

Centers for Disease Control
Department of Health and Human Services

Public Meeting
For
Framework Convention on Tobacco Control

8:30 a.m.
March 15, 2000

Ronald Reagan Intl. Trade Center
Washington, DC

P R O C E E D I N G S

DR. NOVOTNY: It is after 8:30 and we should begin. My name is Tom Novotny and I am the Deputy Assistant Secretary for International and Refugee Health in the U.S. Department of Health and Human Services. On behalf of the Department and other federal agencies that are involved in framework convention on tobacco control, I would like to welcome everyone to this public meeting. The purpose of this meeting is to brief you about the framework convention on tobacco control and to gain your input on tobacco control issues that may be included in the framework convention, and I will refer to that as the FCTC from now on.

These issues may include youth access to tobacco, tobacco advertising and marketing, the price of tobacco products, prevention efforts, environmental tobacco smoke, protecting farming communities, smuggling and information sharing and research.

As most of you know, the 191 member states of the World Health Assembly, the governing body of the World Health Organization, unanimously adopted Resolution WHA-52.18, calling for negotiation of a framework convention on

tobacco control in May of 1999. The United States joined other countries in voicing support for negotiations of the convention, which is intended to address the global problem of tobacco use.

The first meeting of the FCTC working group was held in Geneva last October, 1999. The second meeting will be held in about ten days in Geneva. We expect to discuss WHO's proposed elements of the framework convention at that meeting. From May 2000 through 2003, it is anticipated that an intergovernmental negotiating body will be established to negotiate the text of the FCTC and related protocols. May of 2003 is the target date for completion of the FCTC by the World Health Organization.

It is important to point out that the framework convention is in the early stages of development. Your input is essential to helping us understand the ways in which the framework convention might impact health, the economy and trade. As you can see from the list of participants and speakers, which is included in your folder, we have a very diverse group of participants who represent professional advocacy groups with an international focus and/or tobacco interests --

agricultural, manufacturing and other industries, federal, state and local governments, universities and research institutions. I want to thank you all for attending this meeting and for your generous contribution of time and effort to this important global mission. In addition to thanking you for being here, I would like to acknowledge and thank the federal representatives who are on stage with me, including Leslie Simon from the Commerce Department, Peter Burr, Department of Agriculture, Ripley Forbes from the Office of Public Health and Science in HHS, John Sandage from the State Department, Michael Eriksen from the Centers for Disease Control and Prevention, and Mitchell Zeller, who is with the Food and Drug Administration of HHS. I would also like to thank the staff from CDC and other branches of the Department of Health and Human Services, who coordinated and who are staffing this meeting. Should you have questions during the day, please call on the staff to help you.

At this moment I would like to ask the staff who are here in the room to stand up, raise your hand and identify yourself. We invite you to ask them, rather than those on the stage, for any kind of logistical and other activities.

So as we begin listening to oral testimony, I invite you to share your thoughts and ideas with us. In addition to oral statements, it is very important that you submit written comments via the Internet or mail. Written comments will also be accepted at the meeting and you can hand them in at the registration desk. Again, the deadline for written comments is March 31st.

Before I outline the procedures for today's public hearing, I would like to inform you that a transcript of this meeting will be made public and posted on the CDC's web site. Comments that are submitted also will be posted on the web site. Information about the site can be found in your meeting folders. It is a special site set up for this project. To help assure a fair opportunity for everyone to participate in today's hearing, we will be using the following procedures. I will be in the unenviable role of enforcing these myself. First, each oral statement will be limited to three minutes so that we can hear from the greatest number of participants. Second, we will hear from people in order, according to the numbered list of speakers. If you miss your scheduled time, speak to staff at the registration table outside the

auditorium. It looks like we will have time to have a number of speakers at the end, so you should not be excluded. Third, if time permits, at the end of the session, both this morning and this afternoon, the floor will be open to comments from those of you who have not yet provided oral testimony. These will also be limited to three minutes each and we would encourage you to sign up with the staff so we will have your name on the official comment list. I will be officiating, as I mentioned, and if I have to leave, I will turn the microphone over to Ripley Forbes.

