

Milwaukee Community Tobacco Coalition

American Cancer Society
Midwest Division, East Region

American Lung Association
of Wisconsin

Black Health Coalition
of Wisconsin

Boys and Girls Clubs
of Greater Milwaukee

Fighting Back, Inc.

Gravel Square Community
Health Center

Indian Community School

Irishish Conference
of Greater Milwaukee

Medical College of Wisconsin

Milwaukee Area Health
Education Center

Milwaukee Health Department

Milwaukee Police Department

Milwaukee Public Schools/
Drug Free Schools

Nation's Army

Satecech Street Community
Health Center

State Media Institute

YMCA

June 11, 2002

Dear Sir or Madam,

This is a letter of support and partnership for the City of Milwaukee Smoke-Free Government Buildings and Vehicles Ordinance which a group of concerned youth constituents have brought to your attention.

Secondhand Smoke is the third leading cause of preventable death in the U.S. following primary smoking and alcohol abuse.¹ It is a serious public health issue with which all of the member organizations of the Milwaukee Community Tobacco Coalition are concerned. This ordinance would make Milwaukee's municipal buildings and vehicles a safer, cleaner place for all our city's residents.

Thank you for considering this excellent piece of legislation.

Sincerely,

Cassandra Lanier

MCTC Chair

¹ U.S. Department of Health and Human Services. The Health Consequences of Involuntary Smoking: A Report of the Surgeon General. 1986.



June 11, 2002

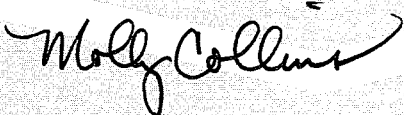
Dear Common Council Members,

This is a letter of support and partnership for the City of Milwaukee Smoke-Free Government Buildings and Vehicles Ordinance that Strive Media Institute's staff and students have helped.

The health and economic toll of cigarette smoking is well documented and includes excessive rates of chronic disease, diminished productivity, and premature death... Secondhand smoke is estimated to cause as many as 1,200 additional lung cancer and heart disease deaths in Wisconsin.¹ Environmental tobacco smoke is a serious health issue that affects everyone who works within or visits a municipal building. We know that this ordinance would make Milwaukee municipal buildings and vehicles safer for all our city's residents.

We appreciate your consideration of this important issue.

Sincerely,

A handwritten signature in cursive script that reads "Molly Collins".

Molly Collins
Associate Director

¹ The Burden of Tobacco in Wisconsin, February 2002.



June 11, 2002

Dear Common Council Members:

I am writing on behalf of the American Cancer Society in support of the smoke-free government buildings and vehicles ordinance.

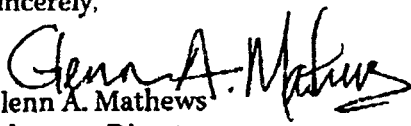
The American Cancer Society knows that smoke-free environments will make a positive difference in the health of employees and visitors to municipal buildings. Workplace exposure to secondhand smoke causes more death and disease than all other regulated occupational substances combined. It is estimated that as many as 62,000 nonsmokers die each year from heart disease caused by secondhand smoke.

The city of Milwaukee would set a precedent for neighboring communities and the private sector by demonstrating how we can protect employees by limiting their exposure to secondhand smoke.

The American Cancer Society strongly urges the Public Improvements Committee to pass this legislation on to the full Common Council with full support.

The American Cancer Society would like to thank you for your commitment to the health of Milwaukee citizens.

Sincerely,


Glenn A. Mathews
Advocacy Director
American Cancer Society

Cc: Ald. Brieir
Ald. Donovan
Ald. Herron
Ald. Sanchez
Ald. Dudzik

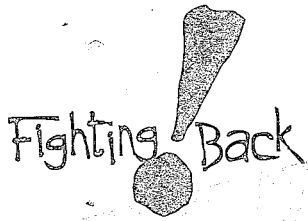


Comparison of City of Milwaukee Ordinances For Smoke Free City Buildings -
1995 and 2002.¹

