPEAL, involved the participants in learning about and addressing tobacco for APIs including the large Hmong population. Thanks to Ellen Cristel, Carrie Redo and Tam Phan for coordinating this training.

Texas, the state with the fourth largest API population, was the site of another APPEAL training on March 27. This training, co-sponsored by Texas Department of Health, discussed tobacco control strategies for primarily the Vietnamese community in Houston. Thanks to Ronda Sweeney and Phuong Ngo for organizing the meeting.

The following APPEAL trainings and meetings were also held:
3/22 Meeting to discuss tobacco control efforts in **Minnesota**
4/20 Training with Asian youth in Springfield, **Massachusetts** as part of a Stop Teenage Addiction to Tobacco (STAT) conference.

APPEAL, along with CDC, ACS, ALA, AMA and the National Cancer Institute, were the major sponsors of the annual National Tobacco Control Conference held in **Chicago**, Illinois on May 29-30. While in Chicago, APPEAL hosted a reception for API community members to inform them about our activities. As a result, the newly-formed Illinois API Tobacco Control Coalition, invited APPEAL back to conduct a one-day conference for the API community on September 5. A partial list of conference sponsors included IDPH Center for Minority Health Services, Immigrant/Refugee Area Health Education Center, Prevention First, TIA/Chicago Connections, and Vietnamese Association of Illinois.

..INTERNATIONAL APPEAL....>

The 5th conference of the Asian and Pacific Association for the Control of Tobacco (APACT) was held in Chiang Mai, Thailand in November 1995. Recognizing that recent APIA immigrants are very much impacted by the tobacco industry targeting in Asia and the

PACIFIC ISLANDS: Tobacco Control in Hawai'i Helps Launch APPEAL Trainings

On January 11, the "Poison in the Pacific" Conference was held in Honolulu, **Hawai'i**. More than 60 people participated in this conference to learn about the impact of tobacco on the people of Hawai'i and to bridge regional tobacco control efforts. APPEAL Advisory Committee members Dr. Moon Chen and Rod Lew facilitated the day along with the Hawai'i Department of Health and CDC's Dana Shelton. Thanks to Lila Johnson, Julian Lipsher and Marmy Miles for organizing and co-ordinating this important meeting. For more information about tobacco control resources, please contact APPEAL AC member, Kim Birnie or the Hawai'i Department of Health.

APPEAL also participated in the First Pacific Islander Tobacco Control Conference in **Saipan**, Commonwealth of the Northern Mariana Islands. We hope to expand our collaborations with the Pacific region in 1997.

SAVE THESE DATES!!

SAVE THESE DATES!!

SAVE THESE DATES!!

January 26-28, 1997
Health Action '97: National Consumer Grassroots Meeting
Omni Shoreham Hotel, Washington D.C.
For more information contact Patrice Franklin, **202-628-3080, or Fax 202-347-2417, or e-mail pfranklin@familiesusa.org**

January 27-28, 1997
Bridging the Gap: Enhancing Partnerships to Improve Minority Women's Health
Omni Shoreham Hotel, Washington D.C.
For more information contact Elena Rios, M.D. or Francess Page, R.N., M.P.H., **202-690-7650, or Fax 202-260-6537**

February 24-25, 1997
Asian and Pacific Islander's California Action Network (APIsCAN) 4th Annual Statewide Legislative Day & Conference
Clarion Hotel, Sacramento, CA
For more information contact Alisa Fong at 415-512-2713, or e-mail hforum@apiahf.org

April 23-27, 1997
6th Biennial Symposium on Minorities, the Medically Underserved and Cancer
Hyatt Regency, Washington D.C.
For more information contact Ruth Sanchez at 713-798-5383, e-mail symposium@bcm.tmc.edu

APIAHF

Coming to San Francisco in September 1997

Healthy Asian & Pacific Islander Communities: Building a Policy and Advocacy Infrastructure for Health

For more information contact Alisa Fong or Marnelle Marasigan at 415-512-2713, or e-mail hforum@apiahf.org

APIAHF
116 New Montgomery, #531
San Francisco, CA 94105
http://www.apiahf.org/apiahf

ASIAN & PACIFIC ISLANDER TOBACCO EDUCATION NETWORK

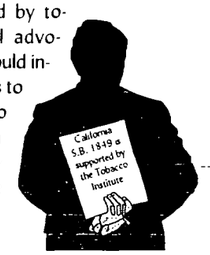
Network News

WINTER 1996

TOBACCO COMPANIES SUPPORT NEW CALIFORNIA LAW

Previously, it was illegal for minors to simply buy tobacco products. With the passage of California S.B. 1849, it will be illegal for minors to possess it as well. The law will go into effect January 1, 1997, which will result in a $75 fine or 30 hours of community service for youth caught possessing tobacco products. Although the new law may seem to benefit tobacco control efforts for youth, most advocates, including Americans for Nonsmokers' Rights (ANR) and the American Cancer Society oppose this legislation. Furthermore, the Tobacco Institute, a pro-tobacco organization, supports it.

