U.S. Department of Labor

Office of the Assistant Secretary for Policy
200 Constitution Avenue NW,
Room S-2312
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Phone 202-219-6197
Fax 202-219-9216

FAX COVER SHEET

August 12, 1997

TO: Elizabeth Drye

FAX: 456-7028

FROM: Stacey Grundman

SUBJECT: Tobacco Settlement

MESSAGE: You mentioned that you had the paper that Jennifer forwarded to Elena Kagen regarding the asbestos issue. I wanted to make sure you also had the attached information on union health and welfare funds. Also wanted to let the appropriate people know that we had a request from the Conrad Task Force for OSHA to brief them on the ETS issue. They have previously been briefed by HHS. Any problems with having OSHA do this ? Please let me know. Thanks.

PAGES:

Unions have filed 1H-D class
actions suits pending

BACKGROUND 2-2-2-2-2-2

As progress has been made in improving safety in the workplace the trustees of these funds began to look more closely at medical expenses that were non-safety related.

In every instance they found that by far the greatest cause of medical bills came from tobacco-related diseases. Coupled with the discovery that workers covered by the funds consumed tobacco at a rate roughly double that of the national average, it soon became apparent that something had to be done.

In September of 1996, a number of funds began to explore the question of filing class action suits against the tobacco companies to recover costs incurred for tobacco-related illnesses. The first such suit was filed in May, 1997 and others followed quickly.

The money to operate these funds is negotiated at the bargaining table, thus, every dollar spent treating tobacco-related diseases is a dollar that comes out of the worker's pay check.

Fund trustees have a fiduciary duty to manage costs in the best manner possible. They also have a moral duty to safeguard the health and safety of the workers.

These suits are an effort to fulfill both obligations.

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NEWS:

FROM THE COALITION FOR WORKERS' HEALTH CARE FUNDS

BACKGROUND

The Coalition for Workers' Health Funds is a grouping of labor-management health and pension trust funds created under the Taft-Hartley Act of 1947.

The purpose of the coalition is to provide coordination at the national level for funds throughout the nation seeking reimbursement through the civil justice system from tobacco companies for monies paid out as a result of smoking-related illnesses suffered by American workers and their family members.

There are approximately 2000 such funds in the 50 states, the District of Columbia and Puerto Rico paying the medical and hospital bills of some 30 million Americans: workers, retirees and their families. The industries represented are characterized by small employers and transient and intermittent work patterns , e.g. building and construction, trucking, maritime, service and clothing.

The funds are financed by contributions resulting from collective bargaining agreements entered into between working men and women and their employers.

The lineage of these funds can be traced to the passage in 1947 of the Taft Hartley Labor Relations Act . Their mission is to promote health and safety in the workplace and guarantee that a worker's medical and hospital bills would be paid.

From the beginning these funds have also had, as a prime focus, workplace safety because it was in this area that workers suffered the most. Great strides have been made in improving workplace safety conditions.

Indeed, such progress has been made that, in 1996, for the first time, statistics showed fewer accidents per capita in the construction industry than in the nation's manufacturing sector.

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NEWS:

FROM THE COALITION FOR WORKERS' HEALTH CARE FUNDS

FOR IMMEDIATE RELEASE 07-08-97
CONTACT: David A. Jewell (202) 293-1735

LABOR-MANAGEMENT HEALTH FUNDS JOIN HANDS TO SUE BIG TOBACCO – SEEKING REIMBURSEMENT FOR MEDICAL BILLS

Washington, D.C., July 8, 1997 — A grouping of labor-management operated multiemployer health care funds (Taft-Hartley Funds) in 14 states with class action lawsuits pending against the tobacco industry, today announced the creation of a coalition to coordinate their activities at the national level.

"These funds are the last line of defense against ruinous health care costs for some 30 million Americans, workers, retirees and their families, and the time has come for the tobacco industry to reimburse these funds for the billions of dollars they have spent to treat tobacco-related illnesses," said Brian McQuade, Chairman of the coalition.

"The goal in filing these suits is threefold: recompense for the money spent by the funds in treating tobacco-related diseases, to obtain funding for smoking cessation and smoking prevention programs and to hold down the increase in medical costs to our funds," said McQuade.

"The recently announced 'global' settlement of similar suits filed by state attorneys general and the tobacco industry does not take into account the 30 million men, women and children covered by the Taft-Hartley funds. For some reason, they neglected to take the men and women of the American labor movement into consideration as they pursued their deliberations. However, the pact they signed is now before Congress which will, of course, have the final say.

"What remains to be done, as the terms of this agreement are considered by Congress, is to make sure that the legitimate interests of the millions of workers, retirees and their families are taken into consideration," he added.

(MORE)

2-2-2-2-2-2

There are approximately 2000 Taft-Hartley labor-management multiemployer funds in the 50 states, the District of Columbia and Puerto Rico. They provide basic health care coverage for 30 million Americans: workers, retirees and their families. They cover workers in industries characterized by small employers and intermittent and transient work patterns such as building and construction, trucking, maritime, service and clothing.

"Our workers, more than any other class of Americans, have been targeted by the advertising and marketing campaigns of the tobacco industry. Unfortunately, these campaigns have been successful. The percentage of smokers among our members is roughly double the national average," said McQuade.

"If there is any segment of American society that has been victimized by the tobacco industry and which has paid the price of that victimization from its own pocketbook it is the men and women who rely on these labor-management funds. I cannot for an instant imagine that Congress would codify an agreement of this sort and leave out tens of millions of American workers and their families."

"Our members are not seeking any kind of a handout by filing these suits. They are hard working, tax-paying men and women who have prudently striven to take care of their own medical problems without becoming a burden on society. The vast majority of these funds are self-insured. Every dollar spent for tobacco-related health care costs is a dollar that would otherwise have gone into the workers' paychecks.

"I am confident that the very last thing Congress would do would be to enact legislation that left millions of American workers and their families out in the cold.

"We look forward to the national debate on this agreement that will take place in the coming months and the meaningful participation in that debate by ourselves and other elements of the American labor movement," said McQuade.

-30-

NEWS:

FROM THE COALITION FOR WORKERS' HEALTH CARE FUNDS

FACT SHEET

July 14, 1997

LABOR-MANAGEMENT HEALTH FUNDS: PAYING THE MEDICAL BILLS OF 30 MILLION AMERICANS

Labor-management, multiemployer health funds –

- are non-profit trust funds administered by representatives of the covered workers and of their employers;
- are financed by collectively bargained contributions which employers pay on behalf of their workers as part of the compensation for their labor;
- pay the hospital, doctor and pharmacy bills of 30 million Americans — workers, retirees and their family members;
- provide health coverage for workers in industries characterized by transient, intermittent work patterns and small employers e.g., construction, trucking, maritime, service and clothing; many of whom would not have on-the-job health care coverage but for these funds and would be dependent upon government health programs;
- enable workers to move from employer to employer and State to State without losing health care coverage; and
- cover worker groups targeted by tobacco companies' marketing campaigns; and
- are regulated by federal laws.

FACT SHEET 2-2-2-2-2

WORKERS' HEALTH FUNDS IN THE FOLLOWING STATES HAVE FILED LAWSUITS AGAINST THE TOBACCO INDUSTRY SEEKING RECOVERY OF TOBACCO-RELATED DISEASE COSTS

Class action lawsuits against the tobacco industry have been filed on behalf of labor-management multiemployer health funds in 14 states and the District of Columbia. They are demanding reimbursement of the costs of providing medical care for workers, retirees and their dependents suffering from tobacco-related illnesses. As of June 30, 1997 lawsuits had been filed by funds in the following states:

CALIFORNIA

Stationary Engineers Local 39 Health & Welfare Trust Fund

HAWAII

Hawaii Health & Welfare Trust Fund for Operating Engineers

ILLINOIS

Central Laborers Welfare Fund
Central Illinois Carpenters Health & Welfare Trust Fund
East Central Illinois Pipe Trades Health & Welfare Fund
Laborers Local #100 Health & Welfare Fund
Laborers Local #231 Health & Welfare Fund
Laborers Local #996 Health & Welfare Fund
Midwestern Teamsters Health & Welfare Fund
NECA-IBEW Welfare Trust Fund
NECA-IBEW Welfare Fund
Northern Illinois & Iowa Laborers Health & Welfare Fund
Operating Engineers #965 Health & Welfare Fund
Painters Local #32 Health & Welfare Fund
Railroad Maintenance and Industrial Health & Welfare Fund
Sheet Metal Workers Local #218 Health & Welfare Fund
Southern Illinois Laborers & Employers Health & Welfare Fund
Teamsters & Employers Welfare Trust of Illinois

IOWA

Iowa Laborers District Counsel Health and Welfare Fund

FACT SHEET 3-3-3-3-3

KENTUCKY

Kentucky Laborers District Council Health and Welfare Fund

LOUISIANA

The ARK-LA-MISS Laborers Welfare Fund

MARYLAND

Seafarers Welfare Plan
United Industrial Workers Welfare Plan

MASSACHUSETTS

Laborers Health & Welfare Fund

NEW YORK

Laborers Local 17 Health & Benefit Fund
Transport Workers Union New York City Private Bus Lines Health Benefit Trust
United Federation of Teachers Welfare Fund
Communication Workers of America Local 1180 Security Benefits Fund
Social Service Employees Union Local 371 Welfare Fund

OHIO

Ironworkers Local Union No. 17 Insurance Fund
IBEW Local No. 38 Health & Welfare Fund
Ohio Laborers District Council-Ohio Contractors' Association Insurance Fund

OREGON

Laborers-Employers Health & Welfare Trust Fund
School District No. 1 Health & Welfare Trust Fund
Northwest Forest Products Association Woodworkers District Lodge 1, IAM
AFL-CIO Health & Welfare Plan
United Assoc. Union Local No. 290 Plumbers
Steamfitters and Shipfitters Retiree Health & Welfare Plan
United Association Union Local No. 290 Plumbers, Steamfitters and Shipfitters Retiree Health & Welfare Plan
Office and Professional Employee International Union Local No. 11 Health & Welfare Plan

FACT SHEET 4-4-4-4-4-4-4

WASHINGTON

The Northwest Laborers-Employers Health & Security Trust Fund
The Carpenters Health & Security Trust of Western Washington

ARIZONA

Laborers' and Operating Engineers' Utility Agreement Health & Welfare Trust Fund for Arizona

CONNECTICUT

Connecticut Pipe Trades Health Fund
International Brotherhood of Electrical Workers Local 90 Benefit Plan

NOTE: *As a class, all individual Health & Welfare Funds in these states have the option of becoming named Plaintiffs and many are in the process of so doing..*

July 8, 1997

Bruce R/Bruce L/
Eliz / Gerry

July 30, 1997

Memorandum

To: Elena Kagan

From: Jennifer O'Connor

Subject: Tobacco Litigation

FYI- Information regarding Union lawsuits and tobacco.