	2002 Ordinance	1995 Ordinance
City Building Definition	Any building or portion of building owned or leased by the city including enclosed walkways.	Any building or portion of building owned or leased by the city including enclosed walkways.
Smoking Prohibited	<ul style="list-style-type: none"> <input type="checkbox"/> In any enclosed, indoor area of a city building. <input type="checkbox"/> Includes hallways, waiting areas, rest rooms, cafeterias, meeting rooms, lobbies, reception areas, offices, and city-owned or leased vehicles. <input type="checkbox"/> Within 50 feet outside of any enclosed area where smoking is prohibited. 	<ul style="list-style-type: none"> <input type="checkbox"/> In any enclosed, indoor area of a city building. <input type="checkbox"/> Includes hallways, waiting areas, rest rooms, cafeterias and offices.
Signage Required	Persons in charge of must post "no smoking" signs in a clear and conspicuous manner in all entrances and areas of city buildings	None.
Enforcement	Milwaukee law enforcement officials, city health department, and chief building inspector are authorized to issue citations for violations of the ordinance.	Police department shall enforce the ordinance.
Penalties	Any person who violates the ordinance after being advised by a city employee that smoking is prohibited shall be fined:	Any person who violates the ordinance after being advised by a city employee that smoking is prohibited shall be fined \$10.

¹ Note that both ordinances rescind Resolution File 84-298-b, which approved and implemented the Commissioner of Public Works' comprehensive plan for posting "Smoking Allowed" signs in areas, rooms and buildings so designated by department and agency heads.

- No less than \$25 and no more than \$100 for first violation.
- No less than \$100 and no more than \$200 for second violation in one year.
- No less than \$200 and no more than \$500 for each additional violation within one year.
- City employees may be punished by appropriate discipline in addition to or in lieu of the above fines.



- Tasha Jenkins
Executive Director
- Board of Directors**
- Thomas Brophy, Board President
Medical College of Wisconsin
Director of Community Relations
- Terence Herron, Vice President
Milwaukee Common Council
Alderman, 2nd District
- Essie Allen, Secretary
United Way of Greater Milwaukee
Associate Director
Allocations & Development
- Erica Johnson, Treasurer
North Shore Bank
Branch Manager
- Stephen Adams
Community Village, LTD
Executive Director
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SDC
Facilities Manager
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University of Wisconsin-Milwaukee
Dean of School of Social Welfare
- Attorney James Hall
Hall, Charne, Burce & Olson S.C.
Partner
- Stephen Hargarten, M.D., MPH
Medical College of Wisconsin
Professor & Chairman
Department of Emergency Medicine
- Willie Johnson Jr.
Milwaukee County
County Supervisor, 13th District
- Edward Konkoi
Human Service Consultant
- H. Curt Mueller
Mueller-IMC, Inc.
President & CEO
- Ed Olson
EJ Olson & Associates
President
- Sharon Schulz
Next Door Foundation
Executive Director
- Lynn Sprangers
Milwaukee Brewers Baseball Club
Vice President of Community/
Governmental Affairs

June 10, 2002

City of Milwaukee Common Council
City Hall
200 E. Wells
Milwaukee, WI 53202

Dear Council Members:

I am writing this letter in support of the smoke-free ordinance posed by the Milwaukee Community Tobacco Coalition and sponsored by Alderman Fred Gordon.

Fighting Back, Inc. is the contract administrator for Milwaukee County's Youth Alcohol, Tobacco, and Other Drug Abuse (ATODA) prevention dollars. In this capacity, we are able to fund a number of projects in Milwaukee that aim to deter youth from using/abusing substances through a variety of strategies.

We are also a member of the Milwaukee Community Tobacco Coalition and support all efforts to promote a smoke-free and healthy community.

If I can be of further assistance please feel free to contact me at 270-2880.

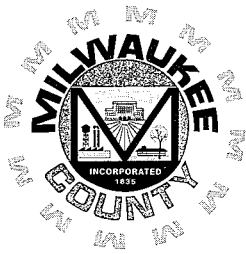
Sincerely,

Tasha Jenkins
Executive Director

TJ/lhp

Knocking Out Substance Abuse in Our Community.

315 W. Court Street, Suite 204 • Milwaukee, WI 53212 • (414) 270-2880 • Fax: (414) 270-2891
Website: <http://www.fbimilwaukee.com>



OFFICE OF DISTRICT ATTORNEY

Milwaukee County

E. MICHAEL McCANN • District Attorney

June 11, 2002

Milwaukee Common Council
200 East Wells Street
Milwaukee, WI 53203

Esteemed Members:

I am writing this letter in support for the Milwaukee Community Tobacco Coalition. I admire the work that has been done by this group of youth, especially the crew from Strive Media Institute. They have worked tirelessly on anti-smoking messages for young people for more than a year.