I invite those of you with numbers between 1 and 10 to now queue up behind the microphones. Please sign in with the staff person attending each microphone a few minutes before you expect to speak. If anyone has special needs, please let the staff know -- if you would prefer to use a hand-held microphone, then the staff person will have a hand-held mic for you.

I will ask each of you to introduce yourself by name and organization at the beginning of your presentation. Each person will have three minutes to make comments. When this light turns yellow, you will have one minute remaining

and when the light turns red, your time is ended.

Additional comments can be submitted in writing subsequent to your oral presentation. We will begin with the first speaker. If you would, please, state your name and organization you represent.

MR. HAYMORE: My name is Todd Haymore. I am with Universal Leaf Tobacco Company. I believe on the program it is listed as Jim Starkey. Unfortunately, Mr. Starkey could not be here today so I am representing him and the company.

Again, I appreciate the opportunity to come here today to express our opposition to the framework convention on tobacco control and United States' participation in it. To be more direct, Universal believes that the entire concept of global tobacco control treaty is ill advised, a waste of time, efforts and resources. During a period when there are many pressing health issues that should be addressed internationally, such as AIDS, malaria, malnutrition, we firmly believe it is the responsibility of individual nations to set their own tobacco control policies. By contrast, the World Health Organization is attempting to dictate tobacco control through a global treaty, thereby

equating tobacco to an issue such as nuclear arms control. To make matters worse, the convention supporters have constructed the plan in an exclusionary matter without input from tobacco workers and with little regard to the negative economic impact it will have. This approach is wrong, misguided and an infringement on national sovereignty, ours included. As we understand the convention, nations would voluntarily forfeit a portion of their independence, place themselves under an international system which would regulate tobacco through its entire existence. This is just what we don't need, international regulations added to the already onerous regulation this industry faces in the US and elsewhere. And at a time when the United States is spending millions of dollars annually on tobacco control and youth smoking initiatives, it is hard to imagine even the most ardent anti-tobacco advocate or the US government allowing a global organization to dictate what our nation must do to tackle under-age smoking and other tobacco-related concerns. It just doesn't make sense.

But since we are discussing a product that has been labeled politically incorrect by many, making sense is

usually not a priority. For one moment, however, let's try to put this issue in the proper perspective. Imagine the outcry in the United States if a global organization attempted to tell our nation what policies we must set to handle under-age drinking or the diseases associated with long-term alcohol abuse. Think about the chorus of disapproval in the United States if an international society decided what laws we must put into place to regulate firearms and combat the problem of handgun violence in our nation. And envision the negative reaction in the United States if a global order determined the dietary guidelines we must enact to battle obesity and health problems linked to over-eating and lack of exercise. It is not a pretty picture when you think about it. But if the World Health Organization is successful in its efforts to regulate the global tobacco industry, what is to stop the next Director General from embarking on another crusade and telling the United States exactly how we must deal with other health and societal issues.

Ladies and gentlemen, we are not talking about control of nuclear weapons, chemical warfare agents, ozone layer depletion or some other issue that should be guided by some

sort of global standard. We are simply talking about how individual countries should deal with a legal product -- a legal profit produces a legal product. Thank you. I will submit further comments for the record.

DR. NOVOTNY: Thank you very much, Mr. Haymore. Next speaker?

DR. MUNZER: I am Dr. Alfred Munzer, director of pulmonary medicine at Washington Adventist Hospital, and past president of the American Lung Association. I am delighted to speak on behalf of the American Lung Association and to express the strong support of the Association for an effective and enforceable WHO framework convention on tobacco control. During the 1960's I attended college in New York City, and one of the exciting diversions was to attend meetings of the committees and councils of the United Nations. I specifically remember attending debates that led to the development of a convention addressing the international trafficking of narcotics and other illicit drugs. It is high time that we begin to apply the principles that govern the trade in narcotics to an even more hazardous product, tobacco.

Let us remember that nicotine is more addictive than

heroin, that tobacco claims 2 million lives every year, a number, if we do not act, that will rise to 10 million by the year 2020. Just as we cannot separate the war against narcotics and the war against organized crime, so too we cannot separate the war against tobacco from the war against those who have fueled the pandemic tobacco-related illness and death, tobacco transnationals, led by US-based Philip Morris.