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JACK CURRANt
LEGISLATIVE DIRECTOR

† NOT A MEMBER OF THE BAR

July 14, 1997

DELIVERED BY HAND

Mr. David Nexon
Minority Staff Director for Health
c/o Senator Ted Kennedy's Office
United States Senate
527 Senate Hart Office Building
Washington, D. C. 20510

Re: *Tobacco Settlement*

Dear David:

I am writing to follow-up our brief discussions concerning the efforts of a national coalition of Taft-Hartley, multiemployer health and welfare funds to obtain reimbursement of their costs for health care provided to participants and beneficiaries who suffer from tobacco-related diseases. The organization is called the Coalition for Workers' Health Care Funds. Enclosed is a copy of the Coalition's mission statement and some other materials. My law firm is serving as national coordinating counsel for the Coalition.

We took to heart your comment that all multiemployer funds should file claims for reimbursement. Statewide class action lawsuits have been filed by multiemployer funds in 15 States thus far: Massachusetts, Rhode Island, California, Washington, Ohio, Maryland, Illinois, New York, Connecticut, Kentucky, Iowa, Louisiana, Hawaii, Oregon and Arizona. Two lawsuits have been filed in New York: one for private sector multiemployer funds, and a second for public sector union plans. Multiemployer plan class actions will be filed shortly in 9 more States: Pennsylvania, Texas, New Jersey, Florida, West Virginia, Colorado, Indiana, Missouri and Tennessee.

Note that these lawsuits are grass-roots efforts. Local multiemployer funds, which are unaffected by the tobacco money that flows so freely in the Nation's capital, are leading the way. The plaintiff funds cover a broad range of worker groups, including laborers, ironworkers, carpenters, teachers, plumbers, seafarers, electricians, machanists, sheet metal workers, teamsters, and industrial workers.

As we discussed, the multiemployer funds' claims are essentially the same as the reimbursement claims made by the State Attorneys General. The Attorneys General demanded reimbursement for the tobacco-related health care costs incurred by State employee health plans as well as by the Medicaid programs. The "global"

settlement agreement between the Attorneys General and the tobacco companies that is currently before Congress provides many billions of dollars in reimbursement to the States' health plans and programs.

Multiemployer funds, however, were not represented at the settlement table that produced that agreement, and the agreement provides no reimbursement to the funds. Worse, the agreement purports to, in effect, shut the court house doors to multiemployer funds' reimbursement lawsuits.

The Coalition will be sending a formal request to Senator Kennedy and Chairman Jeffords for an opportunity to testify at the Labor & Human Resources Committee hearing that has been scheduled for September. Our funds merely want a fair opportunity to press their claims for recompense; if not in Congress, in the courts unfettered by the restraints that the "global" settlement agreement would impose on the funds.

From a public health standpoint, reimbursement would enable multiemployer funds to provide smoking prevention and cessation programs for their participants and beneficiaries and reduce the cost burdens of tobacco-related disease on the funds and the workers whose labor finances the funds. Our funds cover worker groups (e.g., construction workers, seafarers) who were targeted by tobacco marketing and have higher rates of tobacco usage and tobacco-related disease. The children covered by multiemployer funds are more at risk for smoking and other tobacco usage.

To friends who express some concern about taking on the "labor friendly" tobacco industry, I simply ask: How can anyone object to multiemployer funds obtaining reimbursement when the tobacco companies have already agreed to reimburse State employee health plans?

I would be pleased to discuss this matter with you again at your convenience.

Sincerely,

James S. Ray

JSR/mlk
cc: Susan Green, Esq. (w/ encl)

NEWS:

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From the beginning these funds have also had, as a prime focus, workplace safety because it was in this area that workers suffered the most. Great strides have been made in improving workplace safety conditions.

Indeed, such progress has been made that, in 1996, for the first time, statistics showed fewer accidents per capita in the construction industry than in the nation's manufacturing sector.

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Coalition for Workers' Health Care Funds Update

1920 L Street, NW, 4th Floor
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July 8, 1997

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Senate Judiciary Committee Off to Fast Start

Sen. Hatch Chairs First Hearing on Tobacco Agreement

The Senate Judiciary Committee, on Thursday, June 26, held the first of what is expected to be a lengthy series of congressional hearings to examine the "global" agreement entered into between the tobacco companies and attorneys general for 40 states.

Attracting a full line up of senators and massive press coverage the committee heard from a panel of three witnesses.

They were Michael Moore, Attorney General of the state of Mississippi, lead spokesman for the 40 attorneys general who signed on to the agreement; Matthew Myers, executive vice-president and general counsel for the National Campaign for Tobacco Free Kids and Meyer Kaplow, an attorney representing the tobacco companies.

The following are excerpts of statements taken verbatim from the transcript of the committee hearing.

Excerpts from a statement read by Sen. Orrin Hatch (R-UT)

The proposed settlement also raises a myriad of challenging legal and constitutional questions, including the profound ramifications for our civil justice system embodied in proposed changes affecting class action lawsuits, punitive damage awards, and tobacco advertising.

As provocative as this agreement's possibilities are, the questions it immediately raises are very complicated. In the end, however, what we must settle on is whether this is a good deal.

Excerpts from a statement read by Sen. Patrick Leahy (D-VT)

The very existence of this settlement agreement is a credit to our civil justice system. In fact, without the use of class action and the likelihood of punitive damage recoveries, does anyone believe that the tobacco companies would have ever come to the negotiating table or offered to contribute $368.5 billion over the next 25 years? Without the willingness of private attorneys acting on behalf of their clients, taking significant financial and professional risks, and pursuing these matters so diligently, we would not be here today. At a time when some are trying to limit legal rights and remedies through national legislation, this proposed agreement reminds us that our state-based tort system remains one of the greatest and most powerful vehicles for justice anywhere in the world.

When tobacco companies were

(See, ***Committee***, Page 3)

More Hearings Scheduled

Sen. Orrin Hatch (R-UT), chairman of the Senate Judiciary Committee, has announced the committee will hold a series of hearings on the tobacco agreement. The committee is expected to share jurisdiction with several other committees in the process of turning the agreement into federal legislation.

The announcement said the first hearing will deal with the legal implications of the agreement. It will be held on Wednesday, July 16.

The second will deal with public health issues. It will be held on Wednesday, July 30.

Inside:

Who's On First in the Tobacco Wars: Identifying the Key Players

The agreement reached between the tobacco companies and the attorneys general has rapidly become one of those gigantic and far reaching administrative/ legislative/media minuets that periodically consume official - and unofficial - Washington, D.C. as it tries to come to grips with an issue of overriding public policy.

UPDATE will endeavor to keep its readers abreast of developments in this ongoing saga as well as identify the key players, their affiliations and where they stand on the issue.

The White House

President Clinton has ordered a review of the agreement. It will be conducted jointly by **Donna Shalala**, Secretary of Health and Human Services and **Bruce Reed**, Director of the White House Office of Domestic Policy.

These two have divided the agreement into smaller packages by subject matter and staffed by working groups.

The first of these deals with regulatory issues and the second deals with liability for cigarette manufacturers. A third deals with the effect the agreement will have on the federal budget. The fourth group will study the economic impact of the agreement on the tobacco industry. That study will be conducted by the President's Council of Economic Advisors.

Public Health Groups

Former Surgeon General of the United States, **Dr. C. Everett Koop** and former Administrator of the Food and Drug Administration (FDA) **David Kessler**, were requested by Congress to head up a group called the **Advisory Committee on Tobacco Policy and Public Health**.

It is widely believed that any recommendations forthcoming from these two will carry considerable weight with members of Congress.

The major public health groups represented on this committee are: **The American Medical Association; The American Cancer Society**, the **American Heart Association** and the **National Campaign for Tobacco Free Kids**.

Their current statements are in line with a position taken by Dr. Koop and Mr. Kessler. These hold that from a public health perspective the agreement has serious flaws that need to be fixed.

For the most part their misgivings are directed at language that appears to sharply circumscribe the ability of the FDA to regulate the contents of cigarettes.

Mr. Matthew Meyers, executive vice president and general counsel of the National Campaign for Tobacco Free Kids, who participated in the negotiations that led to the agreement, has been consistently supportive of the pact as written.

