

ORIGINAL

#7/ "Smoke-Free"

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JULIA M. JONES MEMORIAL LECTURE

By

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PRESENTED TO THE ANNUAL MEETING OF THE

AMERICAN LUNG ASSOCIATION

MIAMI BEACH, FLORIDA

MAY 20, 1984

(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

IT IS A PLEASURE AND A GREAT HONOR FOR ME TO BE HERE THIS AFTERNOON TO DELIVER THE JULIA M. JONES MEMORIAL LECTURE.

DR. JONES WAS A GREAT PHYSICIAN...A TRUE HUMANITARIAN...AN EXCELLENT SCIENTIST. SHE DEVOTED HER PROFESSIONAL LIFE -- AND MOST OF HER PERSONAL LIFE -- TO THE FIGHT AGAINST T.B. THE NEW YORK LUNG ASSOCIATION MAY HAVE FIRST CLAIM TO HER BECAUSE SHE LIVED IN NEW YORK AND GENUINELY CARED ABOUT THE CITY AND ITS PEOPLE. BUT SHE WAS A NATIONAL FIGURE AS WELL. HER CONCERNS WERE NATIONAL AND EVEN GLOBAL. SHE SAW THE INDIVIDUAL PATIENT AND -- WITHIN THAT PATIENT -- SHE COULD ALSO SEE HUMANITY.

I THINK MOST PHYSICIANS WANT TO DO THAT. I THINK A GREAT MANY PHYSICIANS TRY. BUT THERE ARE REALLY VERY FEW -- AND DR. JONES WAS AMONG THEM -- WHO ACTUALLY SUCCEED.

I AM ALSO DELIGHTED TO HAVE THIS HONOR WHILE DR. EDWARD SEWELL IS PRESIDENT OF THE AMERICAN LUNG ASSOCIATION. I TAUGHT ED IN THE EARLY YEARS AND WE EVENTUALLY BECAME ACADEMIC AND PRACTICING PHYSICIANS TOGETHER AT THE UNIVERSITY OF PENNSYLVANIA AND THE CHILDREN'S HOSPITAL OF PHILADELPHIA.

THIS AFTERNOON -- I HOPE IN THE SPIRIT OF DR. JONES -- I WANT TO REVIEW A LITTLE OF THE HISTORY OF WHERE WE'VE BEEN IN OUR FIGHT AGAINST SMOKING AND THEN, DRAWING FROM THAT HISTORY, I WANT TO SUGGEST WHERE WE MIGHT GO FROM HERE.

IT IS APPROPRIATE, I WOULD THINK, TO TAKE STOCK AT THIS TIME, SINCE THIS IS AN IMPORTANT BENCHMARK YEAR. TWENTY YEARS AGO, ONE OF MY DISTINGUISHED PREDECESSORS, DR. LUTHER TERRY, RELEASED SMOKING AND HEALTH: THE REPORT OF THE ADVISORY COMMITTEE TO THE SURGEON GENERAL.

IT WAS A PROFOUNDLY IMPORTANT EVENT, SINCE IT DESCRIBED A MAJOR HEALTH RISK THAT WE -- THAT IS, EACH PERSON -- COULD ACTUALLY CONTROL.

SINCE THAT FIRST REPORT IN 1964 THERE HAVE BEEN 15 OTHERS. THE ONE TO BE RELEASED NEXT WEEK WILL BE THE 17TH "REPORT OF THE SURGEON GENERAL ON SMOKING AND HEALTH." ALL THESE REPORTS INDICATE SMOKING WAS -- AND STILL IS -- A GRAVE THREAT TO INDIVIDUAL AND FAMILY HEALTH.

MY FIRST "SURGEON GENERAL'S REPORT" FOR 1982 DOCUMENTED THE CAUSAL LINK BETWEEN CIGARETTE SMOKING AND CANCER, PARTICULARLY LUNG CANCER. THE DATA FIRMLY ESTABLISHED THE LINK, IMPLICATING SMOKING IN AS MANY AS 129,000 SMOKING-RELATED CANCER DEATHS PER YEAR.

THEN LAST YEAR WE RELEASED THE 1983 REPORT ON THE CLOSE RELATIONSHIP BETWEEN SMOKING AND CARDIOVASCULAR DISEASE. AND THE NUMBERS WERE EVEN LARGER: WE ESTIMATED THAT CIGARETTE SMOKING WAS DIRECTLY RELATED TO 170,000 CORONARY HEART DISEASE DEATHS EACH YEAR. AGAIN...A SUBSTANTIAL NUMBER.

I WOULD ASK YOU TO THINK FOR A MOMENT ABOUT THE OTHER CANCER THREATS THAT HAVE BEEN POSED TO OUR SOCIETY AND WHAT OUR RESPONSES HAVE BEEN. THE "AGENT ORANGE" CASE IS APPARENTLY BEING SETTLED, WITH 7 CHEMICAL COMPANIES AGREEING TO PAY \$180 MILLION TO 16,000 VETERANS. THE VETERANS CLAIMED THE HERBICIDE HAS BROUGHT ON A VARIETY OF DISEASE CONDITIONS -- INCLUDING CANCER.

THE EVIDENCE AGAINST "AGENT ORANGE" AS THE CAUSE OF THE ALLEGED DISEASES IS LESS SUBSTANTIAL THAN OUR EVIDENCE AGAINST CIGARETTES. BUT THE AMERICAN PUBLIC, THE MAJOR CORPORATIONS INVOLVED, THE U.S. CONGRESS, AGENCIES OF THE EXECUTIVE BRANCH, AND MOST OF THE COUNTRY'S LAWYERS SEEM TO AGREE THAT THERE IS ENOUGH EVIDENCE TO SERIOUSLY IMPLICATE "AGENT ORANGE."