There is concern that such laws will only make tobacco more appealing to youth by elevating it's "forbidden fruit" status. Additional parts of S.B. 1849 also limit the penalties that can be applied to merchants who sell tobacco products to youth, thus providing an ineffective deterrent. Another bill suppported by tobacco control advocates which would increase penalties to merchants who sell to youth was vetoed by Governer Pete Wilson.



Great American SMOKEOUT Youth Across the Country Scream Against Tobacco

November 21, 1996 marked the 20th anniversary of the Great American Smokeout Day. Our Smoke-Free Red Cross youth volunteered to co-sponsor the event with Newcomer High School in San Francisco. We set a booth at the school during the 4th and 5th periods. Multi-language flyers were distributed to the whole school with messages like "Don't be Fooled by the Tobacco Industry", and "Let's Fight Back by Dumping Tobacco Advertisements".

Students learned about tobacco industry influences by collecting and turning in tobacco advertisements and promotional items, as well as their own cigarettes, in exchange for over 250 gifts that were generously donated by he Tobacco-Free Challenge II Project and the American Cancer Society. Participants came from multi-ethnic groups including Vietnamese, Korean, Chinese and Indian. The youth had fun hearing the loud whistling sound signifying the Great American Scream Against Tobacco. We were overwhelmed with over 200 participants at our booth, where students received information on the hazards of smoking and brochures on the California Smokers' Helpline.

The American Cancer Society's Great American Smokeout is the day each year when smokers and non-smokers alike commit to keeping our society and our children smoke-free. The term Smokeout was coined by Arthur P. Mullaney in 1971. Later, Lynn R. Smith, editor of the Monticello Times in Minnesota, spearheaded the state's first D-Day, or Don't Smoke Day. It spread like wildfire throughout Minnesota and then in 1976 blazed west to California, where it was renamed the Great American Smokeout. Now in its 20th year as an annual nationwide celebration, the American Cancer Society's Great American Smokeout is better than ever.

-from American Cancer Society's website at: http://www.cancer.org

Margaret Lee and Lieu Ngyuen, from Newcomer High School with Louisa Leung, from American Red Cross, at Newcomer Highschool for Great American Smokeout Day.

DOCTOR CLAIMS HIS ANTI-ASIAN 'HEALTH' ARTICLE WAS "SATIRE"

Dr. Peter Gott, a nationally syndicated health columnist, wrote in his 9/29/96 column that we may be "facing a future shooting war with China" and so it "make[s] sense to supply our future enemies with a plethora of cigarettes". He encouraged tobacco use amongst Asians so that "these able warriors will be more out-of-shape" and "maybe they'll even begin succumbing to tobacco-related illness, so that they will no longer be a threat to world peace."

APITEN and other organizations, such as the Asian Pacific American Legal Consortium, mobilized to condemn Dr. Gott's article and urge others to the same. Thanks to the collective efforts of Asians and Pacific Islanders nationwide, Dr. Gott was forced to issue an apology in one of his subsequent columns, which weakly claimed that his piece was intended as "satire."

Excerpted below are sections of APITEN's response letter to the company responsible for syndicating Dr. Gott's column nationwide:

"Dr. Gott is apparently unaware that many of the ideas he presented as 'satire' are in fact taken seriously by others, such as the use of tobacco exports to reduce the trade deficit with China. His careless presentation of such ideas was dangerous, given the lack of information available regarding the health status of Asians and Pacific Islanders. Even a small amount of misinformation, satirical or not, can promote a great deal of ignorance."

"The Asian and Pacific Islander community takes very seriously any effort, even satirically, to promote the exportation of sickness and death to Asia through what is, in effect, another opium war. The fact that Dr. Gott even considered making such a clumsy effort showed a lack of awareness and respect for Asians and Pacific Islanders."

"We expect that the Newspaper Enterprise Association's editorial department will exercise more discretion when reviewing such articles in the future."

APITEN would like to thank everyone who wrote in to protest Dr. Gott's article. In response, United Media, the parent company, sent an apology and an assurance that this kind of incident would not happen again.