Attorneys General

Michael Moore, Attorney General of the State of Mississippi, has been the lead spokesperson for the attorneys general. Moore points out to critics of the agreement that perfection is not often achieved in the real world and that, while flawed, the deal represents the best that could be achieved under the circumstances.

Capitol Hill

Rep. Henry Waxman (D-CA), an influential member of the House on tobacco issues is, thus far, the lone voice categorically in opposition to the agreement, regardless of what modifications it may undergo.

Sen. Orrin Hatch (R-UT), Chairman of the Judiciary Committee, has long been critical of the tobacco industry. He has moved quickly to assert his committee's jurisdiction in the matter. His public statements make it appear that, while he has reservations about several aspects of the agreement, he believes it can be improved by modifications.

Rep. Newt Gingrich (R-GA), Speaker of the House of Representatives, has been critical of some aspects of the settlement. He has told Republican House Members not to expect to have to deal substantively with the issue any time before September at the earliest.

Sen. Edward M. Kennedy (D-MA), ranking minority member of the Labor and Human resources Committee and a member of the Judiciary Committee has criticized aspects of the agreement. In general he has adopted the position that it is too easy on the tobacco industry and, in particular, fails to provide enough money to pay for health insurance for uninsured children.

Sen. Dick Durbin (D-IL), has long been critical of the tobacco industry. He has criticized the deal and has been critical of the National Campaign for Tobacco Free Kids for its position of support.

Rep. Thomas Bliley (R-VA), Chairman of the House Commerce Committee, another committee with apparent jurisdiction, represents a tobacco growing district and has a long history of support for the industry.

Sen. Wendell Ford (D-KY), Senate minority whip who holds the number two Democratic leadership position, represents another tobacco growing state. He has been a longtime supporter of the tobacco industry.❑

(*Committee*, Continued from pg.1)

fighting any and all lawsuits against them, a combination of legal challenges by private citizens and public officials were pursued against great odds. Men and women whose lives were cut short by cancer, heart disease and other adverse health consequences from tobacco deserved better treatment than the years of obstruction and denial by the tobacco industry. Only now as the internal documents are being discovered and the legal tide is beginning to turn have tobacco companies decided to change their strategy and pursue a settlement. The tobacco industry did not agree to this settlement out of some new found sense of public duty. The truth is that giant tobacco corporations were beginning to lose in court and after President Clinton initiated tough new regulatory efforts.

Three fundamental concerns

On my first reading on the 68-page agreement, I am struck by three fundamental concerns on the limits of this agreement; the limits of liability, the limits on disclosure and the limits on jurisdiction.

First, I am concerned about the agreement's sweeping limits on the ability of ordinary citizens to sue tobacco companies. The agreement would ban punitive damages and class actions on past conduct in exchange for payment of $60 billion. That payment appears to have been structured so as to be tax-deductible for the tobacco companies, unlike true punitive damages. For lawsuits based on future conduct of the tobacco industry, the agreement would ban class action lawsuits and impose other restrictions on the rights of individuals to seek legal recourse. The possibility of punitive damages and class action lawsuits are two important factors that brought us to this point. Class actions make it possible for individuals to band together to take on the powerful tobacco conglomerates in ways that an individual could not afford to take on alone. Punitive damages are awarded to punish egregious behavior - like the deceit or concealment of research that some have accused tobacco company officials of practicing.

Excerpts from statement of Sen. Edward M. Kennedy (D-MA)

The financial settlement reportedly offered by the tobacco industry - $300 billion over 25 years - sounds enormous at first blush. People hear the $300 billion and don't register the "25 years." They are offering $12 billion a year. That number pales in comparison to the harm the industry causes. According to the Congressional Office of Technology Assessment, cigarettes cost the United States $68 billion a year in health care costs and lost productivity. 419,000 Americans die each year due to smoking-related illnesses. Smokers lose an average of 15 years of their life. At current smoking rates, 10.5 million people will die prematurely due to tobacco during those years. Collectively, they will have lost 157 million years of life. Suddenly the industry's settlement offer does not sound large anymore.

Right to justice

We also hear that the industry wants blanket immunity from suits for its decades of willful wrongdoing as the price of a settlement. If

(See, *Committee*, Page 4)

How Others See the Tobacco Agreement

The "global" agreement between the tobacco companies and attorneys general for some 40 states has prompted close examination by a variety of interest groups as well as Members of Congress and the White House.

After more than two weeks of discussion, some seven main areas of interest within the agreement have been identified:

- Constraints on the ability of individuals, organizations and government officials to sue tobacco manufacturers in the future.
- The adequacy of $1 billion in annual funding to help any American smoker who wants to quit.
- The adequacy of measures to enforce a dramatic reduction in use of tobacco products by children.
- Whether the FDA's ability to regulate nicotine and tobacco products would be inhibited under the deal.
- Whether the amount of money designated for public health initiatives to reduce tobacco use is adequate.
- The settlement's lack of international tobacco control measures.
- Constraints on disclosure of tobacco industry documents.

(*Committee*, Continued from pg.3)

that is the price, there will be no settlement. It would be unconscionable to deny people poisoned by tobacco their day in court. Each year, millions of Americans discover that they have diseases caused by smoking. In too many cases, it is beyond our power to restore their health. We must never permit the tobacco industry to extinguish their right to justice as well.

"The financial settlement reportedly offered by the tobacco industry - $300 billion over 25 years - sounds enormous at first blush. . . That number pales in comparison to the harm the industry causes. . . Smokers lose an average of 15 years of their life. At current smoking rates, 10.5 million people will die prematurely due to tobacco during those years. Collectively, they will have lost 157 million years of life. Suddenly the industry's settlement offer does not sound large anymore."

Sen. Edward M. Kennedy (D-MA)

Excerpts from a statement read by Sen. Dick Durbin (D-IL)

As long and as difficult as these negotiations have been, this agreement is not written in stone. It is important to understand that the final deal, if there is one, is not the deal cut in secret between tobacco lawyers and state attorneys general. That is only the starting point. We will not rubber-stamp any deal, no matter how extensive. That is not our job.

This agreement must be reviewed and the final arbiters are the American people. And we here in Congress have a responsibility to the American people to review the terms of the agreement and to improve it, to make certain that the final result is in the best interests of the health of our nation.

Excerpts from a statement read by Mr. Meyer Kaplow

In addition to mandating the payments described above, the proposed resolution preserves the individual's right to sue the tobacco industry. In return for the enormous public health benefits and monetary payments described above, the proposed resolution affords the participating companies with some protection from civil liability in the following ways:

The following excerpts from the agreement were entered into the hearing record:

Title VIII. Civil Liability.

The following provisions would govern actions for civil liability related to tobacco and health.

A. General

1. Present attorney general actions (or similar actions brought by or on behalf of any governmental entity), parens patriae and class actions are legislatively settled. No future protection of such actions. All "addiction"/dependence claims are settled and all other personal injury actions are reserved. As to signatory states, pending Congressional enactment, no stay applications will be made in pending actions, based upon the fact of this resolution, without mutual consent of the parties.

Agreement for civil liability. Protocol manufacturers not jointly and severally liable for liability of non-protocol manufacturers. Trials involving both protocol and non-protocol manufacturers to be severed.❑

Coalition for Workers' Health Care Funds
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Coalition for Workers' Health Care Funds Update

1920 L Street, NW, 4th Floor
Washington, D.C. 20036

July 1, 1997

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Mission Statement of the Coalition for Workers' Health Care Funds

Representing the Labor-Management Health Funds that Provide Health Care for 30 Million Americans: Workers, Retirees and Their Families

Thirty million Americans - workers, retirees, and their family members - rely on labor-management, multiemployer health funds for health care coverage.

That is, these collectively bargained trust funds pay the hospitals, doctors, and other health care professionals who provide medical care, prescription drugs, and health services to workers, retirees and dependents.

Multiemployer funds play a vital role in the health care system of our nation, as recognized in current law and in various legislative proposals advanced by Congress and the Clinton Administration.

But for these pooled, non-profit health funds, a great many more workers and their families would lack employment-based health care coverage and would have to depend on government programs for medical and related care.

These funds cover millions of workers in industries characterized by small employers and transient work patterns: *e.g.* building and construction, trucking, maritime, service, and clothing.

Several of these worker groups have been specifically targeted by the tobacco industry's marketing, and have higher than average rates of smoking and tobacco-related disease.

Multiemployer funds have incurred billions of dollars in health care costs for individuals suffering from tobacco-related disease. These costs to the funds are ultimately borne by the covered workers who have seen a growing share of their

(See *Mission*, Page 4)

Workers' Health Care Funds in 14 States File Suit Against Big Tobacco Seeking Reimbursement

Workers' health care plans in 14 states and the District of Columbia have filed class action lawsuits against the tobacco industry asking for reimbursement for funds spent on tobacco-related illnesses and money for smoking cessation and prevention programs.

Some of the suits have been filed in state courts and others in federal court. As of July 1, 1997 actions had been filed in Arizona, California, Hawaii, Illinois, Iowa, Kentucky, Louisiana, Massachusetts, Maryland, New York, Ohio, Oregon, Rhode Island, and Washington.

The plaintiff funds provide health care coverage for laborers, carpenters, electricians, seafarers, engineers, painters, teamsters, sheet metal workers, plumbers and pipe fitters, ironworkers, transport workers, teachers, office employees, machinists, wood workers, and other groups.

It is expected that additional suits in other states will be filed shortly. ■

In This Issue:

Civil Liability Aspects of the Global Tobacco Settlement

Analysis Expected to be Both Lengthy and Complicated

The civil liability aspects of the global tobacco settlement agreement entered into between attorneys general for some 40 states and the tobacco industry are lengthy and complicated.