BUT IF YOU PUT TOGETHER ALL THE POSSIBLE NUMBERS OF ALL THE POSSIBLE VICTIMS OF "AGENT ORANGE" DURING THE SEVERAL YEARS IT WAS USED IN THE VIETNAM WAR, AND IF YOU ADD UP ALL THE POSSIBLE COSTS ASSOCIATED WITH THE ALLEGED ILLNESSES -- YOU WILL STILL COME UP FAR SHORT OF THE DEVASTATION THAT IS PRODUCED BY CIGARETTE SMOKING IN THIS COUNTRY IN JUST ONE YEAR.

WE'VE JUST REACTED THE SAME WAY TOWARD "E.D.B.," OR ETHYLENE DIBROMIDE, A PESTICIDE THAT HAD BEEN USED FOR THE PAST 35 YEARS TO PROTECT STORED GRAIN, GRAIN MILLING MACHINERY, AND CITRUS AND TROPICAL FRUITS FROM INSECT INFESTATION.

BUT 8 YEARS AGO THE NATIONAL CANCER INSTITUTE RELEASED SOME RESEARCH FINDINGS THAT IMPLICATED E.D.B. AS THE CAUSE OF CANCER IN LABORATORY ANIMALS. SINCE THAT FIRST ANNOUNCEMENT, MORE TESTS WERE CONDUCTED WITH SIMILAR RESULTS...THEN, E.D.B. RESIDUE WAS FOUND IN GROUND WATER...AND A NUMBER OF OTHER EVENTS COINCIDED SO THAT WE ALL HAVE BECOME CONVINCED THAT WE DON'T WANT ETHYLENE DIBROMIDE AROUND ANY MORE. IT'S NOT A SAFE PRODUCT AFTER ALL.

WHAT WE DO NOT HAVE, BY THE WAY, IS A CLEAR CASE OF AN INDIVIDUAL DEVELOPING A CANCER AS A DIRECT RESULT OF INGESTING E.D.B. BUT SUCH DIRECT, EXPLICIT PROOF IS NOT NECESSARY UNDER THE LAW.

THEREFORE, ON MARCH 2, THE ENVIRONMENTAL PROTECTION AGENCY ORDERED THAT E.D.B. MUST BE ELIMINATED FROM THE AMERICAN FOOD MARKET-PLACE BY SEPTEMBER THE 1ST OF THIS YEAR. AND THE FOOD AND DRUG ADMINISTRATION WILL MAKE SURE THAT HAPPENS. THE BAN WILL TAKE PLACE JUST 9 YEARS AFTER THAT FIRST, SOMEWHAT TENTATIVE REPORT OUT OF THE NATIONAL CANCER INSTITUTE. ALL THINGS CONSIDERED, THAT IS RATHER FAST, BUT WE DID IT.

PART OF THE VETERANS' CLAIM OF INJURY FROM "AGENT ORANGE" IS THAT THEY HAD HAD NO CHOICE ABOUT THEIR EXPOSURE. THEY WERE UNDER ORDERS TO BE IN A PLACE WHERE THE MATERIAL WAS BEING SPRAYED. THEY SAY THAT, UNWILLINGLY AND UNWITTINGLY, THEY BECAME VICTIMS.

PART OF THE E.P.A. ARGUMENT AGAINST FURTHER USE OF E.D.B. IS THAT THE PUBLIC HAS NO OTHER WAY TO PROTECT ITSELF. THE PESTICIDE IS NOW PERVASIVE IN THE ENVIRONMENT. HENCE, THE PEOPLE CAN UNWITTINGLY AND UNWILLINGLY FALL VICTIMS TO ITS HARMFUL EFFECTS.

THAT, OF COURSE, IS A VITAL DIFFERENCE BETWEEN THE TOLERANCE OF THOSE CANCER-CAUSING AGENTS AND CIGARETTES. THE ACT OF SMOKING IS NOT MANDATED BY LAW. IT'S A VOLUNTARY ACT: YOU DON'T HAVE TO SMOKE IF YOU DON'T WANT TO.

ONE HUNDRED AND THIRTY MILLION AMERICANS OVER THE AGE OF 14 DON'T SMOKE. BUT 53 MILLION AMERICANS DO, BY THEIR OWN CHOICE. FOR MANY REASONS -- SOME THAT WE UNDERSTAND AND SOME THAT WE DON'T -- THESE 53 MILLION PEOPLE ARE WITTINGLY AND WILLINGLY VICTIMS OF ONE OF THE MOST DESTRUCTIVE SUBSTANCES IN OUR ENVIRONMENT.

BUT WE ARE NOT ABANDONING THEM, WHETHER THEY APPRECIATE IT OR NOT. AND SO, THIS COMING WEEK, I WILL BE RELEASING THE 1984 "SURGEON GENERAL'S REPORT ON SMOKING AND HEALTH." IT WILL DOCUMENT THE RELATIONSHIP BETWEEN CIGARETTE SMOKING AND CHRONIC OBSTRUCTIVE LUNG DISEASE.

ONCE AGAIN, WE HAVE A GRIM PICTURE OF HIGH MORBIDITY -- CHRONIC, LONG-TERM SUFFERING -- AMONG CIGARETTE SMOKERS. THIS REPORT WILL SURELY HOLD YOUR ATTENTION, SINCE IT WILL REFLECT THE MANY, MANY YEARS OF RESEARCH AND SERVICE SPENT NOT ONLY BY THE GOVERNMENT BUT ALSO BY THE AMERICAN LUNG ASSOCIATION AND THE AMERICAN THORACIC SOCIETY... YEARS OF EFFORT THAT HAVE HELPED US IMPROVE OUR METHODS OF IDENTIFICATION, PREVENTION, AND TREATMENT OF LUNG DISEASE.

YOUR WORK OVER THE YEARS HAS SENSITIZED THE PUBLIC TO THE IMPORTANCE OF DISEASES OF THE LUNG THROUGH YOUR EDUCATIONAL MATERIALS -- BROCHURES, POSTERS, BOOKS, AND SELF-HELP CAMPAIGNS AND COURSES. YOU'VE MADE THE REPORTING OF LUNG DISEASE MORE EXACT. AND SO, TO A GREAT EXTENT, THE FRUITS OF YOUR LABORS MAY BE SEEN IN THIS REPORT.