CIGARS AND THE ASIAN & PACIFIC ISLANDER COMMUNITY

by Irene Linayao-Putman

The popularity and ensuing acceptance of cigar smoking in popular restaurants and social circles over the past few years concerns health advocates. The rise in advertising and publishing has particularly portrayed affluent members of the media and business clientele as taking up the habit of cigar smoking. With popular superstars — both male and female — taking up the habit, what does this mean for the Asian and Pacific Islander community at large?

Cigar smoking causes cancer of the larynx, mouth, esophagus, and lungs; increases the risk of lung disease, heart attacks, and strokes; and releases more harmful secondhand smoke than cigarettes. Ignoring the obvious health hazards, popular media stars are contributing to the public's acceptance of cigar smoking--this, after years of growing public distaste of smoking and mounting evidence of its harm to smokers and those around them. In a recent issue of *People Weekly* magazine, a famous actor and his wife were photographed smoking cigars together for a benefit at a popular nightclub in Los Angeles. Portraying cigar smoking as "hip" and sophisticated" concerns health advocates because that was the strategy, beginning in the 1950's, to sell cigarettes. The tobacco industry has successfully killed over 450,000 people annually using this strategy. And now, according to *Cigar Aficianado*, sales of premium cigars in the last five years has risen almost 70 percent.

However, anti-tobacco advocates aren't giving up the fight against smoking. *Science* recently published an article in which a team of researchers at the University of Texas M.D. Anderson Cancer Center in Houston and the Beckman Research Institute of the City of Hope in Duarte, California demonstrated the first direct scientific link between smoking and lung cancer. With this evidence and recent studies showing that cigar smoking is as dangerous as cigarette smoking, communities and health advocates now have much stronger arsenal to fight against tobacco companies and those promoting their deadly products.

Also, in recent interviews with college-aged members of the Asian and Pacific Islander community, respondents report that smoking in general, and especially cigar smoking, is an unattractive habit. As one UCSD student stated, "When my friends tried smoking cigarettes, I simply refused. Not only could I not stand the smell but why would I want to try it? Cigar smoking is even worse." Another respondent said, "I don't like to smoke because it stinks... my father smokes and I don't like it. I would never smoke." One even said that she stopped smoking because her boyfriend at the time believed it to be an unattractive habit.

While respondents may have different reasons to not start or even to stop smoking, one obvious similarity is their belief that it is an undesirable habit. The "glamour" and "sophistication" of cigar smoking isn't fooling every member of the Asian and Pacific Islander community.

APITEN Area Coalition Updates

Thanks to the people and communities who mobilized around the campaign to restore full funding of Proposition 99. We succeeded! For the first time, full funding was made available for community organizations to do tobacco control work. In order to address some of the proposal and capacity needs of Asian & Pacific Islander (A&PI) groups across California, APITEN provided specialized grant-writing trainings in San Francisco, Los Angeles and San Diego. Special thanks to those who conducted and coordinated the trainings to make it so successful: Irene Linayao-Putman, Rene Astudillo, Michael Salazar, Mary Anne Foo, Caroline Uhm, and Poppy Insixiengmay. Although a final tally has yet to be determined, approximately eight to ten additional A&PI organizations will be funded to do tobacco control activities, many of whom were aided by APITEN's training efforts. APITEN is proud to be one of the organizations to be refunded and we will publish a list of other organizations funded to do tobacco control activities specifically targeted for A&PI's in the first '97 Network News.

APITEN also conducted activities specific to each area coalition. In the Northern and Central areas, APITEN established more links with Hmong health organizations and community leaders at the *Making Connections: Hmong Health Conference* in Fresno. In San Francisco, APITEN presented A&PI-specific tobacco control issues on a panel at the *Alive with Pleasure* conference. The conference was organized by the Coalition of Lavender-Americans on Smoking & Health (CLASH) and devoted to tobacco and alcohol concerns in the lesbian, gay, bisexual and transgender communities.

In coordinating with the LOVES (Los Angeles, San Luis Obispo, Ventura, and Santa Barbara) area, APITEN mobilized a protest against the publication of an article by Dr. Peter Gott (see article on page 1). Special thanks to Deborah Ching and May Ma of Chinatown Service Center for informing APITEN of this article, and to Imada-Wong Communications for helping to strategize and draft responses. APITEN also coordinated a media training session conducted by Imada-Wong, helping community leaders to better utilize media for advocacy and information dissemination.