Certain portions of the agreement seek to limit the ability of some potential plaintiffs to file civil liability suits against the tobacco industry subsequent to the date the agreement was signed. Other portions would limit the kinds of lawsuits that could be brought in the future.

It was not immediately clear what effect, if any, the terms of the agreement would have on efforts by workers' health care funds in the 50 states to use the courts to recover monies spent paying claims for tobacco-related illnesses. The final say, of course, resides with Congress which will conduct an exhaustive investigation into the deal.

Already, the Senate Committee on the Judiciary, chaired by Sen. Orrin Hatch (R-UT) has held a preliminary hearing based on the fact that it has jurisdiction over the civil liability aspects of the agreement.

In that hearing there was substantial criticism of the agreement by members of the committee who feared its terms were too lenient on the tobacco industry.

Attorneys acting on behalf of the Workers' Coalition for Health care Funds are studying the 68-page agreement in an effort to determine what effect, if any, it would have on class action lawsuits filed by funds in some 14 states as of press time.

The following is a verbatim excerpt of those portions of the agreement devoted to the area of civil liability as published in the June 25, 1997 editions of The New York Times.

The following provisions would govern actions for civil liability related to tobacco and to health:

1 - Present Attorney General actions (or similar actions brought by or on behalf of any governmental entity), *parens patriae* and class actions are legislatively settled. No future prosecution of such actions. All "addiction"/dependence claims are settled and all other personal injury claims are reserved. As to signatory states, pending Congressional enactment, no stay applications will be made in pending actions, based upon the fact of this resolution, without mutual consent of the parties.

2 - Individual trials only: *i.e.* no class actions, joinder, aggregations, consolidations, extrapolations or other devices to resolve cases other than on the basis of individual trials, without defendant's consent. Action removable by defendant to federal court upon receipt of application to, or order of, state court providing for trial or other procedure in violation of this provision.

3 -Permissible parties:

Plaintiffs:

a. Claims of individuals, or claims derivative of such claims, must be brought either by the person claiming injury or the claimant's heirs.

b. Third-party payer (and similar) claims not based on subrogation that were pending as of June 9, 1997.

c. Third-party payer (and similar) claims not based on subrogation of individual claims; no extrapolations, etc.

Defendants:

a. Maintained only against companies, their assigns, any future fraudulent transferee and/or entity or suit designated to survive defunct manufacturer....

b. Manufacturers of agents agencies and liable vicariously for acts (including advertising attorneys). ■

COALITION FOR WORKERS' HEALTH CARE FUNDS UPDATE

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DAVID A. JEWELL
EDITOR

Labor-management, multi-employer health care funds cover 30 million Americans; workers, retirees and their dependents.

For the most part they cover workers in small-employer industries with transient work patterns, such as building and construction, trucking, maritime, service and clothing.

These groups have been targeted by tobacco industries' marketing and advertising policies. Workers in these groups suffer from higher rates of tobacco-related illnesses than the national average.

Workers Pay Through the Nose for Tobacco- And Through the Lungs and Heart

The cost of smoking only begins when a worker pays for a package of cigarettes. The costs to workers' health far outstrips the cost to their pocketbooks.

This is particularly true when it comes to health care funds covering workers in the construction industry who have for many years been targeted by cigarette marketing and advertising campaigns. Statistics show clearly they have much higher than average rates of smoking and tobacco-related diseases.

A study by one multiemployer health fund covering mostly construction workers in the American Northwest showed that, in 1994 more than 26% of the workers covered received treatment for smoking-related diseases. For their family members the figure was seven percent.

This is a multiple tragedy - first for the workers and their families and next for their health care fund which faces increasingly rising costs - costs that are paid for with money that would otherwise have gone into the workers' pay packets.

Figures contained in the broad-based national Health Interview conducted by the federal government bears out these shocking statistics.

They show that 47 percent of construction workers are smokers compared with 24 percent of all white collar occupations and 39 percent of all blue collar occupations combined. Even more worrisome are statistics which show a sharply lower rate of blue collar workers who succeed in kicking the smoking habit.

In an article entitled *Targeting of Cigarette Advertising in U.S. Magazines, 1959-86*, investigators from the University of Michigan showed that tobacco companies targeted blue collar workers in their advertising and promotional strategies. ■

Benefits From Tobacco Settlement Limited to State Employee Health Plans

Private Sector Workers' Plans Shut Out

The global tobacco settlement agreement signed by some 40 state attorneys general and the tobacco industry would *not* benefit labor-management health care funds covering working families in the private sector.

Men and women employed in construction, trucking, food, clothing, service and maritime industries, their families and retired workers - some 30 million strong - would receive *no* reimbursement for their billions of dollars in tobacco-related disease costs under the secretly negotiated agreement between the states and tobacco companies.

On the other hand, state public employee health plans and Medicaid programs would be paid hundreds of *billions* of dollars by the tobacco companies to reimburse the costs of health care for government employees and public assistance recipients suffering from tobacco-related illnesses.

Moreover, the so-called global settlement calls for federal legislation to close the courthouse doors to lawsuits against the tobacco companies by those not party to the negotiations and to protect the tobacco companies from normal legal remedies.

However, attorneys acting on behalf of the Workers' Coalition for Health care Funds are studying the complex 68-page agreement in an effort to determine what effect, if any, it would have on class action lawsuits filed by funds in some 14 states as of press time. These actions seek reimbursement for workers' funds for money already paid for tobacco-related diseases. ■

Labor-management, multiemployer health funds –

o are non-profit trust funds administered by representatives of the covered workers and their employers;

o are financed by collectively bargained contributions which employers pay on behalf of their workers as part of the compensation for their labor;

o pay the hospital, doctor and pharmacy bills of 30 million Americans - workers, retirees and their family members;

o provide health coverage for workers in industries characterized by transient, intermittent work patterns and small employers (e.g. construction) many of whom would not have on-the-job- health care coverage but for these funds and would be dependent upon government health programs;

o enable workers to move from employer to employer, and state to state without losing health care coverage;

o cover worker groups targeted by tobacco companies' marketing campaigns; and

o are regulated by federal law.

(Mission, Continued from pg. 1)

compensation package absorbed by the collectively bargained contributions needed by the funds to keep pace with increases in health care costs.

These funds have claims against the tobacco companies for reimbursement of their health care costs for tobacco-related disease. Reimbursement would enable the funds to provide smoking prevention and cessation programs for covered individuals, as well as reduce the cost burdens of tobacco-related disease on the funds and the covered workers.

Reimbursement Sought

The funds' claims are essentially the same as the reimbursement claims asserted by the 40 or so states that have filed suit against the tobacco companies. The states' lawsuits seek reimbursement of the costs incurred by the states' employee health plans and Medicaid programs in providing health care to government employees and public assistance recipients.

The settlement agreement negotiated between the states' attorneys general and the tobacco companies provides for reimbursement to the states' employee health plans and Medicaid programs, as well as relief for certain private lawsuits brought by attorneys who were party to the settlement negotiations. Multiemployer funds, which were not represented in the negotiations, would not receive reimbursement under the settlement agreement.

Multiemployer health funds provide coverage for some 30 million Americans and play a vital role in our nation's health care system

The settlement agreement presumes to "legislatively settle" some lawsuits and to severely limit access to the courts and the relief available for cases not resolved by the agreement.

For example, the agreement prohibits the filing or continuation of class actions against the tobacco companies, and further protects the tobacco companies from punitive damages for past wrongdoing. To the extent that the agreement purports to apply these limitations to the claims of multiemployer funds, it cannot be justified.

Before the settlement agreement was reached, multiemployer funds in several states filed class action lawsuits against the tobacco companies seeking reimbursement of health care costs. Several more reimbursement class actions will be filed shortly by multiemployer funds in other states. These lawsuits are similar to the reimbursement lawsuits filed by the states' attorneys general.

Equal Treatment

The Coalition for Workers' Health Care Funds has been formed to represent these funds and coordinate their activities with regard to their reimbursement claims. The Coalition's mission is to seek for multiemployer funds equal treatment with the states' health care plans and programs with regard to reimbursement from the tobacco companies. While pursuing all available recourse through the courts, the Coalition intends to inform Members of Congress, the Administration, interest groups, and the public about the concerns of the multiemployer fund community. It would be in the best interests of all concerned -the Federal Government, the states, the tobacco companies, the public health community, and the millions of families relying on multiemployer health funds - for the tobacco companies to provide fair reimbursement to multi-employer funds. ■

Coalition for Workers' Health Care Funds
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Union health-care funds suing tobacco companies

Richmond Times-Dispatch
Wednesday, July 09, 1997
BY PETER HARDIN
Times-Dispatch Washington Correspondent

WASHINGTON As the tobacco industry pushes for a landmark $368.5 billion settlement of 40 state lawsuits, it's facing a new wave of litigation from trade union health-care trust funds.

Health-care trust funds have filed class-action lawsuits against tobacco companies in 16 states since May to recoup expenses for smoking-related sicknesses, and lawsuits are likely to be filed in nine or 10 other states, an attorney helping to coordinate the lawsuits said yesterday.

Philip Morris Cos., one of the targeted companies, believes the lawsuits are premised on flawed legal and factual theories and the plaintiffs won't prevail, company lawyer Valerie Kilhenny said.

"The suits are wrong, and the members will lose, and this is wasteful of valuable fund assets," Kilhenny said in a telephone interview.

Brian McQuade, chairman of the newly created Coalition for Workers' Health Care Funds, said its several hundred members were bypassed by the recent tobacco settlement proposal.