BUT GOVERNMENT REPORTS ALONE WILL NOT GET THE JOB DONE. OTHER THINGS HAVE TO HAPPEN. THE PUBLIC, FOR EXAMPLE, HAS TO REALLY BELIEVE THAT WHAT WE SAY IS TRUE. IT IS A TORTUOUSLY SLOW PROCESS, BUT I BELIEVE THE MESSAGE IS GETTING THROUGH AND THE TRUE STRENGTH OF THOSE 130 MILLION ADULT NON-SMOKERS IS FINALLY BEING FELT.

LAST YEAR, FOR EXAMPLE, THERE WAS A 7 PERCENT DROP IN THE ANNUAL PER CAPITA CIGARETTE CONSUMPTION, BRINGING THE FIGURE DOWN TO LESS THAN 3,500. IT HASN'T BEEN THAT LOW SINCE 1949.

ALSO, ACCORDING TO PROVISIONAL FIGURES DRAWN FROM THE "HEALTH INTERVIEW SURVEY" CARRIED OUT BY OUR NATIONAL CENTER FOR HEALTH STATISTICS, THE NUMBER OF MEN CIGARETTE SMOKERS -- AS A PERCENTAGE OF ALL MEN -- DECLINED FROM 37.9 PERCENT TO 33 PERCENT BETWEEN 1980 AND 1983. AMONG WOMEN, THE DECLINE WAS FROM 29.8 PERCENT TO 29 PERCENT ...A SLIGHT CHANGE, BUT A DECLINE NEVERTHELESS. IN ADDITION, LAST YEAR 21 PERCENT OF ALL HIGH SCHOOL SENIORS SMOKED CIGARETTES; 6 YEARS AGO NEARLY 30 PERCENT DID.

I DON'T PRETEND TO KNOW ALL THE REASONS FOR THIS KIND OF IMPROVEMENT. MAYBE THE 20 YEARS OF RESEARCH ARE FINALLY HAVING AN EFFECT. I'D LIKE TO THINK SO. I KNOW WE HAVE A STRONG COMMITMENT TO CONTINUE THIS KIND OF RESEARCH, SO, IF RESEARCH IS PART OF THE REASON FOR PROGRESS, THEN I THINK WE WILL BE SEEING EVEN MORE PROGRESS IN THE YEARS AHEAD.

IN ADDITION THE WEIGHT OF THE RESEARCH DATA, I WOULD ADD THESE OTHER REASONS FOR THE SLOW BUT STEADY DECLINE IN SMOKING IN AMERICA.

FIRST, THE PREVENTION MESSAGE IS GETTING THROUGH.

LET ME SAY RIGHT HERE THAT THE PUBLIC SERVICE MESSAGES BY THE AMERICAN LUNG ASSOCIATION ARE PHENOMENAL. THEY ARE WISE...CALM... DIRECT...TRUE...AND THEY OBVIOUSLY WORK.

THE U.S. PUBLIC HEALTH SERVICE HAS MESSAGES, TOO, AS DO OTHER HEALTH-RELATED ORGANIZATIONS IN AND OUT OF GOVERNMENT. AND ALL THOSE MESSAGES WORK. I DON'T THINK THERE'S ANY OTHER EXPLANATION FOR THE DECLINE IN CIGARETTE SMOKING AMONG WOMEN. I BELIEVE THAT WOMEN ARE FINALLY GETTING THE MESSAGE ABOUT THE LINK BETWEEN SMOKING AND LUNG CANCERS AND CANCERS AT OTHER SITES OF THE BODY. AND IT'S ABOUT TIME, WITH LUNG CANCER BEGINNING TO ECLIPSE BREAST CANCER AS THE NUMBER 1 CANCER KILLER OF WOMEN.

ALSO WOMEN ARE DEMONSTRATING A STRONG PREFERENCE FOR AN IMPROVED DIET AND MORE EXERCISE, TWO MAINSTAYS OF ANY PROGRAM OF PREVENTION AND HEALTH PROMOTION. ONCE IN THAT FRAME OF MIND, A WOMAN CAN READILY ACCEPT THE ANTI-SMOKING MESSAGE AND ACT ON IT, AND APPARENTLY THOUSANDS OF WOMEN HAVE.

A SECOND REASON FOR THE DECLINE IN SMOKING IS ECONOMIC. SMOKING COSTS TOO MUCH. NOT ONLY DO CIGARETTES FAIL IN ANY EXAMINATION OF THE RISK-TO-BENEFIT RATIO -- THERE IS NO BENEFIT; CIGARETTE SMOKING IS ALL RISK.

THE INCREASING COSTS FOR A PACK OF CIGARETTES HAS CERTAINLY HAD AN EFFECT ON CIGARETTE CONSUMPTION. BUT ALSO OF GREAT SIGNIFICANCE IS THE REALIZATION AMONG CONSUMERS, INSURERS, AND EMPLOYERS THAT CIGARETTE SMOKING ADDS GREATLY TO THE HEALTH CARE COSTS OF THE INDIVIDUAL AND THE NATION. THE EFFECTS OF CIGARETTE SMOKING ARE ALL TOO OFTEN MANIFESTED IN LONG HOSPITAL STAYS AND EXTENDED OUTPATIENT CARE FOR A VARIETY OF CHRONIC HEALTH PROBLEMS THE COULD HAVE BEEN AVOIDED.

WHILE ECONOMICS IS A KEY FACTOR HERE, IT IS ONLY PART OF THE STORY. YOUNG PEOPLE ARE IN A NEW FRAME OF MIND THAT UNDERSTANDS -- AND ACCEPTS -- THE ANTI-SMOKING MESSAGE.