I was particularly astounded when they brought to light the fact that there are no smoking restrictions in our city's most public buildings. Please support the work of these youth. Set a good example of leadership, and pass the Smoke-Free Government Buildings and Vehicles Ordinance.

Prohibiting smoking in public places can't be very controversial in this day and age. I am sure all you very intelligent lawmakers will pass this ordinance unanimously, and protect us all from second hand smoke in the halls of city politics

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Mary Ann Onorato".

Mary Ann Onorato, Coordinator
Community Drug Prevention Project

Robert D. Donohoo
Jon N. Reddin
Carol Lynn White
Patrick J. Kenney
James J. Martin

Thomas A. Schulz
Alexander G. Skienarz
Freddie E. Matestic
William J. Mollor
Gerald R. Falk
Donald S. Jackson
Gale G. Shelton
Terry Magowan
Gary D. Mahkorn
David Robles
Deborah Daley
Peg Tarrant
Douglas J. Simpson
Cynthia G. Brown
Norman A. Gahn
George N. Prieztz, III
Stephanie Gineris Rothstein
Carol E. Stauder
Steven H. Glamm
Mary Anne Smith
Mark S. Williams
Linda Johnson
John M. Stoiber
Thomas L. Potter
David Feiss
Rayann Chandler Szychlinski
Eliša Castellon
Carole Manchester
Kenneth R. Berg
Benbow P. Cheesman, Jr.
Lovell Johnson, Jr.
Warren D. Zier
Timothy J. Cotter
Carol Berry Crowley
Steven V. Licata
Brad Vorpahl
Jane Carroll
Paul Tiffin
Miriam S. Falk
Phyllis M. DeCarvalho
Dennis P. Murphy
Christopher Ford
Christine M. Kraus
Phillip A. Arieff
Thomas J. McAdams
Bruce J. Landgraf
Mary K. McCann
Denis J. Stingl
David M. Lemman
Janet C. Protasiewicz
DeAnn L. Heard
Patricia A. McGowan
Irene Parthum
Karen A. Loebel
Nancy Ettenheim
Marcella DePeters
JoAnn M. Hornak
Catherine A. Gaudreau
Lori S. Komblum
Karine O'Byrne
Maria Dixon
James W. Frisch
Kurt B. Benkley
James C. Griffin
William P. Pipp
Audrey Skwierawski
Joanna L. Hardtke
John T. Chisholm
Christopher A. Liegel
Megan P. Carmody
Laura A. Crivello
Derek C. Mosley
Shawn Pompe
Brian J. Resler
Karen A. Lynch
Allison M. Ritter
Kevin R. Shomin
Jennifer Rypel
Beth D. Zirgibel
Shannon Carrick Schmidt
Rebecca F. Dallet
Mark A. Sanders
Paul C. Dedinsky
David T. Malone
Julius Kim
Jeffrey J. Altenburg
Rachael Gossens
Deborah L. Mills
Patti Wabitsch
Kent L. Lovern
Paul R. Sander
Nelson W. Phillips, III
Bradford J. Logsdon
Patrick J. Farley
Joy Bertrand
Margaret M. Zimmer
Bruce W. Becker
Michael T. Mahoney
Mark D. Bensen
Mary M. Sowinski
Kathryn K. Sarnier
Jeanette Corbett
Jeffrey P. Greipp
Thomas C. Binger
David Maas
Jeremy L. Resar
Daniel J. Gabler
Sara P. Scullen
Gerise M. Hooks
Brent Nistler
T. Christopher Dee
Katharine Kucharski
Lisa P. Fricker
Robin J. Rosche
Phillip R. Ranguebsin
Tiffany J. Harris
Emory H. Booker, II
Daniel R. Humble
Jacob D. Corr
David H. Weber
Joy Hammond
Martin T. Lundquist
John J. Riestler

Monitoring & Evaluation Program



UW-Extension
UW Comprehensive Cancer Center
Center for Health Policy and Program Evaluation