"The recently announced 'global' settlement of similar suits filed by state attorneys general and the tobacco industry does not take into account the 30 million men, women and children covered by the (trust) funds," McQuade said at a news conference.

"Our workers, more than any other class of Americans, have been targeted by the advertising and marketing campaigns of the tobacco industry," McQuade said. "The percentage of smokers among our members is roughly double the national average," at 44 percent to 45 percent, he added.

The coalition is made up of health-care trust funds for workers in industries characterized by transient, intermittent work patterns, including construction, trucking, maritime, service and clothing. The trust funds pay hospital, doctor and pharmacy bills for workers, retirees and family members.

Robert J. Connerton, a Washington lawyer helping the trust fund plaintiffs, said the new lawsuits are similar to those filed by attorneys general in 40 states.

In addition to pressing the lawsuits, Connerton said the health-care trust funds intend to work hard on Capitol Hill to protect their position.

The coalition is unhappy with limits on legal liability for tobacco companies proposed in the settlement, which must get

approval from Congress and President Clinton to become effective.

Critics to issue report

The proposed accord would eliminate punitive damage awards against the tobacco companies for past conduct. It also would prohibit both the filing of new class-action lawsuits against the tobacco industry and the continuation of existing ones, according to coalition officials.

Since the settlement proposal was unveiled June 20, it has come under fierce criticism from some public health groups.

Today, two leading critics, former Food and Drug Administration Commissioner David Kessler and former Surgeon General C. Everett Koop, were to issue a report by their 22-member advisory panel recommending future tobacco control policy sharply at odds with some provisions of the settlement.

Mississippi settled

One suing state, Mississippi, already has closed a settlement with cigarette makers in the wake of the proposal. It struck an agreement last week, just days before it was scheduled to go to trial. Whether or not Congress and Clinton approve the national accord, Mississippi will collect $3.6 billion over 25 years.

A series of private class-action lawsuits brought by a coalition of plaintiffs' lawyers around the nation also would be settled if the accord is enacted.

The states where health-care trust funds have lodged suits so far include: Arizona, California, Connecticut, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, New York, Ohio, Oregon, Rhode Island and Washington.

Tobacco Industry Is Sued By Unions for Health Outlays

Wall Street Journal - Interactive Edition
Thursday, July 03, 1997
By MILO GEYELIN
Staff Reporter of THE WALL STREET JOURNAL

A growing number of health-and-benefit funds for construction trade unions are suing the tobacco industry to recover their health-care outlays for treating sick smokers.

There are now 15 such suits, all styled after the so-called Medicaid recoupment suits in which 40 states and the territory of Puerto Rico are seeking to recover billions of dollars in public health-care costs linked to smoking.

The latest lawsuit was filed Tuesday in federal court in Hartford, Conn., by a health-and-benefit fund for the Connecticut Pipe Trades and the International Brotherhood of Electrical Workers, Local 19.

"Basically we're using the same theory that state AGs had when they sued to recoup their cost of treating tobacco-related diseases," said Robert J. Connerton, at Connerton & Ray in Washington, D.C., one of several law firms involved in the Connecticut suit.

Tobacco-industry representatives said they planned to fight the suits the same way they have fought the attorneys general. "We think the plaintiffs are basing their cases on legal and factual theories that are flawed," said Valerie Kilhenny, an in-house lawyer and spokeswoman for Philip Morris Cos. "We just do not think the law permits for persons who were remotely or indirectly injured to collect damages."

Similar suits by union health-and-benefit funds have been filed in more than half a dozen states, including New York and Washington, over the past three months, and more are expected, said Mr. Connerton. The Connecticut Pipe Trades and International Brotherhood of Electrical Workers, Local 19 has some 2,500 members who are participants in the health-and-benefit fund. An estimated 18% are believed to have some form of smoking-related disease, said Mr. Connerton.

New York lawyer Steven Fineman, a co-counsel in the suit, said the number is so high because construction workers smoke more than most people. According to the complaint, the tobacco industry targets blue-collar workers in its advertising and marketing campaigns.

This new wave of suits could complicate the proposed $368.5 billion national settlement that was reached last month by the attorneys general, plaintiffs lawyers and the tobacco industry and that is being reviewed by the White House, Congress and public health groups. Union health-and-benefit funds weren't represented in the talks. And they are researching the constitutionality of provisions in the agreement, which if

enacted into law by Congress, would limit lawsuits.

The proposed settlement bans all punitive damages for past wrongful conduct by the tobacco industry. It also sharply limits suits against tobacco companies filed by insurance companies, health-care providers and benefit plans after June 9. After that date, class-action suits, consolidations of multiple suits into one trial, or the use of statistical models to prove total damages would be banned. Claims for damages would have to proceed case by case, a requirement that would make such third-party suits too wieldy and burdensome to take to trial.

Mr. Fineman said half of the union health-and-benefit-fund suits now pending were filed before the June 9 cutoff. Nevertheless, he added, "If [the agreement] becomes the law, then our cases have real problems."

NBA beckons for UK and U of L stars – Sports, C1

The Courier-Journal

40 PAGES • A GANNETT NEWSPAPER | LOUISVILLE, KENTUCKY | TUESDAY, JUNE 24, 1997 • 50 CENTS

METRO EDITION

Union health fund sues tobacco industry

Labor group wants Kentucky medical costs reimbursed

By JOE WARD
The Courier-Journal

Taking a page out of the strategy book of the 40 states that have sued the tobacco industry, the Kentucky Laborers Union health and welfare fund is suing to recover money it has spent on members with smoking-related illnesses.

The Laborers Union fund, which represents an estimated 1,700 workers in Kentucky, is the latest fund to join a new, rapidly growing national force on the tobacco litigation front.

The union fund is the first in Kentucky to sue the tobacco industry and joins funds in 11 other states that have filed similar lawsuits in the past month.

The Kentucky suit was filed in U.S. District Court in Louisville last Friday. Attorneys involved in the suits said they expect another eight or nine suits to be filed this week.

"It's picking up steam," said Bob Connerton, a Washington, D.C., attorney whose firm is coordinating the union health-fund suits. Herb Segal, a Louisville labor attorney, is representing the Kentucky Laborers Union fund.

Attorneys for the fund say it is a coincidence that the suit was filed on the very day of the historic $360 billion settlement between the tobacco industry and the attorneys general for the 40 states and others. The 40 states filed suit against the tobacco industry to recover state Medicaid funds spent on smoking-related illnesses.

NO MORE: The powerful Tobacco Institute will cease to exist if the agreement becomes law. **A1**

Segal and Connerton said they don't know at this point what effect the settlement will have on their suit. The tobacco settlement bans future class-action lawsuits.

The fund provides a form of health insurance for Kentucky members of the Laborers International Union of North America and their families. Members of the Laborers Union generally work in construction, employed by any of a number of contractors and builders, and often working for many different employers over the course of a year.

Money to cover benefits is provided by the employers and the fund is ad-

See LABORERS' Page 4, col. 6, this section

Betty Shabazz dies of injuries from fire

Betty Shabazz, the widow of civil-rights leader Malcolm X, died yesterday of burns suffered in a June 1 fire. **Metro, A3**

Blacks, whites have

Landmark restaurant may soon

Molesters can be held

Laborers' fund sues tobacco industry

Continued from Page One

ministered by a board of trustees with an equal number of members from the union and from the group of employers that have contracts with the union.

CONNERTON, WHOSE firm has coordinated all 12 of the suits filed so far, said determining how much each fund has spent on tobacco-related illnesses is complicated, and the process has not been completed for the Kentucky fund.

But he said tobacco-related illnesses make up about 18 percent of direct fund expenses for a fund in another of the suits — or about $3 million a year for 7,000 workers with 7,000 dependents.

Connerton said tobacco-related expenses would be different for each fund because some groups have more smokers than others, and benefits vary from fund to fund. But the numbers for the other fund suggest that the Kentucky fund's tobacco-related expenses might be around $700,000 a year.

The Kentucky suit names the major tobacco companies — including Louisville-based Brown & Williamson Tobacco Corp. and Philip Morris Inc., which has a plant in Louisville — as well as several industry organizations and a public-relations firm.

It charges, as the state suits have, that the tobacco companies conspired to hide the dangers of smoking from their customers and manipulated nicotine levels to keep smokers hooked. And, Connerton said, "it asks for the same sort of relief as the states ask."

The suit "asks for the same sort of relief as the states ask."

Attorney Bob Connerton

Joe Helewicz, Brown & Williamson vice president for corporate communications, said he had not seen the Kentucky suit and could not comment on it. But he noted that, as a class action, it would be barred by the settlement reached last Friday, if the settlement is enacted in its current form.

Connerton is a partner in Connerton & Ray, a Washington firm with national expertise in union health and welfare funds that involve unions that work with multiple employers where unions and trades unions have such funds," Segal said.

Connerton said fund trustees began asking about last September whether they had a duty to sue the tobacco companies as the states had. The first union suit was filed about a month ago.

In response to an earlier class-action lawsuit against the tobacco industry, the U.S. Supreme Court ruled that class actions must proceed on a state-by-state rather than a national basis. Thus, Connerton said, the funds have filed state by state. In addition to the Kentucky fund, funds in California, Washington, Oregon, Hawaii, Arizona, Illinois, Ohio, Massachusetts, Connecticut, New York and Louisiana are suing the tobacco industry.

Connerton said the suits are being filed as class actions, on behalf of all such funds in each state. In several states, funds other than those that filed have joined in. In Illinois, for example, he said, three funds filed and 22 are now named plaintiffs.