THE THIRD REASON FOR THE DECLINE IN CIGARETTE SMOKING IS -- TO BE PLAIN ABOUT IT -- THE NEW MILITANCY OF THE NON-SMOKING CONSUMER, VOTER, AND TAX-PAYER.

YOU WILL RECALL THAT, BACK IN 1973, ARIZONA -- A STATE HARDLY KNOWN FOR ITS "RADICAL CHIC" -- TOOK THE PLUNGE AND BECAME THE FIRST STATE TO PROHIBIT SMOKING IN PUBLIC PLACES, ON COMMERCIAL AIRLINERS IN ARIZONA AIRSPACE, AND ON BUSES.

IN 1975 MARYLAND ENACTED ARTICLE 43, SECTION 5411 SPECIFICALLY DESIGNED TO PROTECT NON-SMOKING PATIENTS FROM THE HARMFUL EFFECTS OF PASSIVE SMOKING IN ALL HEALTH FACILITIES.

SINCE THEN, MORE THAN 30 STATES AND HUNDREDS OF LOCAL COMMUNITIES HAVE FOLLOWED SUIT, ENACTING ORDINANCES TO PROHIBIT OR SEVERELY RESTRICT SMOKING IN PLACES LIKE RESTAURANTS, GOVERNMENT OFFICES, THEATERS, INDOOR SPORTS ARENAS, BUS STATION WAITING ROOMS, CLINICS, RETAIL STORES, AND SO ON.

MINNESOTA HAS ONE OF THE TOUGHEST -- THE "CLEAN INDOOR ACT ACT" -- THAT BANS THE SMOKING OF TOBACCO IN ANY PUBLIC PLACE UNLESS A SIGN IS POSTED SAYING YOU MAY.

ONE OF THE MOST INTERESTING OF THESE LAWS WAS ENACTED IN VIRGINIA IN 1975. ACCORDING TO THAT LAW, IF A STATE-EMPLOYED FIRE-FIGHTER, POLICE OFFICER, OR DEPUTY SHERIFF IS DISABLED OR DIES BECAUSE OF HEART DISEASE, RESPIRATORY ILLNESS, OR HIGH BLOOD PRESSURE, THE STATE ASSUMES THAT THE CONDITION WAS CAUSED BY THE CONDITIONS OF EMPLOYMENT AND, THEREFORE, THE STATE AGREES TO BE FULLY LIABLE FOR ALL COMPENSATION AND PENSION CLAIMS.

HOWEVER, CARDIOVASCULAR AND RESPIRATORY DISEASES ARE ALSO LINKED TO SMOKING, AS WE HAVE AMPLY DEMONSTRATED OVER THE PAST 20 YEARS. HENCE, SOME COUNTIES IN VIRGINIA HAVE DECIDED TO SCREEN OUT THOSE EMPLOYEES WHO BRING THOSE CONDITIONS UPON THEMSELVES BY SMOKING. THE REASONING IS THE SAME AS THAT OF MANY LIFE INSURANCE COMPANIES, WHO NOW OFFER LOW-COST POLICIES TO NON-SMOKERS.

JUST THIS PAST MARCH, FAIRFAX COUNTY IN VIRGINIA JOINED ALEXANDRIA AND ARLINGTON COUNTIES IN DEMANDING THE FOLLOWING WRITTEN AND SIGNED PLEDGE FROM NEW EMPLOYEES IN PUBLIC SAFETY:

"I AGREE NOT TO SMOKE AT ANY TIME, SO LONG AS I AM EMPLOYED BY THE ABOVE-MENTIONED AGENCIES (THAT IS, POLICE, FIRE, AND SHERIFF'S OFFICE), WHETHER ON OR OFF DUTY, AND THAT MY FAILURE TO COMPLY WITH THE ABOVE-MENTIONED CONDITIONS OF EMPLOYMENT SHALL CONSTITUTE GOOD CAUSE FOR MY EMPLOYER TO TERMINATE MY EMPLOYMENT."

I'D BE HARD-PRESSED TO FIND A BETTER EXAMPLE THAN THIS OF JUST HOW COMPLETELY THE PUBLIC HAS ACCEPTED -- AND BELIEVES -- THE FACTS PUBLISHED IN THE ANNUAL "REPORT BY THE SURGEON GENERAL ON SMOKING AND HEALTH."

IF THERE IS ONE, IT HAS TO BE THE EXAMPLE SET BY SAN FRANCISCO. ON MARCH 1ST THIS YEAR, SAN FRANCISCO PUT INTO EFFECT "PROPOSITION P," WHICH THE VOTERS OF THAT CITY APPROVED IN AN ELECTION WATCHED BY THE WHOLE COUNTRY.

"PROPOSITION P" IS A TOUGH LAW. IT SAYS, FOR EXAMPLE, THAT EVERY WORKPLACE AND PUBLIC GATHERING PLACE MUST SEGREGATE SMOKERS FROM NON-SMOKERS. A COMPLAINT BY A SINGLE NON-SMOKER IS ENOUGH TO REQUIRE THIS SEGREGATION IN ORDER TO PROTECT THE HEALTH AND WELL-BEING OF THE NON-SMOKER. IN ADDITION, IF THE PEOPLE RESPONSIBLE FOR A PUBLIC SPACE DO NOT SEGREGATE THE SMOKERS AFTER A COMPLAINT HAS BEEN LODGED, THEY ARE SUBJECT TO HEAVY DAILY FINES.

THIS YEAR THE F.D.A. APPROVED THE RELEASE OF A NICOTINE CHEWING-GUM SO THAT THE PHYSICIAN NOW HAS SOMETHING TANGIBLE TO SUGGEST, IN ADDITION TO THE ADVICE TO PATIENTS THAT THEY SHOULD NOT SMOKE.

COUNTLESS SCHOOL AND SCHOOL BUS AUTHORITIES HAVE ALSO INITIATED "NO SMOKING" RULES -- AND THIS IS ALL THE MORE ENCOURAGING WHEN ONE CONSIDERS THAT IT HAS BEEN LARGELY BROUGHT ABOUT BY STUDENTS WITH SYMPATHETIC FACULTY PARTICIPATION.