Program Brief
January 2002

Results of 2001 Survey of Tobacco Policies in Wisconsin County and Municipal Buildings

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Statewide Evaluation
Program Coordinator

D. Paul Moberg, Ph.D.,
Director, Center for Health
Policy and Program
Evaluation

Patrick L. Remington, M.D.,
M.P.H., Principal Investigator

Ellen Taylor-Powell, Ph.D.,
Co-Investigator, University of
Wisconsin-Extension

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prevmed/mep/

In 2001, the Wisconsin Tobacco Control Board implemented a comprehensive plan designed to reduce tobacco use among Wisconsin citizens. Toward that end, the Board established seven strategic goals to chart the state's progress. One of their goals is to establish 100% smoke-free municipal government-owned buildings by 2005.

In order to monitor progress toward achievement of the Board goal, the Monitoring and Evaluation Program developed a baseline survey regarding municipal building smoking ordinances/policies. In addition, the survey also obtained information regarding smoking policies in government-owned vehicles and the enforcement of existing smoking policies.

Major findings for 2001:

- **There has been significant progress in establishing smoke-free policies for county, city and village government buildings since 1997.**
- **An estimated 52% of all municipal governments ban smoking in all buildings. This includes 67% of counties, 70% of cities, 54% of villages, and 47% of towns.**
- **Approximately one-third (34%) of all municipal governments ban smoking in all vehicles.**
- **Over three quarters (78%) of municipal governments that ban smoking in all buildings indicate they strictly enforce the policy.**

Background

Exposure to secondhand smoke has serious health implications. In order to reduce exposure to secondhand smoke in government buildings, the Wisconsin Tobacco Control Board has set a goal to have all government-owned buildings smoke-free by 2005. The Board expects municipal governments to serve as role models to other local employers in guaranteeing a work environment free from environmental tobacco smoke (ETS).

Methods

In October 2001, brief surveys were mailed to all 72 county, 190 city, and 395 village clerks and a random sample of town clerks (316 from a universe of 1265). The overall response rate was 96%. This response rate compares favorably with the response rates of previous studies conducted in 1996 and 1997.¹ Since the Board goal regarding smoke-free government buildings encompasses 100% of buildings, towns were included in the present study even though they had been excluded from the past ASSIST studies.

The surveys sent to county and municipal clerks asked questions about the current ordinance/policy in buildings owned or leased by the local government, and in government vehicles. The summary measures for all municipal governments (N=1922) are weighted to account for sampling (i.e., towns) and non-response. Municipalities indicating they neither owned nor leased buildings were not surveyed further (N=84). The response options, listed in Table 1, were based on those provided in the surveys conducted in 1996 and 1997 for ease of data comparability. For responses indicating the existence of a policy, the respondents were further asked whether their smoking policies are enforced strictly, somewhat or not at all.

For this survey, responses indicating no smoking in any building at any time were the only responses coded as "banned in all buildings." If ANY exceptions were noted, the municipalities were counted as not being smoke-free.

Results

An important aspect of this study was to compare the current smoking policies in municipal government buildings to the results obtained from previous studies funded by the American Stop Smoking Intervention Study (ASSIST) project. The results, shown in Table 1, demonstrate progress on establishing smoke-free government buildings in Wisconsin.

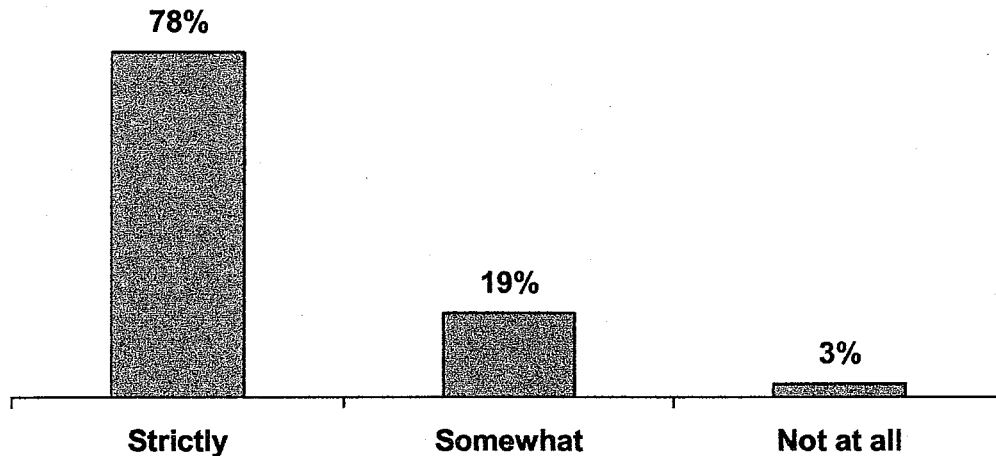
Table 1. Comparison of Tobacco Policies in WI Municipal and County Government Buildings, 1996, 1997, 2001