In the SANDORISBe (San Diego, Orange, Riverside, Imperial, San Bernardino) area, APITEN continues to be closely involved in tobacco-related grant-making, such as reviewing Region applications for TCS, and co-chairing the Mini-Grants Committee of the Southern Coast Regional Board. APITEN also spoke out on the unmet health needs of A&PI's at the *Society of Public Health Educators Conference*, and at a citizen and naturalization training. APITEN also continues to ally and assist with Local Lead Agency (LLA) activities, such as the Youth Purchase Survey and Operation Storefront.

APITEN Advisory Committee/Staff Updates

APITEN sadly bids goodbye to longtime Advisory Committee members Dr. Giao Pham, Heat Leao and Taugata Naea. These members have served as leaders on the committee since the formation of APITEN in 1990. Thank you for all your hard work.

APITEN is now recruiting new members to serve on the committee. If you are interested please call Ed Lee at 415-512-3403.

Rene Astudillo, Project Administrator, is transitioning from APITEN to work in HIV/AIDS through the Empowerment through Technical Assistance & Training (ETTA) program at the APIAHF. Among other things, Rene has been instrumental in creating and implementing our successful Mini-Grant program. Thanks Rene and good luck!

Network News articles and other APITEN information can be found at the APIAHF website: http://www.apiahf.org/apiahf

Network News *is a quarterly newsletter of the Asian & Pacific Islander Tobacco Education Network (APITEN). APITEN is a project of the Asian & Pacific Islander American Health Forum (APIAHF) as lead agency, the Asian Pacific Health Care Venture (APHCV) and the Union of Pan Asian Communities (UPAC). The purpose of* ***Network News*** *is to highlight programs and activities of Network members, and to inform members about new developments in tobacco control.* ***Network News*** *is funded by Proposition 99, the 1988 Tobacco Tax Initiative, grant # 94-20986. Send address changes and correspondence to APITEN at:*

116 New Montgomery, Ste. 531
San Francisco, CA 94105
or e-mail: apiten@apiahf.org
Attn: Setareh Sarrafan

If you have any articles or pictures that you would like to see in Network News please send them to the above address. We are particularly interested in materials about tobacco use and control in the Pacific Islands and Asia. The next deadline for submissions is February17, 1997.

Newsletter Design and Production: Setareh Sarrafan

Printing: AT PRINTING

APITEN Highlights for 1995 - 1996

As we come to the end of a hectic, eventful two-year contract period, APITEN staff wants to thank all the people who made our successes possible and supported APITEN to persevere in our anti-tobacco efforts in Asian and Pacific Islander communities statewide.

We are forever indebted to our active and supportive Advisory Committee, who not only offered their advice and wisdom, but often went beyond the call of duty to help with APITEN activities and advocacy efforts. We are sad to see some of our longtime, dedicated Advisory Committee members step down (see Advisory Committee/Staff Updates, page 3), but we look forward to new members and their ideas and energy in the upcoming two years.

One of our biggest successes for the last two years has been our Mini-grant program, which funded 40 innovative projects statewide. We want to acknowledge and thank the Review and Funding Committee members who took time out of their very busy schedules to help us fund organizations and expand the number of organizations dedicated to anti-tobacco efforts in Asian and Pacific Islander communities.

In addition to the above, other APITEN members have consistently contributed to the efforts of APITEN and the anti-tobacco movement in general. Thank you and we look forward to your continued support.

Certain events particularly stand out as we look back at the past momentous two years. The following are some major highlights for APITEN:

The full funding of Proposition 99 is a historic event and could not have been realized without community mobilization at all levels. The on-going work of APITEN to counter pro-tobacco influences can only happen when committed people decide to educate the public on the role of the Tobacco Industry on state and local priorities.

The second highlight was witnessed in the level of support for the 1996 *United Against Tobacco Abuse* conference in Los Angeles. The presence of community members and the API media helped contribute to the success of this significant event. API press converged in Los Angeles for a message of unity and solidarity.

This period also witnessed the transformation of service delivery models into more comprehensive, policy-oriented initiatives. The challenge before the APITEN members was to adapt to new conditions.

As mentioned earlier the Mini-Grants program greatly enhanced the implementation of tobacco education activities statewide. Most of the grantees had never been funded by Prop 99, and for many this was their first tobacco control effort. Beyond expanding the anti-tobacco advocacy pool, the Mini-Grants have built community capacity in the area of grant-writing through Mini-Grant trainings conducted statewide.