SMOKING IS BECOMING SOCIALLY UNACCEPTABLE. MANY HOSTESSES WOULD LIKE TO BAN SMOKING BY GUESTS IN THEIR HOMES, BUT ARE NOT QUITE SURE HOW TO DO IT IN A "SOCIALLY ACCEPTABLE" WAY. NOW THE 130 MILLION OR SO NON-SMOKING ADULTS HAVE AN ACCEPTABLE WAY TO NOTIFY GUESTS THAT THEY ARE ENTERING A HOUSEHOLD OF NON-SMOKERS. AN OCTAGONAL BRASS PLATE WITH THE NOW FAMILIAR "THANK YOU FOR NOT SMOKING" SLOGAN CAN BE SCREWED RIGHT ON THE DOOR JAMB JUST ABOVE THE DOORBELL BUTTON.

OUR SOCIETY IS PREOCCUPIED WITH HEALTH. WHY NOT PUT SMOKING AT THE TOP OF THE LIST? BY THE WAY, THIS YEAR IS THE 100TH ANNIVERSARY OF THE INVENTION OF THE CIGARETTE MACHINE BY JAMES BONSAK. MAYBE THAT'S LONG ENOUGH. MAYBE A CHANGE IN DIRECTION MIGHT BE AN APPROPRIATE WAY TO MARK THIS PARTICULAR CENTENNIAL.

THESE LITTLE TIDBITS OF RECENT HISTORY ARE JUST A FEW OF MANY, MANY MORE. I'M SURE THAT ANYONE IN THIS AUDIENCE COULD COME UP WITH A LIST THAT'S AS LONG AS MINE OR LONGER, YET WITH DIFFERENT ENTRIES.

BUT NOW I WANT TO PAUSE AND ASK A MUCH MORE SERIOUS QUESTION:
TOWARD WHAT GOAL ARE WE MOVING?

IS THE PUBLICATION OF EACH ANNUAL REPORT A CELEBRATION ALL TO ITSELF? IS IT ONLY TO BE ANOTHER IN A LONG SHELF OF ANNUAL REPORTS?

AND WHAT OF THE ANTI-SMOKING LAWS? ARE THEY TO BE ENACTED ONLY TO MAKE THE AIR A LITTLE SAFER AND A LITTLE SWEETER...PLACE BY PLACE AND ENVIRONMENT BY ENVIRONMENT.

THERE HAS TO BE MORE PURPOSE TO OUR EFFORTS THAN THAT. I BELIEVE WE NEED TO ASK OURSELVES WHAT OUR OBJECTIVE IS DOWN THE ROAD? WHAT KIND OF ACHIEVEMENT DO WE WANT TO CELEBRATE IN THE FUTURE?

TO THAT VERY IMPORTANT QUESTION I WANT TO PROPOSE AN ANSWER. I BELIEVE OUR ULTIMATE GOAL SHOULD BE...

A SMOKE-FREE SOCIETY BY THE YEAR 2000.

WE HAVE THE SCIENTIFIC BASIS FOR SUCH A GOAL, THAT IS CLEAR ENOUGH FROM THE MOUNTAIN OF SCIENTIFIC DATA WE HAVE BEEN PUBLISHING FOR THE PAST 20 YEARS. AND WE HAVE MORE THAN ENOUGH PUBLIC UNDERSTANDING AND SYMPATHY FOR SUCH A GOAL. THAT SHOULD BE CLEAR ENOUGH BY THE RISING LEVEL OF ACCEPTED NON-SMOKER MILITANCY.

AND I ALSO BELIEVE THAT -- WILLY-NILLY -- MANY OF OUR SOCIAL, POLITICAL, AND ECONOMIC INSTITUTIONS HAVE ALREADY SET THEMSELVES ON THE PATH TOWARD SUCH A GOAL, EVEN THOUGH THEY MAY NOT HAVE EXPRESSED IT IN QUITE THAT WAY.

BUT WE ARE BEING INEXORABLY PUSHED IN THAT DIRECTION. IT IS AS IF WE SUSPECTED ALL ALONG -- AND SOMEHOW SILENTLY AGREED AMONG OURSELVES -- THAT THE NUMBER 1 HEALTH GOAL FOR THIS COUNTRY WAS, AFTER ALL, A SMOKE-FREE SOCIETY BY THE END OF THIS CENTURY.

I RETURNED ONLY 40 HOURS AGO FROM THE 37TH WORLD HEALTH SSEMBLY IN GENEVA, WHERE I WAS THE CHIEF DELEGATE OF THE U.S. IN 1978 THE WORLD HEALTH ORGANIZATION SET FOR ITS GOAL "HEALTH FOR ALL BY THE YEAR 2000." THAT IS A TALL ORDER. YET, I HEARD 140 REPRESENTATIVES OF SOVEREIGN STATES ACROSS THE GLOBE REPORT -- ,EACH FOR 10 MINUTES --HOW HIS OR HER COUNTRY WAS MONITORING HEALTH FOR ALL.

OUR GOALS FOR "HEALTH FOR ALL" ARE EMBODIED IN THE 1979 PUBLICA-TION CALLED HEALTHY PEOPLE: THE SURGEON GENERAL'S REPORT ON HEALTH PROMOTION AND DISEASE PREVENTION. OUR GOALS ARE TO BE MET IN 1990, NOT IN THE YEAR 2000. BUT MANY OTHER COUNTRIES ARE NOT GOING TO MEET THEIR OWN DEADLINES. THEY DON'T THINK THEY HAVE THE RESOURCES TO DO IT. OTHERS MAY ATTAIN CERTAIN GOALS WITH OUTSIDE HELP, ONLY TO SEE THEM SLIP AWAY AGAIN AFTER THE YEAR 2000 PASSES BY.