	COUNTY			Municipality (City and Village)*		
	1996 (n=72)	1997 (n=72)	2001 (n=72)	1996 (n=576)	1997 (n=578)	2001 (n=555)
Banned in all buildings	33%	49%	67%	9%	26%	59%
Banned in some buildings	33%	36%	25%	5%	15%	17%
Restricted to designated areas	8%	15%	7%	16%	20%	9%
No ordinance/policy	13%	0%	1%	58%	38%	15%
Unknown/don't know	13%	0%	0%	12%	1%	1%

* 2001 comparison excluded towns since they were not surveyed in earlier studies

A building smoking policy that is not enforced can continue to endanger the health of those working in or visiting the building. For that reason, county and municipal clerks were also asked about enforcement of their indoor smoking policy. The results are shown in Figure 3. They indicate 78% of those municipal governments that ban smoking in all government-owned buildings strictly enforce the ban.

Figure 3. Smoking Policy Enforcement for Municipalities that Ban Smoking in all Government-owned Buildings, 2001



Comment

The results of this survey indicate municipal governments have made significant progress since 1997 in adopting ordinances banning smoking in government-owned buildings. Much work will be needed, however, to attain the Board's goal of 100% smoke-free municipal buildings by 2005 since at this time only 52% of Wisconsin's government-owned buildings are completely smoke-free.

In order to protect the health of government workers, smoke-free government-owned vehicles are also necessary. Currently, only 34% of municipal governments have adopted policies banning smoking in all vehicles.

Finally, policies are of little value if they are not enforced. The results of this survey demonstrate a commitment to smoke-free government building policies--78% of municipalities indicate they strictly enforce their ban on smoking in all buildings.

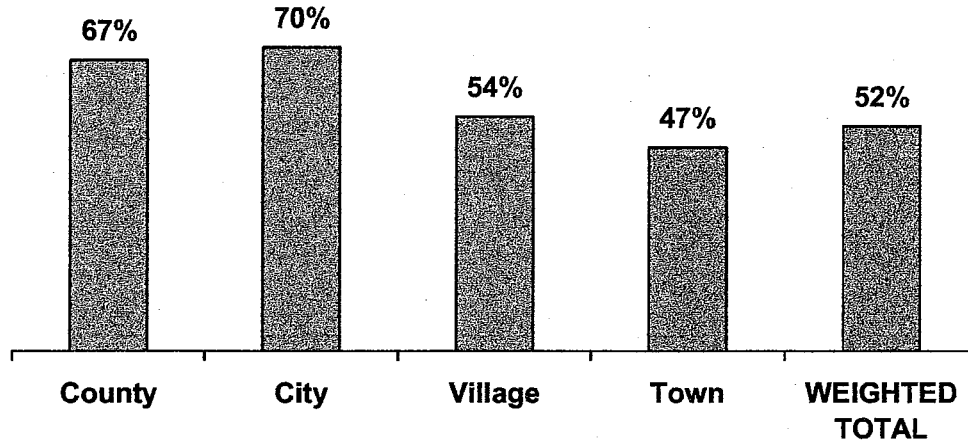
The building smoking policy of Wisconsin municipalities will continue to be monitored over time to record changes as local coalitions work with their municipalities toward adoption of ordinances that ban smoking in government-owned buildings.

1. Aakko E, Remington P, Dixon J, Ford L. *Assessing Smoke-free Workplaces in Wisconsin Municipal and County Government Buildings, 1997*. Wis Med J 1999; 38-41.