Connerton said he and other lawyers involved in the fund suits are in the dark about the effect on them of last Friday's landmark tobacco settlement, which still needs approval of the White House and the Congress to take affect.

RICHARD DAYNARD, director of the Tobacco Products Liability Project at Northeastern University School of Law in Boston, noted that news accounts said the settlement would protect the industry from class-action suits.

But Daynard said it is a provision he would be surprised to see survive the scrutiny of the White House. And he said the union funds will amount to a significant group, in part because tobacco-related illnesses among union members are thought to be higher than for the general public.

"I don't know whether the agreement purports to cover us or not," Connerton said. "We've not been contacted by any of the parties (in the settlement negotiations), and they were well aware of our litigation.

"I have a couple of colleagues studying the settlement carefully," he said.

But "when all is said and done," Connerton said, "our funds are every bit as entitled to recoup some of their expenses as the states are."

"We've filed these suits. We're going to continue to file. What happens tomorrow, we basically don't know."

Health Care

Coalition of Health Care Funds Targets Big Tobacco for Compensation of Costs

In an effort to recover the costs of treating smoking-related illness, about 2,000 health funds representing 30 million workers are working together to coordinate efforts.

The approximately 2,000 multiemployer funds—known as Taft-Hartley or collectively bargained funds—have formed a coalition to coordinate litigation against tobacco companies and seek compensation for monies that were spent treating workers' tobacco-related illnesses.

Brian McQuade, president of the Coalition for Workers' Health Care Funds, said at a July 8 news conference that the exact cost for treatment of the illnesses has not yet been determined, but he predicted the amount could match the $368.5 billion settlement reached by state attorneys general with the tobacco industry. The coalition opposes the June 20 settlement negotiated by the state attorneys general, saying it unfairly limits liability suits against the companies.

Robert Connerton, coalition legal counsel, said about 18 percent of the direct costs to the health funds goes toward treating tobacco-related illnesses.

According to Connerton, 16 class action suits have been filed and he expects that number to rise to 25 or 26 in a little over a week.

McQuade said other goals of the coalition include obtaining money for programs to prevent smoking and to help workers quit, as well as to hold down the increase in future medical costs to the funds.

Coalition Challenges Recent Agreement. McQuade and Connerton expressed dismay over a clause in the recent agreement by the state attorneys general with the tobacco companies that limits further liability suits against the companies.

McQuade said the parties "neglected to take the men and women of the American labor movement into consideration as they pursued their deliberations."

Connerton said the agreement prohibits everyone else from exercising their rights. "They clearly were not authorized by us to act on our behalf," he said.

According to Connerton, the agreement would make all suits filed before June 9 ineligible to be filed as class actions, which affects six of the funds' suits. In addition, it would prohibit any suits filed after that date.

Congress still has to approve the agreement, and McQuade said he believes Congress will not "enact legislation that would leave out tens of millions of American workers and their families."

Workers Targets of Big Tobacco. The coalition, which represents workers in blue-collar industries such as construction, trucking, maritime, service, and clothing, is charging that tobacco companies specifically targeted these workers to encourage them to start smoking.

McQuade said the percentage of smokers among the workers covered by coalition member-plans is double the national average.

Workers covered by the funds begin their trades and crafts at a young age, McQuade added. "This means that the more successful the tobacco companies are in persuading teenagers to take up smoking, the greater will be the financial drain on our health care funds and the deterioration of the health of our members," he said.

McQuade said the coalition's goals can be achieved through direct negotiations with the tobacco companies, a provision for their workers made by Congress, or litigation of the cases in court.

By Amanda J. Crawford

NEWS:

FROM THE COALITION FOR WORKERS' HEALTH CARE FUNDS

COALITION FOR WORKERS' HEALTH CARE FUNDS

REPRESENTING THE LABOR-MANAGEMENT HEALTH FUNDS THAT PROVIDE HEALTH CARE FOR 30 MILLION AMERICANS: WORKERS, RETIREES AND THEIR FAMILIES

Tobacco Project Mission Statement

Thirty million Americans--workers, retirees, and their family members--rely on labor-management, multiemployer health funds for health care coverage. That is, these collectively bargained trust funds pay the hospitals, doctors, and other health care professionals who provide medical care, prescription drugs, and health services to workers, retirees and dependents.

Multiemployer funds play a vital role in the health care system of our Nation, as recognized in current law and in various legislative proposals advanced by Congress and the Clinton Administration. But for these pooled, non-profit health funds, a great many more workers and their families would lack employment-based health care coverage and would have to depend on government programs for medical and related care. These funds cover millions of workers in industries characterized by small employers and transient work patterns: e.g. building and construction, trucking, maritime, service, and clothing. Several of these worker groups have been specifically targeted by the tobacco industry's marketing, and have higher than average rates of smoking and tobacco-related disease.

Multiemployer funds have incurred billions of dollars in health care costs for individuals suffering from tobacco-related disease. These costs to the funds are ultimately borne by the covered workers who have seen a growing share of their compensation package absorbed by the collectively bargained contributions needed by the funds to keep pace with increases in health care costs.

These funds have claims against the tobacco companies for reimbursement of their health care costs for tobacco-related diseases. Reimbursement would enable the funds to provide smoking prevention and cessation programs for covered individuals, as well as reduce the cost burdens of tobacco-related disease on the funds.

Mission Statement: Page 2

The funds' claims are essentially the same as the reimbursement claims asserted by the 40 or so States that have filed suit against the tobacco companies. The States' lawsuits seek reimbursement of the costs incurred by the States' employee health plans and Medicaid programs in providing health care to government employees and public assistance recipients.

The settlement agreement negotiated between the States' Attorneys General and the tobacco companies provides for reimbursement to the States' employee health plans and Medicaid programs, as well as relief for certain private lawsuits brought by attorneys who were party to the settlement negotiations. Multiemployer funds, which were not represented in the negotiations, would not receive reimbursement under the settlement agreement.

The settlement agreement presumes to "legislatively settle" some lawsuits and to severely limit access to the courts and the relief available for cases not resolved by the agreement. For example, the agreement prohibits the filing or continuation of class actions against the tobacco companies, and further protects the tobacco companies from punitive damages for past wrongdoing. To the extent that the agreement purports to apply these limitations to the claims of multiemployer funds, it cannot be justified.

Before the settlement agreement was reached, multiemployer funds in several States filed class action lawsuits against the tobacco companies seeking reimbursement of health care costs. Several more reimbursement class actions will be filed shortly by multiemployer funds in other States. These lawsuits are similar to the reimbursement lawsuits filed by the States' Attorneys General.

The Coalition for Workers' Health Care Funds has been formed to represent these funds and coordinate their activities with regard to their reimbursement claims. The Coalition's mission is to seek for multiemployer funds equal treatment with the States' health care plans and programs with regard to reimbursement from the tobacco companies. While pursuing all available recourse through the courts, the Coalition intends to inform Members of Congress, the Administration, interest groups, and the public about the concerns of the multiemployer fund community.

It would be in the best interests of all concerned--the Federal Government, the States, the tobacco companies, the public health community, and the millions of families relying on multiemployer health funds--for the tobacco companies to provide fair reimbursement to multiemployer funds.

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NEWS:

FROM THE COALITION FOR WORKERS' HEALTH CARE FUNDS

FOR IMMEDIATE RELEASE 07-08-97
CONTACT: David A. Jewell (202) 293-1735

LABOR-MANAGEMENT HEALTH FUNDS JOIN HANDS TO SUE BIG TOBACCO – SEEKING REIMBURSEMENT FOR MEDICAL BILLS

Washington, D.C., July 8, 1997 — A grouping of labor-management operated multiemployer health care funds (Taft-Hartley Funds) in 14 states with class action lawsuits pending against the tobacco industry, today announced the creation of a coalition to coordinate their activities at the national level.

"These funds are the last line of defense against ruinous health care costs for some 30 million Americans: workers, retirees and their families, and the time has come for the tobacco industry to reimburse these funds for the billions of dollars they have spent to treat tobacco-related illnesses," said Brian McQuade, Chairman of the coalition.

"The goal in filing these suits is threefold: recompense for the money spent by the funds in treating tobacco-related diseases; to obtain funding for smoking cessation and smoking prevention programs and to hold down the increase in medical costs to our funds," said McQuade.

"The recently announced 'global' settlement of similar suits filed by state attorneys general and the tobacco industry does not take into account the 30 million men, women and children covered by the Taft-Hartley funds. For some reason, they neglected to take the men and women of the American labor movement into consideration as they pursued their deliberations. However, the pact they signed is now before Congress which will, of course, have the final say.

"What remains to be done, as the terms of this agreement are considered by Congress, is to make sure that the legitimate interests of the millions of workers, retirees and their families are taken into consideration," he added.

(MORE)

There are approximately 2000 Taft-Hartley labor-management multiemployer funds in the 50 states, the District of Columbia and Puerto Rico. They provide basic health care coverage for 30 million Americans: workers, retirees and their families. They cover workers in industries characterized by small employers and intermittent and transient work patterns such as building and construction, trucking, maritime, service and clothing.

"Our workers, more than any other class of Americans, have been targeted by the advertising and marketing campaigns of the tobacco industry. Unfortunately, these campaigns have been successful. The percentage of smokers among our members is roughly double the national average," said McQuade.

"If there is any segment of American society that has been victimized by the tobacco industry and which has paid the price of that victimization from its own pocketbook it is the men and women who rely on these labor-management funds. I cannot for an instant imagine that Congress would codify an agreement of this sort and leave out tens of millions of American workers and their families.