I HAVE SAT THROUGH THREE SUCH WORLD HEALTH ASSEMBLIES AND HAVE FELT A BIT HYPOCRITICAL. AFTER ALL, WE NOT ONLY HAVE TO DO CERTAIN THINGS, WE HAVE TO NOT DO CERTAIN THINGS AS WELL. AND AT THE TIOP OF THAT LIST IS THIS: WE'VE GOT TO STOP SMOKING. IF WE DO, WE WILL BE TAKING THE LARGEST STEP FORWARD THAT IS POSSIBLE IN ORDER TO HELP OUR COUNTRY FUILFILL ITS PLEDGE TO ACHIEVE "HEALTH FOR ALL BY THE YEAR 2000."

I BELIEVE WE CAN DO IT...I BELIEVE WE CAN ACHIEVE A SMOKE-FREE SOCIETY BY THE YEAR 2000. AFTER ALL...

- MOST OF OUR SCHOOLS, CHURCHES, LIBRARIES, GOVERNMENT AGENCIES, AND OTHER MAJOR PUBLIC INSTITUTIONS HAVE ALREADY TAKEN STEPS TO LIMIT -- IF NOT ALTOGETHER ELIMINATE -- SMOKING FROM THEIR PREMISES.
- MOST OF OUR TRANSPORTATION COMPANIES HAVE TAKEN A TOUGHER AND TOUGHER LINE ON SMOKING, BANNING IT ALTOGETHER FROM THEIR VEHICLES OR AIRCRAFT OR SEVERELY RESTRICTING THE NUMBERS OF SEATS FOR SMOKERS.
- EVERY HOSPITAL AND CLINIC AND MOST DOCTORS' OFFICES NOW PROHIBIT SMOKING ALTOGETHER OR ALLOW ONLY CIGARETTE SMOKING IN A SMALL RESERVED SPACE.

IT ALL HAS THE VAGUE EARMARKS OF PREPARATION FOR THE ACHIEVEMENT OF A GENERALLY ACCEPTED NATIONAL GOAL. EXCEPT FOR ONE SMALL DETAIL: WE HAVEN'T YET PUT SUCH A GOAL INTO WORDS. IT HAS BEEN UNDERSTOOD, BUT IT'S NOT BEEN CLEARLY SPELLED OUT.

SO LET US DO THAT. LET US TELL EACH OTHER THAT WHAT WE REALLY WANT IS A SMOKE-FREE SOCIETY -- AND THE SOONER THE BETTER.

I THINK THE YEAR 2000 IS SOON...I THINK IT CAN BE DONE...AND WE OUGHT TO START TALKING ABOUT IT.

LET ME EMPHASIZE ONE IMPORTANT POINT, HOWEVER, BEFORE THERE IS ANY MISUNDERSTANDING. I THINK THIS OUGHT TO BE THE ACCEPTED GOAL FOR ALL AMERICANS, NOT A GOAL SET BY THE SURGEON GENERAL OR THE U.S. PUBLIC HEALTH SERVICE. IN FACT, I WILL GO FURTHER THAN THAT AND SAY THAT THE ACHIEVEMENT OF SUCH A GOAL OUGHT TO BE THE TRIUMPH PRIMARILY OF PRIVATE CITIZENS AND OF THE PRIVATE SECTOR, AND NOT OF THE GOVERNMENT.

I BELIEVE IT IS MY DUTY, AS SURGEON GENERAL, WHEN I SEE THE NEED AND THE OPPORTUNITY FOR A FAR-REACHING PUBLIC HEALTH INITIATIVE, TO COME BEFORE THE PUBLIC AND SUGGEST IT. AND THAT'S WHAT I'M DOING NOW. I AM CALLING UPON NOT ONLY THE AMERICAN LUNG ASSOCIATION AND THE AMERICAN THORACIC SOCIETY, BUT I'M CALLING ON THE INDIVIDUAL AGENCIES THAT COMPRISE THE NATIONAL INTERAGENCY COUNCIL ON SMOKING OR HEALTH TO JOIN THIS MARCH TOWARD A SMOKE-FREE SOCIETY BY THE YEAR 2000.

THE DRIVE FOR A SMOKE-FREE SOCIETY OUGHT NOT TO DEPEND UPON GOVERNMENT GRANTS OR CONTRACTS. RATHER, IT MUST BEGIN AND END AS THE ENTIRE ANTI-SMOKING CAMPAIGN HAS DONE SO FAR: WITH SELF-MOTIVATED INDIVIDUALS...WITH FREE INSTITUTIONS...AND WITH INDEPENDENT COMMUNITIES, BOTH SOCIAL AND POLITICAL.

IN THAT SPIRIT, I WANT TO CALL UPON DIFFERENT INTERESTS AND ORGANIZATIONS WITHIN OUR SOCIETY TO TAKE A SERIOUS LOOK AT THIS IDEA AND JOIN WITH ME IN SUPPORTING IT. FOR EXAMPLE, TO START WITH...

I CALL UPON THE COALITION ON SMOKING OR HEALTH -- THAT IS, THE AMERICAN LUNG ASSOCIATION, THE AMERICAN CANCER SOCIETY, AND THE AMERICAN HEART ASSOCIATION TO JOIN ME...TO BE THE FIRST TO PICK UP THIS CHALLENGE AND TO ESPOUSE THIS CAUSE. BEND YOUR EFFORTS OVER THE NEXT 16 YEARS SO THAT WE CAN HAVE A SENIOR HIGH SCHOOL CLASS GRADUATE THAT THAT WOULD BE THE FIRST SMOKE-FREE GENERATION TO ENTER THE ADULT WORLD OF FAMILY LIFE AND WORK. YOU CAN DO IT...AND I PLEDGE TO YOU THE FULL MORAL SUASION OF MY OFFICE TO HELP IN ANY WAY POSSIBLE.