Support for this report is provided by the Wisconsin Tobacco Control Board.
 Earnestine Willis, M.D., M.P.H., Chair
 David Gundersen, M.P.H., Executive Director

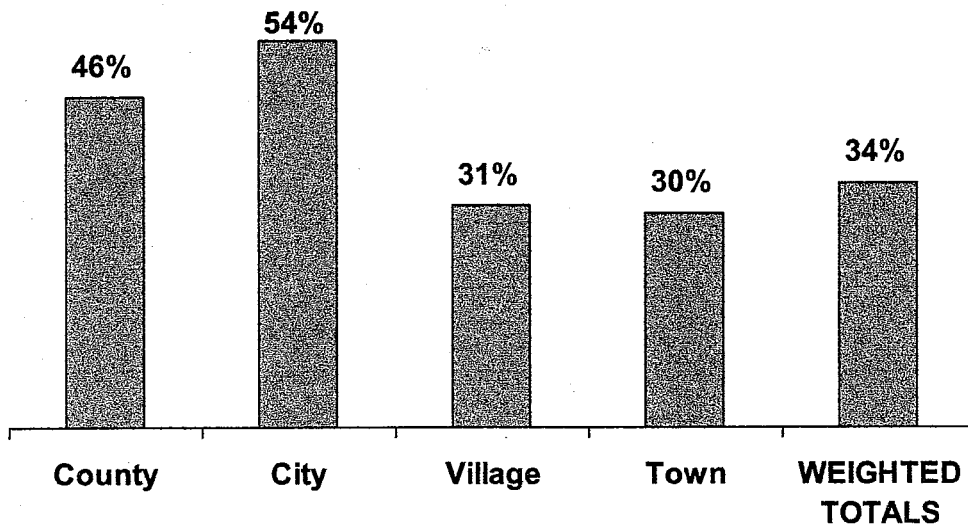
In 2001, 52% of municipalities that own or lease buildings, ban smoking in all their government-owned buildings. Figure 1 demonstrates the distribution across various municipality types.

Figure 1. Percent of Municipalities Banning Smoking in all Government-owned Buildings, 2001



When classifying the smoking policy municipalities have adopted for government-owned vehicles as either banning or not banning smoking, we find that 34% of all municipalities with vehicles ban smoking in all vehicles. Municipalities that do not own vehicles (N=358) were excluded. Figure 2 demonstrates the distribution of vehicle smoking policy across municipality types.

Figure 2. Percent of Municipalities Banning Smoking in all Municipal Vehicles, 2001





Smoke-Free Workplace Policies

Good for business and good for Wisconsin

Smoke-Free Workplaces Make Sense. The state of Wisconsin has a long history of regulating secondhand smoke dating all the way back to its 1984 Clean Indoor Air Act which restricted smoking to designated areas in public places and enclosed areas serving as places of work. Since then, extensive research has linked secondhand smoke, a complex mixture of chemicals generated during the burning and smoking of tobacco products, including more than 50 known cancer-causing agents, to cancer and heart disease. The dangers of secondhand smoke exposure are well established with ventilation and separation techniques being inadequate in protecting nonsmokers. Most customers and employees are nonsmoking – more than 75% in Wisconsinⁱ – and employers are expected to provide a work environment reasonably free of recognized hazards. Secondhand smoke harms the health and reduces the productivity of all employees.

Smoke-Free Workplaces Are Good For Business. Employers who implement smoke-free workplace policies often experience cost savings associated with fire risk, damage to property and furnishings, cleaning costs, workers' compensation, disability, life insurance, absenteeism, and productivity losses.ⁱⁱ

- Health and fire insurance premiums can be 25 to 35 percent lower for smoke-free businesses, and morbidity and fire statistics indicate that premium discounts should be as high as 70 percent.ⁱⁱⁱ Some insurers offer up to 45 percent discounts on premiums for term-life coverage for nonsmokers with medical examinations.^{iv}
- On average, smokers are absent from work 50 percent more and take 5.5 more days off per year than nonsmokers. Costs for these absences include temporary replacements and lowered productivity and morale among employees who are on the job and must cope with absences.^v
- The National Center for Health Statistics estimates that smokers spend nearly 150 million more days sick in bed and 81 million more days off the job than non-smokers.^{vi}
- Recent studies by the Center for the Advancement of Health found that smokers had more lost workdays and were admitted to the hospital more frequently than their non-smoking colleagues.
- Among men, smoking increased the risk of being admitted to the hospital for causes other than injury by almost a third; in women the increase in risk was 25%.^{vii}
- According to the American Council on Life Insurance, employers spend an average of \$300 extra per smoker each year on insurance claims.
- Smokers use medical benefits 50% more than non-smokers.^{viii}
- To obtain a smoke-free workplace, some workers have resorted to lawsuits and nonsmoking employees have received settlements in cases based on their exposure to secondhand smoke.