"Our members are not seeking any kind of a handout by filing these suits. They are hard working, tax-paying men and women who have prudently striven to take care of their own medical problems without becoming a burden on society. The vast majority of these funds are self-insured. Every dollar spent for tobacco-related health care costs is a dollar that would otherwise have gone into the workers' paychecks.

"I am confident that the very last thing Congress would do would be to enact legislation that left millions of American workers and their families out in the cold.

"We look forward to the national debate on this agreement that will take place in the coming months and the meaningful participation in that debate by ourselves and other elements of the American labor movement," said McQuade.

-30-

NEWS:

FROM THE COALITION FOR WORKERS' HEALTH CARE FUNDS

FACT SHEET

LABOR-MANAGEMENT HEALTH FUNDS: PAYING THE MEDICAL BILLS OF 30 MILLION AMERICANS

Labor-management, multiemployer health funds –

- are non-profit trust funds administered by representatives of the covered workers and of their employers;
- are financed by collectively bargained contributions which employers pay on behalf of their workers as part of the compensation for their labor;
- pay the hospital, doctor and pharmacy bills of 30 million Americans — workers, retirees and their family members;
- provide health coverage for workers in industries characterized by transient, intermittent work patterns and small employers e.g., construction, trucking, maritime, service and clothing; many of whom would not have on-the-job health care coverage but for these funds and would be dependent upon government health programs;
- enable workers to move from employer to employer and State to State, without losing health care coverage; and
- cover worker groups targeted by tobacco companies' marketing campaigns; and
- are regulated by federal laws.

1920 L STREET, N.W. • FOURTH FLOOR • WASHINGTON, D.C. 20036-5004

FACT SHEET 2-2-2-2-2

WORKERS' HEALTH FUNDS IN THE FOLLOWING STATES HAVE FILED LAWSUITS AGAINST THE TOBACCO INDUSTRY SEEKING RECOVERY OF TOBACCO-RELATED DISEASE COSTS

Class action lawsuits against the tobacco industry have been filed on behalf of labor-management multimeployer health funds in 14 states and the District of Columbia. They are demanding reimbursement of the costs of providing medical care for workers, retirees and their dependents suffering from tobacco-related illnesses. As of June 30, 1997 lawsuits had been filed by funds in the following states:

CALIFORNIA

Stationary Engineers Local 39 Health & Welfare Trust Fund

HAWAII

Hawaii Health & Welfare Trust Fund for Operating Engineers

ILLINOIS

Central Laborers Welfare Fund
Central Illinois Carpenters Health & Welfare Trust Fund
East Central Illinois Pipe Trades Health & Welfare Fund
Laborers Local #100 Health & Welfare Fund
Laborers Local #231 Health & Welfare Fund
Laborers Local #996 Health & Welfare Fund
Midwestern Teamsters Health & Welfare Fund
NECA-IBEW Welfare Trust Fund
NECA-IBEW Welfare Fund
Northern Illinois & Iowa Laborers Health & Welfare Fund
Operating Engineers #965 Health & Welfare Fund
Painters Local #32 Health & Welfare Fund
Railroad Maintenance and Industrial Health & Welfare Fund
Sheet Metal Workers Local #218 Health & Welfare Fund
Southern Illinois Laborers & Employers Health & Welfare Fund
Teamsters & Employers Welfare Trust of Illinois

IOWA

Iowa Laborers District Counsel Health and Welfare Fund

FACT SHEET 3-3-3-3-3

KENTUCKY

Kentucky Laborers District Council Health and Welfare Fund

LOUISIANA

The ARK-LA-MISS Laborers Welfare Fund

MARYLAND

Seafarers Welfare Plan;
United Industrial Workers Welfare Plan

MASSACHUSETTS

Laborers Health & Welfare Fund

NEW YORK

Laborers Local 17 Health & Benefit Fund
Transport Workers Union New York City Private Bus Lines Health Benefit Trust

OHIO

Ironworkers Local Union No. 17 Insurance Fund
IBEW Local No. 38 Health & Welfare Fund
Ohio Laborers District Council-Ohio Contractors' Association
Insurance Fund

OREGON

Laborers-Employers Health & Welfare Trust Fund
School District No. 1 Health & Welfare Trust Fund
Northwest Forest Products Association Woodworkers District
Lodge 1, IAM
AFL-CIO Health & Welfare Plan
United Assoc. Union Local No. 290 Plumbers
Steamfitters and Shipfitters Retiree Health & Welfare Plan
United Association Union Local No. 290 Plumbers, Steamfitters and Shipfitters Retiree Health & Welfare Plan
Office and Professional Employee International Union Local No. 11 Health & Welfare Plan

FACT SHEET **4-4-4-4-4-4-4**

WASHINGTON

The Northwest Laborers-Employers Health & Security Trust Fund
The Carpenters Health & Security Trust of Western Washington

ARIZONA

RHODE ISLAND

NOTE: *As a class, all individual Health & Welfare Funds in these states have the option of becoming named Plaintiffs and many are in the process of so doing..*

July 8, 1997

U.S. Department of Labor

Office of the Assistant Secretary for Policy
200 Constitution Avenue NW,
Room S-2312
Washington, D.C. 20210
Phone 202-219-6197
Fax 202-219-9216

FAX COVER SHEET

August 12, 1997

TO: Elizabeth Drye

FAX: 456 - 7028

FROM: Stacey Grundman

SUBJECT: Tobacco Settlement

MESSAGE: You mentioned that you had the paper that Jennifer forwarded to Elena Kagen regarding the asbestos issue. I wanted to make sure you also had the attached information on union health and welfare funds. Also wanted to let the appropriate people know that we had a request from the Conrad Task Force for OSHA to brief them on the ETS issue. They have previously been briefed by HHS. Any problems with having OSHA do this ? Please let me know. Thanks.

PAGES:

NEWS:

FROM THE COALITION FOR WORKERS' HEALTH CARE FUNDS

FACT SHEET

July 14, 1997

LABOR-MANAGEMENT HEALTH FUNDS: PAYING THE MEDICAL BILLS OF 30 MILLION AMERICANS

Labor-management, multiemployer health funds –

- are non-profit trust funds administered by representatives of the covered workers and of their employers;
- are financed by collectively bargained contributions which employers pay on behalf of their workers as part of the compensation for their labor;
- pay the hospital, doctor and pharmacy bills of 30 million Americans — workers, retirees and their family members;
- provide health coverage for workers in industries characterized by transient, intermittent work patterns and small employers e.g., construction, trucking, maritime, service and clothing; many of whom would not have on-the-job health care coverage but for these funds and would be dependent upon government health programs;
- enable workers to move from employer to employer and State to State, without losing health care coverage; and
- cover worker groups targeted by tobacco companies' marketing campaigns; and
- are regulated by federal laws.

FACT SHEET 2-2-2-2-2

WORKERS' HEALTH FUNDS IN THE FOLLOWING STATES HAVE FILED LAWSUITS AGAINST THE TOBACCO INDUSTRY SEEKING RECOVERY OF TOBACCO-RELATED DISEASE COSTS

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Seafarers Welfare Plan
United Industrial Workers Welfare Plan

MASSACHUSETTS

Laborers Health & Welfare Fund

NEW YORK

Laborers Local 17 Health & Benefit Fund
Transport Workers Union New York City Private Bus Lines Health Benefit Trust
United Federation of Teachers Welfare Fund
Communication Workers of America Local 1180 Security Benefits Fund
Social Service Employees Union Local 371 Welfare Fund

OHIO

Ironworkers Local Union No. 17 Insurance Fund
IBEW Local No. 38 Health & Welfare Fund
Ohio Laborers District Council-Ohio Contractors' Association Insurance Fund

OREGON

Laborers-Employers Health & Welfare Trust Fund
School District No. 1 Health & Welfare Trust Fund
Northwest Forest Products Association Woodworkers District Lodge 1, IAM
AFL-CIO Health & Welfare Plan
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Steamfitters and Shipfitters Retiree Health & Welfare Plan
United Association Union Local No. 290 Plumbers, Steamfitters and Shipfitters Retiree Health & Welfare Plan
Office and Professional Employee International Union Local No. 11 Health & Welfare Plan

FACT SHEET ~~4-4-4-4-4-4-4~~

WASHINGTON

The Northwest Laborers-Employers Health & Security Trust Fund
The Carpenters Health & Security Trust of Western Washington

ARIZONA

Laborers' and Operating Engineers' Utility Agreement Health & Welfare Trust Fund for Arizona

CONNECTICUT

Connecticut Pipe Trades Health Fund
International Brotherhood of Electrical Workers Local 90 Benefit Plan

NOTE: *As a class, all individual Health & Welfare Funds in these states have the option of becoming named Plaintiffs and many are in the process of so doing..*

July 8, 1997

NEWS:

FROM THE COALITION FOR WORKERS' HEALTH CARE FUNDS

FOR IMMEDIATE RELEASE 07-08-97
CONTACT: David A. Jewell (202) 293-1735

LABOR-MANAGEMENT HEALTH FUNDS JOIN HANDS TO SUE BIG TOBACCO – SEEKING REIMBURSEMENT FOR MEDICAL BILLS

Washington, D.C., July 8, 1997 — A grouping of labor-management operated multiemployer health care funds (Taft-Hartley Funds) in 14 states with class action lawsuits pending against the tobacco industry, today announced the creation of a coalition to coordinate their activities at the national level.

"These funds are the last line of defense against ruinous health care costs for some 30 million Americans: workers, retirees and their families, and the time has come for the tobacco industry to reimburse these funds for the billions of dollars they have spent to treat tobacco-related illnesses," said Brian McQuade, Chairman of the coalition.