NO TO TOBACCO INDUSTRY SPONSORSHIP

Has your organization adopted a policy refusing tobacco industry funds? Although tobacco companies are attempting to buy legitimacy in the eyes of the public through corporate sponsorship of events such as festivals and conferences, their cost to our communities is greater. In 1989, tobacco cost Californians approximately $2.4 billion in health care costs alone.

APITEN encourages everyone to become part of a growing number of organizations, such as the Asian & Pacific Islander American Health Forum, Asian Women's Shelter, and the Asian Pacific Health Care Venture, that do not accept tobacco industry monies. We have included APITEN's policy as a template that may be modified to fit various organizational needs.

APITEN Policy for Receiving Corporate Contributions

VISION STATEMENT: a statewide partnership for the wellness of the Asian and Pacific Islander communities.

MISSION STATEMENT: to organize individuals and agencies for tobacco-free Asian and Pacific Islander communities.

The Asian & Pacific Islander Tobacco Education Network (APITEN) believes that it is the responsibility of everyone to promote wellness in the Asian and Pacific Islander communities. While we encourage contributions from the corporate sector, APITEN limits receipt of corporate gifts in the following areas:

A. Because of our misison of promoting wellness and tobacco-free communities, APITEN does not accept contributions from tobacco or alcohol companies.

B. It is APITEN's policy to not accept contributions from companies who require:

1. extreme visibility, acknowledgement or display of their logo, and
2. conditions to their contribution which contradict the mission and vision of APITEN.

If your organization has adopted or will adopt a tobacco industry funds policy, please let us know. We would like to hear what kind of challenges, if any, there were to adopting such a policy, and we would like to highlight your organizations in Network News.

Send your policy to APITEN, 116 New Montgomery, Ste. 531 SF, CA 94105, or email us at apiten@apiahf.org. Call 415-512-3403 for more information.

APITEN'S LAST 1996 MINI-GRANT CYCLE FUNDS 6 MORE PROJECTS

In its last cycle the APITEN Mini-Grant program funded six more projects statewide (see list below) for a total of 40 projects, and a total amount of $149,219.50, in the last two years. APITEN looks forward to funding more organizations and continuing our successful Mini-Grant program in the upcoming two years.

If you are interested in working with our Mini-Grant program, please fill out the form on this page to volunteer for the Review Committee and help us fund anti-tobacco projects throughout the state.

Korean Youth and Community Center
680 S. Wilton Place
Los Angeles, CA 90005
Mini-Grant: $3,800

Lao Parent-Student-Teacher Association
4716 Market Street
San Diego, CA 92102
Mini-Grant: $2,500

L.A. Gay & Lesbian Center/ L.A. Alliance for a Drug-Free Community
7051 Santa Monica Blvd.
Hollywood, CA 90038
Mini-Grant: $3,500

Stone Soup Partnership
5191 North 6th Street
Fresno, CA 93710
Mini-Grant: $4,738

Writers and Advocates Group
6690 Doriana Street #32
San Diego, CA 92139
Mini-Grant: $4,150

Yim Hmoob Educational Association
5312 Quince Street
San Diego, CA 92105
Mini-Grant: $2,500

CALIFORNIA SMOKERS' HELPLINE

CALIFORNIA SMOKERS' HELPLINE

Mandarin & Cantonese
800-400-0866

English
800-7-NO BUTTS

Korean
800-556-5564

Deaf/Hearing Impaired
800-933-4TDD

Vietnamese
800-778-8440

Spanish
800-45-NO FUME

Asian & Pacific Islander Tobacco Education Network
Mini-Grant Review Committee Membership Form

Name: _____
Agency/Affiliation: _____
Position: _____
Address: _____
Telephone: _____ Fax: _____
E-Mail: _____

Please describe your experience working with Asian & Pacific Islander communities. If appropriate, please include specific ethnic groups and geographical areas.

Please describe your experience in tobacco control activities or related fields (ie. health promotion, substance abuse prevention, etc.).

Briefly describe your experience/expertise in each specific program area that applies to your background. Some areas that the APITEN Mini-Grant program particularly wants to fund include: Youth, Media, Special Events, Materials Development, Gay/Lesbian/Bisexual/ Transgender communities, Training Programs, and Community Mobilization and Advocacy.

Briefly describe any experience you have in grant-writing or grant-review:

Please feel free to use a separate sheet if you need more space. Thank you for taking the time to fill out this information! Send completed form to APITEN:

116 New Montgomery Street, Ste. 531
SF, CA 94105
or e-mail apiten@apiahf.org
or fax 415-512-3881