- Research has also shown that policies that prohibit smoking in the workplace can help employees kick the habit.^{ix}
- In a recent report, the EPA estimated that a nationwide, comprehensive clean indoor air law would save \$4 billion to \$8 billion per year in operational and maintenance costs of buildings.^x

Secondhand Smoke Kills.

Ventilation Doesn't Work. Some opponents of smoke-free workplace policies argue that ventilation systems provide enough protection for nonsmokers at work. When there is no physical separation of smokers and nonsmokers, secondhand smoke rapidly diffuses throughout the room resulting in substantial exposure among nonsmokers.^{xi} In 1986, the U.S. Surgeon General's report on secondhand smoke concluded that separation of smokers and nonsmokers within the same airspace may reduce, but cannot eliminate the exposure of nonsmokers to secondhand smoke.^{xii}

Ventilation technology can help reduce the irritability of smoke, but does not eliminate its poisonous components.^{xiii}

In recent years, attempts have been made to establish smoking areas in physically separated rooms on the same ventilation system. Unfortunately, recirculation of air through a building's ventilation systems results in secondhand smoke from a smoking area appearing in nonsmoking areas as well. In addition, separation does not take into consideration the health of employees and others who must enter these rooms.

Existing ventilation systems fail to remove all of the dangerous toxins found in secondhand smoke.^{xiv} Ventilation technologies may remove the visible smoke and its smell but they cannot remove the cancer-causing chemicals.

Local smoke-free policies remain the only measure to truly ensure that employees, constituents, and children are adequately protected from the dangers of secondhand smoke.

ⁱ Wisconsin Behavioral Risk Factor Assessment, 1999

ⁱⁱ Kristein, MN. "Economics issues related to smoking in the workplace." New York State Journal of Medicine. 1989.

ⁱⁱⁱ Ibid.

^{iv} Ibid.

^v Action on Smoking and Health. "Smoking in the Workplace Costs Employers Money." <http://ash.org>

^{vi} Connelly, Eileen. "The Price of Smoking." January 2000.

^{vii} Center for the Advancement of Health. "Short term effects of cigarette smoking on hospitalization and associated lost work days in a young healthy population." December 2000.

^{viii} Ibid.

^{ix} Moskowitz J, Lin Z, Hudes E. The Impact of Workplace Smoking Ordinances. *American Journal of Public Health*. 2000

^x U.S. Environmental Protection Agency. The Costs and Benefits of Smoking Restrictions. An Assessment of the Smoke-Free Environment Act of 1993. 1993.

^{xi} Repace, James. Risk management of passive smoking at work and at home, 1994.

^{xii} U.S. Department of Health and Human Services. The Health Consequences of Involuntary Smoking: A Report of the Surgeon General. 1986.

^{xiii} World Health Organization. Frequently Asked Questions About Secondhand Smoke. 2001.

^{xiv} American Society of Heating, Refrigeration and Air Conditioning Engineers. Indoor Air Quality Position Statement. February 2000.

American Nonsmokers' Rights Foundation

Helping you breathe a little easier

DOES VENTILATION WORK?

April 16, 2001

The only pertinent question to answer regarding ventilation is:

Can ventilation systems eliminate the risk of disease or death due to secondhand smoke?

The answer is crystal clear: absolutely not. Every reputable technical, scientific and medical expert, and even the very companies touting these ventilation systems, including Philip Morris, agrees that these systems cannot eliminate health risks due to secondhand smoke.

Philip Morris has a disclaimer on its *Options* web site, "*Options, Philip Morris, USA does not purport to address health effects attributed to environmental tobacco smoke.*"

Honeywell, a Philip Morris *Options* partner, states in a letter responding to questions about these ventilation systems and their ability to eliminate risk due to secondhand smoke, "*Honeywell has not in the past and does not make health hazard claims.*" Also, the company states in the same letter, "*Honeywell has no data to support health hazard claims.*"

Honeywell spokesperson Scott Roberts reaffirmed that there is no basis for making health claims in a March 21, 2001 article published in the Christian Science Monitor.