"The goal in filing these suits is threefold: recompense for the money spent by the funds in treating tobacco-related diseases; to obtain funding for smoking cessation and smoking prevention programs and to hold down the increase in medical costs to our funds," said McQuade.

"The recently announced 'global' settlement of similar suits filed by state attorneys general and the tobacco industry does not take into account the 30 million men, women and children covered by the Taft-Hartley funds. For some reason, they neglected to take the men and women of the American labor movement into consideration as they pursued their deliberations. However, the pact they signed is now before Congress which will, of course, have the final say.

"What remains to be done, as the terms of this agreement are considered by Congress, is to make sure that the legitimate interests of the millions of workers, retirees and their families are taken into consideration," he added.

(MORE)

NEWS:

FROM THE COALITION FOR WORKERS' HEALTH CARE FUNDS

BACKGROUND

The Coalition for Workers' Health Funds is a grouping of labor-management health and pension trust funds created under the Taft-Hartley Act of 1947.

The purpose of the coalition is to provide coordination at the national level for funds throughout the nation seeking reimbursement through the civil justice system from tobacco companies for monies paid out as a result of smoking-related illnesses suffered by American workers and their family members.

There are approximately 2000 such funds in the 50 states, the District of Columbia and Puerto Rico paying the medical and hospital bills of some 30 million Americans: workers, retirees and their families. The industries represented are characterized by small employers and transient and intermittent work patterns , e.g. building and construction, trucking, maritime, service and clothing.

The funds are financed by contributions resulting from collective bargaining agreements entered into between working men and women and their employers.

The lineage of these funds can be traced to the passage in 1947 of the Taft Hartley Labor Relations Act. Their mission is to promote health and safety in the workplace and guarantee that a worker's medical and hospital bills would be paid.

From the beginning these funds have also had, as a prime focus, workplace safety because it was in this area that workers suffered the most. Great strides have been made in improving workplace safety conditions.

Indeed, such progress has been made that, in 1996, for the first time, statistics showed fewer accidents per capita in the construction industry than in the nation's manufacturing sector.

U.S. Department of Energy
1000 Independence Avenue, SW
Washington, DC 20585
(202) 586-5806 Verification
(202) 586-5823 Fax Number

FAX TRANSMITTAL COVER SHEET

DATE: 8/11

TO: Elizabeth Dz FROM: Jayne Brady

COMPANY:

FAX NUMBER: 456 - 7028

VERIFICATION NO.:

PAGES: 4 INCLUDING COVER SHEET

MESSAGE:

Radium Experiment Assessment Project
19 Stuart St., Pawtucket, RI 02860

NEWS RELEASE

FOR IMMEDIATE RELEASE
Wednesday, August 6, 1997

Contact: Stewart Farber, MSPH- Director (401) 727-4947
Dan Burnstein, Esq.- President- ***Center for Atomic Radiation Studies, Inc*** (617) 734-3308

582 BALTIMORE SCHOOLCHILDREN IN HUMAN RADIATION EXPERIMENT BY JOHNS HOPKINS FOUND BY GOVERNMENT TO HAVE CANCER RISK 10 TIMES THAT OF THOUSANDS OF SIMILARLY TREATED VETERANS PROPOSED FOR PRIORITY MEDICAL CARE BY VA

Baltimore Experimental Subjects Ignored By Government In Recent Action Report -- Central Registry Announced By Independent Scientist Who Forced Advisory Committee On Human Radiation Experiments To Evaluate Risk Of 'Nasal Radium Irradiation'

KEY POINTS

- **A human radiation experiment was conducted** by Johns Hopkins Hospital on **582 third grade Baltimore schoolchildren** from 1948 to 1954 funded by the federal government to test the effects of **Nasal Radium Irradiation (NRI)** on long-term hearing loss. Excess head and neck cancer mortality risk to children in this Baltimore experiment has been estimated by the President's **Advisory Committee on Human Radiation Experiments (ACHRE)** as being about 10 times higher than its' calculated excess cancer risk in similar experiments with NRI treated veterans carried out from 1944-1946, and more than 8 times higher than its' own arbitrary threshhold for medical notice and follow-up. The excess cancer mortality risk to children in the Baltimore experiment has however **received no mention in a recent Action Report** [see Bibliography, Appendix 1- **US Government, 1997**] issued by the White House detailing the ***"the Administration's actions to respond to ACHRE's findings and recommendations...and redress past wrongs"*** The Administration has proposed that 7,600 veterans treated in NRI experiments reviewed by **ACHRE** be declared eligible for health screening under the Department of Veterans Affairs' Ionizing Radiation Program, **but children at higher risk treated in Baltimore were not even mentioned in the Action Report.** The Hopkins experiment has major public health implications to the no less than 571,000 children and young adults estimated by the U.S. Centers for Disease Control to have received NRI nationwide as late as the 1960s as 'standard medical practice'.

■ **Announcement Of Clearinghouse For Nasal Radium Irradiation Experimental Subjects -**

The ***Radium Experiment Assessment Project*** is a private non-profit public health initiative devoted to:

- -- **Outreach & Identification of NRI treated individuals**
- -- **Public Awareness of potential health risks based on present scientific knowledge**
- -- **Encouraging "right-to-know" initiatives**
- -- **Promoting proper medical surveillance and follow-up for treated individuals**
- -- **Research and documentation of known facts of NRI**

The ***Radium Experiment Assessment Project*** announces that any person who may have received **Nasal Radium Irradiation** as a 3rd grade student in the Baltimore school system during the 1948- 49 school year or the fall of 1949 [the recent neglected experiment] or any other person treated with NRI in any other 'hearing loss prevention' program in Maryland conducted from about 1943 into the 1960s may contact it to request a registration form, fact sheet, and annotated bibliography. Treated individuals are invited to:

a) Call the *REAP* Hotline at **(401) 727-4947**
b) E-mail: **radproject@aol.com**
c) Write: ***Radium Experiment Assessment Project***
Center for Atomic Radiation Studies, Inc.
19 Stuart St.
Pawtucket, RI 02860

Nasal Radium Irradiation involved the insertion through each nostril of thin metal rods tipped with a sealed capsule of Radium-226 (50 mg source strength). Each radium applicator was positioned at the rear of the nasopharynx near the opening of the eustachian tube to irradiate and shrink adenoids and nearby lymphoid tissue. A typical course of treatment involved 3 to 4 'treatments' of about ten to twelve minutes duration, usually about 2 to 4 weeks apart.

■ **Nasal Radium Irradiation - A domestic *'Nagasaki Up the Nose'*?- Brain cancer mortality excess risk predicted among NRI treated children (at average age 8 years) in any given sized group would exceed total all site cancer mortality observed in actual study of an identical number of survivors of the atomic bombing of Hiroshima and Nagasaki.**

Based on excess brain cancer risk to NRI treated children observed in a health outcome (epidemiological) study conducted at Johns Hopkins University completed in 1979, the U.S. National Academy of Sciences (NAS) derived a cancer mortality risk factor which equates to **8.2 excess brain cancer deaths per 1,000 children** treated with NRI over their lifetime. The

Advisory Committee on Human Radiation Experiments in its Final Report to the President however chose to ignore the two times higher National Academy of Sciences brain cancer risk estimate based on an actual health risk study. ACHRE using a simplistic calculation predicted **4.35 excess brain cancers fatalities per 1,000 children** treated with **NRI**, or about one-half the brain cancer excess risk based on actual health outcome studies. ACHRE also calculated **8.4 excess cancers of the head and neck per 1,000** treated children irradiated as done in the Hopkins experiment it reviewed. **Based on ACHRE's own risk factor, excess head and neck cancer mortality risk predicted among NRI treated children** in any given sized group **would approximately equal the total all site cancer mortality observed in epidemiological studies of a similar number of survivors of the atomic bombing of Hiroshima and Nagasaki.** [See **Appendix I** for details of these sobering comparisons.]

- **Excess cancer mortality (brain cancer mortality 5.3 times normal per National Academy of Sciences review) and non-malignant thyroid disorders excess risk (8.6 times normal) observed in 1979 NRI study conducted at Johns Hopkins School of Public Health misrepresented by a Johns Hopkins epidemiologist** in a letter to Maryland residents as part of 1996 follow-up study of longer term health effects on earlier Johns Hopkins studied cohort. [See **Appendix III** for details]

Wednesday, August 6, 1997 (Pawtucket, RI)

A "human radiation experiment" involving 582 Baltimore third graders carried out by Johns Hopkins University School of Medicine using Nasal Radium Irradiation (**NRI**) to shrink adenoids in an experiment funded by the federal government conducted from 1948 to 1954 has been ignored in recent actions by the Clinton Administration [see **US Government, 1997**] said a public health scientist with the ***Radium Experiment Assessment Project*** today.

> *"Nasal Radium Irradiation of third grade experimental subjects in Baltimore by Johns Hopkins under Research Grant B-19* [see **Attachment 6**] *during 1948 to 1949, resulted in an average radiation dose to the nasopharynx, pituitary gland, base of the brain, and other structures in the head and neck of these children which significantly exceeded the radiation dose to these same anatomical structures received by the survivors of the atomic bombing of Hiroshima and Nagasaki"*,

said Stewart Farber, M.S. Public Health, Director of the ***Radium Experiment Assessment Project.***

The ***Radium Experiment Assessment Project*** is a project of the ***Center for Atomic Radiation Studies, Inc.***, a not for profit 501(c)(3) organization. Contributions are tax deductible to the extent permitted by law.
19 Stuart Street ▪ Pawtucket, RI 02860 ▪ (401) 727-4947 ▪ E-mail radproject@aol.com