I CALL UPON PHYSICIANS AND OTHER HEALTH PROVIDERS TO TAKE PART IN BRINGING ABOUT A SMOKE-FREE SOCIETY BY THE YEAR 2000. FEWER THAN 10 PERCENT OF PHYSICIANS SMOKE. THE OTHER 90 PERCENT OUGHT TO DO SOME OF THE FOLLOWING THINGS FOR THEIR PATIENTS:

- o GIVE INFORMATION ABOUT THE RISKS ASSOCIATED WITH SMOKING
- o CLARIFY THE EXTENT OF THE REDUCTION IN HEALTH RISKS, IF A PATIENT DOES STOP SMOKING
- o ENCOURAGE ABSTINENCE BY ADVICE AND DIRECT SERVICE
- o REFER PATIENTS TO SMOKING CESSATION PROGRAMS
- o AND PROVIDE SPECIFIC CESSATION AND MAINTENANCE STRATEGIES FROM HIS OR HER OFFICE.

INASMUCH AS 70 PERCENT OF NORTH AMERICANS SEE THEIR PHYSICIANS AT LEAST ONCE A YEAR, THAT WOULD MEAN THAT ABOUT 37 MILLION OF THE 53 MILLION ADULT SMOKERS COULD BE REACHED EACH YEAR. AND IF ONLY 10 PERCENT OF THEM QUIT, THE IMPACT ON HEALTH AND THE ECONOMICS OF HEALTH CARE WOULD BE ENORMOUS.

PHYSICIANS CAN'T CONTINUE TO AVOID SUGGESTING THE CESSATION OF SMOKING BECAUSE THEY KNOW THEY ARE DEALING NOT ONLY WITH A MAJOR CAUSE OF MORTALITY BUT ALSO WITH AN ADDICTIVE DRUG: NICOTINE.

BUT, AS I WILL ANNOUNCE IN MY ANNUAL REPORT ON SMOKING AND HEALTH NEXT WEEK, PHYSICIANS' CONTACT ALONE IS NOT ENOUGH. WHAT IS NEEDED IS A MIX OF PHYSICIAN HELP, MOTIVATION, EDUCATION, AND TRAINING. MOST PHYSICIANS ARE ALREADY HANDLING THEIR PREGNANT PATIENTS THIS WAY. BUT ALL PHYSICIANS SHOULD HANDLE ALL THEIR PATIENTS THIS WAY.

I CALL UPON THE AMERICAN ASSOCIATION OF RESPIRATORY THERAPISTS -- WHO HAVE ALREADY DEMONSTRATED THEIR UNDERSTANDING OF CHILDREN AND THE ABILITY TO WORK WITH THEM -- TO ORGANIZE KIDS TO HELP THEIR PARENTS STOP SMOKING. WE NEED A GROUP WITH A NAME SOMETHING LIKE "CHILDREN HELPING ENDANGERED PARENTS STOP SMOKING."

I CALL UPON THE AMERICAN ACADEMY OF PEDIATRICS TO CONTINUE WITH THEIR IDEA OF A NON-SMOKING GENERATION -- UNITED STATES, INC. IN ORDER TO BRING ABOUT THE CHANGES IN ADOLESCENT BEHAVIOR THAT WILL ENABLE THE COALITION ON SMOKING OR HEALTH TO PRODUCE OUR FIRST SMOKE-FREE GENERATION BY THE YEAR 2000.

I CALL UPON THE A.M.A. TO GIVE THE MAJOR PREVENTABLE CAUSE OF DEATH THE EMPHASIS IT DESERVES FROM THE LARGEST GROUP OF ORGANIZED PHYSICIANS IN MEDICINE.

I CALL UPON THE AMERICAN PUBLIC HEALTH ASSOCIATION TO TAKE UP THIS CAUSE ABOUT WHICH THEY HAVE WRITTEN AND TALKED FOR SO MANY YEARS.

I CALL UPON THE MARCH OF DIMES -- BIRTH DEFECTS FOUNDATION, THE NATIONAL BOARDS OF THE Y.M.C.A. AND THE Y.W.C.A., THE BOY'S CLUBS OF AMERICA, THE BOY SCOUTS AND GIRL SCOUTS OF AMERICA, AND THE 4-H CLUBS TO BARRAGE THEIR CONSTITUENCIES WITH A STEADY FLOW OF EDUCATIONAL MATERIAL AIMED AT THAT GOAL OF A SMOKE-FREE SOCIETY BY THE YEAR 2000.

I CALL UPON STATE, COUNTY, AND LOCAL HEALTH OFFICERS TO COOPERATE WITH THEIR COLLEAGUES TO HELP BRING US TO A SMOKE-FREE SOCIETY.

I CALL UPON OUR ARMED SERVICES TO DO THE SAME THING. RECENTLY, THE CHIEF OF STAFF OF THE ARMY, GENERAL JOHN F. WICKHAM, ELIMINATED LOW-PRICED LIQUOR AT ALL ARMY BARS DURING THE SO-CALLED "HAPPY HOUR." CIGARETTES SHOULD GET THE SAME TREATMENT. AND THE NAVY HAS TWO EXCELLENT SLOGANS FOR ITS FITNESS PROGRAMS: "CHART A COURSE FOR LIFE" IS ONE AND "FITNESS FOR LIFE" IS THE OTHER. I HOPE THE NAVY WILL CONSIDER ENDING THE AVAILABILITY OF LOW-PRICED CIGARETTES TO ITS PERSONNEL AS A POLICY THAT WOULD WORK WELL WITH BOTH SLOGANS.

I CALL UPON VETERANS GROUPS IN THE PRIVATE SECTOR TO GET THE MESSAGE OUT TO THEIR OWN CONSTITUENCIES THAT IT IS NEVER TOO LATE TO CHANGE YOUR LIFESTYLE FOR BETTER HEALTH. I DON'T CARE WHAT WAR YOU FOUGHT IN -- VIETNAM OR SPANISH-AMERICAN -- IF YOU SMOKE, YOU SHOULD STOP AND YOU'LL FEEL BETTER FOR IT.