The Chelsea Group, a ventilation consulting company and another Philip Morris *Options* partner, also acknowledges that ventilation cannot guarantee health protections from secondhand smoke in a news clip in the Anchorage Daily News from March 2, 2000.

Furthermore, in testimony before the Mesa, AZ, city council, Chelsea Group CEO George Benda admits that the ventilation systems are "*the same technology we've all known,*" in spite of efforts by Benda, Philip Morris, Honeywell and others to portray the technology as new and innovative.

The American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc. (ASHRAE), the recognized standards-setting body for the ventilation industry, has issued Standard 62-1999, which finds:

"Since the last publication of this standard in 1989, numerous cognizant authorities have determined that ETS is harmful to human health. These authorities include, among others, the United States Environmental Protection Agency, World Health Organization, American Medical Association, American Lung Association, National Institute of Occupational Safety and Health, National Academy of Sciences, Occupational Safety and Health Administration, and the Office of the U.S. Surgeon General."

ASHRAE states in an interpretation to this standard that Standard 62-1999 is and shall be in the future based upon "*an assumption of no smoking*" for most indoor places, including restaurants. (<http://www.ashrae.org/standards/6206.htm>)

In spite of efforts by Philip Morris, RJ Reynolds and other tobacco interests to dismantle Standard 62-1999, the **American National Standards Institute** rejected the tobacco industry appeal and reaffirmed ASHRAE's standard in 2000.

The **U.S. Surgeon General** concluded, as far back as 1986 in the landmark report on involuntary smoking, "*the simple separation of smokers and nonsmokers within the same airspace may reduce, but does not eliminate, the exposure of nonsmokers to [environmental tobacco smoke] ETS.*"

(U.S. Surgeon General. *The Health Consequences of Involuntary Smoking*. Washington, DC: U.S. Department of Health and Human Services, 1986.)

The **National Institute for Occupational Health and Safety (NIOSH)** Guidelines regarding ETS and indoor air ventilation specify that "*[t]he most direct and effective method of eliminating ETS from the workplace is to eliminate smoking in the workplace. Until that is achieved, employers can designate separate, enclosed areas for smoking, with separate ventilation. Air from this area should be exhausted directly outside and not recirculated within the building or mixed with the general dilution ventilation for the building.*"

("Environmental Tobacco Smoking in the Workplace: Lung Cancer and Other Health Effects," *NIOSH Current Intelligence Bulletin* 54, June 1991.)

The **Occupational Health and Safety Administration (OSHA)** stated in 1994 "*...from the industrial hygiene perspective, general ventilation as delivered by heating, ventilation and air condition (HVAC) systems, is not an acceptable engineering control measure for controlling occupational exposures to [environmental tobacco smoke] ETS.*" (Department of Labor, Occupational Safety and Health Administration, Federal Register notice of proposed rulemaking, "Indoor Air Quality", FR 59:15968-16039, April 5, 1994.)

The **Environmental Protection Agency** "*recommends that exposure to environmental tobacco smoke be minimized wherever possible. The most effective way to minimize exposure is to restrict smoking to smoking areas that are separately ventilated and directly exhausted to the outside, or by eliminating smoking in the building entirely.*" ("Environmental Tobacco Smoke," *Indoor Air Facts No. 5*, June 1989. Washington, D.C.: U.S. Environmental Protection Agency.)

Furthermore, former EPA official and physicist **James Repace** concluded in a June 2000 report:

"... it is clear that dilution ventilation, air cleaning, or displacement ventilation technology even under moderate smoking conditions cannot control ETS risk to de minimis levels for workers or patrons in hospitality venues without massively impractical increases in ventilation Smoking bans remain the only viable control measure to ensure that workers and patrons of the hospitality industry are protected from exposure to the toxic wastes from tobacco combustion." (Repace, James, Report for the California Department of Health Services, Repace Associates, Inc., June 2000.)

In sum, the science is unequivocal. There is no safe level of exposure to secondhand smoke and no ventilation system can eliminate health risks due to secondhand smoke.