I CALL UPON, THE MEDIA TO DO YOUR EDUCATIONAL SPADEWORK, ALSO. EVERY NOT-FOR-PROFIT AGENCY IS READY TO HELP YOU.

THE LAST TIME THERE WAS A COVER STORY ON CIGARETTE SMOKING -- THE NATION'S NUMBER 1 PREVENTABLE CAUSE OF DEATH WAS -- IN 1963, WHEN NEWSWEEK SCOOPED THE 1964 REPORT TO THE SURGEON GENERAL. HOW COME? SO I CALL UPON TIME AND NEWSWEEK AND OUR OTHER LEADING MAGAZINES AND JOURNALS TO PAY SOME ATTENTION TO THIS ISSUE, WHICH IS STILL THE BIGGEST ISSUE IN RELATION TO THE PREVENTION OF DISEASE AND THE PROMOTION OF HEALTH IN THIS COUNTRY.

AND I CALL UPON THE MANUFACTURERS OF BUMPER STICKERS, T-SHIRTS, LAPEL PINS, AND OTHER GADGETS TO GO INTO THE MARKETPLACE WITH ANTI-SMOKING MATERIALS. WE HAVE VERY GOOD DATA FROM AUSTRALIA , FOR EXAMPLE, THAT SHOWS WHAT CAN BE ACCOMPLISHED BY A TOTAL COMMUNITY EFFORT. THE TOWN THAT LOGGED IN THE GREATEST REDUCTION IN CIGARETTE CONSUMPTION WAS THE TOWN THAT MADE THE GREATEST EFFORT TO GET THE MESSAGE ACROSS WITH RADIO AND T.V., PRINT MEDIA, BUMPER STICKERS, BALLOONS, AND SO ON.

IN NORTH KARELIA, FINLAND, WHICH HAD AN EXTENSIVE ANTI-SMOKING CAMPAIGN, TWO 5-YEAR PERIODS WERE STUDIED. THE COMMUNITY PROGRAM INCLUDED EDUCATION, TRAINING, AND HEALTH SERVICES. THE NEWS MEDIA WERE INVOLVED. PHYSICIANS AND PUBLIC HEALTH NURSES PROVIDED SPECIAL TRAINING AND WERE ENCOURAGED TO RECOMMEND SMOKING CESSATION TO ALL PATIENTS VISITING CLINICAL CENTERS. TENS OF THOUSANDS OF LEAFLETS AND POSTERS WERE DISTRIBUTED BY VOLUNTEERS. RESTRICTIONS ON SMOKING AND ON POINT-OF-SALE ADVERTISING WERE ADOPTED. NATIONAL LEGISLATION DURING THE PERIOD RAISED CIGARETTE TAX REVENUE AND LIMITED SMOKING IN PUBLIC PLACES AND BANNED TOBACCO ADVERTISING. THE RESULTS WERE IMPRESSIVE.

I CALL UPON THE EXECUTIVES OF AMERICA WHO WELL KNOW THE HEALTH COST OF SMOKING TO HEED PRESIDENT REAGAN'S WORDS TO THE HEALTH INSURANCE ASSOCIATION OF AMERICA. HE TOLD THEM LAST MARCH, IN THE CONTEXT OF HEALTH PROMOTION AND DISEASE PREVENTION, THAT "...THE ILLNESS RESULTING FROM SMOKING IS COSTLY BOTH TO THE SMOKER AND HIS OR HER BOSS. A HELPING HAND TO ASSIST EMPLOYEES TO BREAK THE HABIT MIGHT BE A WISE INVESTMENT."

WHAT CAN THE INDIVIDUAL, AVERAGE CITIZEN DO?

I CALL UPON THE AVERAGE CITIZEN TO BE MORE AGGRESSIVE AS A NON-SMOKER ...TO DEMAND SMOKE-FREE HOTELS, TAXIS, RENTAL CARS, WAITING ROOMS, OFFICES, SCHOOLS, AND RESTAURANTS...AND DEMAND THAT DEATH IN THE WEST A CLASSIC ANTI-SMOKING FILM PRODUCED IN 1972, BE SHOWN AGAIN ON T.V. AS A PUBLIC SERVICE. THE BRITISH COURTS HAVE BLOCKED A RE-PLAY THERE, BUT THAT DECISION CARRIES NO WEIGHT HERE IN THE UNITED STATES.

I HAVE BEEN CONVINCED, SINCE BEING IN GOVERNMENT, THAT THERE MAY BE AN IDEA WHOSE TIME COMES ON YOUR WATCH. I TRULY BELIEVE THAT THE IDEA FOR A SMOKE-FREE SOCIETY HAS COME IN THIS, THE 20TH ANNIVERSARY YEAR, FOR THE MANY REASONS THAT I HAVE GIVEN.

HOWEVER, I WOULD RATHER EXPRESS IT IN THE WORDS OF THE FATHER OF MEDICINE. MANY YEARS AGO, HIPPOCRATES SAID, "HEALING IS A MATTER OF TIME, BUT IT IS ALSO SOMETIMES A MATTER OF OPPORTUNITY."

THIS IS BOTH THE TIME AND THE OPPORTUNITY TO MAINTAIN THE MOMENTUM OF THIS INITIATIVE AND TO REMIND OUR CITIZENS THAT, AS FAR AS SMOKING IS CONCERNED, THEIR WELL-BEING IS LARGELY IN THEIR OWN HANDS.

THERE IS MUCH FOR YOU AND ME TO DO. LET US DO IT TOGETHER AND MAKE A SMOKE-FREE SOCIETY BY THE YEAR 2000 A REALITY THAT WILL ELIMINATE A TREMENDOUS NUMBER OF DEATHS...A GREAT DEAL OF SUFFERING AND DISABILITY...AND AN ECONOMIC BURDEN WE CAN NO LONGER BEAR.

THANK YOU.

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