Just as we would not allow US policy against narcotics to be dictated by the Medellin drug cartels, so too we must not condone participation in any way, shape or form by the tobacco industry in the formulation or enforcement of a framework convention on tobacco control. The tobacco industry must not be an official or unofficial party to negotiations. It must not be allowed to serve on any advisory, scientific, enforcement or implementation bodies of the convention. The convention, furthermore, should include provisions to monitor the activities of the tobacco industry, its advertising and promotion practices, political contributions and lobbying, joint ventures, acquisitions, links to smuggling, interference in public health policies, and misrepresentation of the addictive

nature of nicotine.

The provisional text of the proposed elements of the framework convention contain meaningful steps to be undertaken by the signatories to stem the smoking pandemic within their borders. But, with the exception of smuggling, they fail to address the need for control measures across borders. If we are to reduce tobacco consumption, the role of tobacco in trade negotiations must be addressed. The United States, as the home base of Philip Morris, has a special responsibility to assure the effectiveness of the convention. The Administration's dedication to protecting children from big tobacco must not stop at our borders. Children around the world deserve protection. A world free of tobacco will bring us one step closer to the vision of the American Lung Association, a world free of lung disease. Thank you.

DR. NOVOTNY: The next speaker is Mr. Bunn?

MR. BUNN: Thank you, Mr. Chairman. I am Jesse Thomas Bunn, on behalf of the Leaf Tobacco Exporters Association and Tobacco Association of the United States, whose members handle most of the US tobacco domestic and export trade.

I am here to state our vigorous opposition to the

proposed framework convention on tobacco control. The World Health Organization is on a mission to create a tobacco-free world. On that basis alone we are justified in opposing the convention. However, today we express our outrage as US citizens. Indeed we are appalled that any American citizen would even consider a proposal that would give a special interest group the authority to impose taxes, to control commodity prices, dictate land use and restrict trade. Today we address four critical issues.

First, this convention would far exceed the scope of the WHO. It would create a legal treaty that would encroach on the legal aspect of US trade, agriculture, employment and foreign affairs. It ignores painstakingly negotiated, longstanding trade agreements. Essentially, this convention would create a self-appointed oligarchy with no trace of accountability.

Second, US tobacco growers and communities would be economically devastated by the impact of this convention. The WHO's shallow promise of so-called transition assistance to help the poorest farmers would certainly not include tobacco farmers in the 19 tobacco producing states in this country. After all, US farmers are not clients of

the World Bank.

Third, the WHO's agenda clearly targets one group of tobacco products, international cigarette brands. In other words, cigarettes that contain mostly US leaf tobacco. The WHO ignores local brands produced by state-run monopolies. It ignores the bidi's produced in India and the cretek in Indonesia. The fact US growers are singled out is unmistakable. Indeed the implication that US industries should be wantonly sacrificed to enhance Third World commerce is outrageous and transparent.

Fourth, this convention blatantly usurps national sovereignty. With the force of a treaty, the framework convention would authorize the WHO to impose taxes, control commodity prices, dictate land use and restrict trade. To think that the US government would even consider relinquishing such authority to the ideological special interest groups is numbing.

Ladies and gentlemen, the hearing is about a lot more than tobacco. It is about whether or not we should subcontract our national sovereignty to an outside party. We say no. We say do not relinquish government to the tyranny of prohibitionists. Thank you.

DR. NOVOTNY: Thank you. Dr. Grunberg.

DR. GRUNBERG: Good morning. My name is Dr. Neil Grunberg. I am a professor of medical and clinical psychology and also professor of neuroscience at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. Today I am speaking on behalf of the Society for Research on Nicotine and Tobacco.

As you certainly are aware, the epidemic of tobacco use has spread throughout the world. If current trends continue, tobacco use will soon become the single leading preventable cause of death in developing countries, as it currently is in developed countries. The deleterious consequences of tobacco will cross all borders. Therefore, we, at SRNT, applaud efforts to address this global issue with a framework convention. SRNT was created in 1994 to provide a forum on intellectual exchange and dissemination of scientific information relevant to the understanding, prevention and treatment of tobacco dependence. SRNT has over 5250 members from 28 different countries. Our members include many of the world's leading scientists in tobacco research and tobacco control. SRNT scientific meetings are held in North America and Europe and at least 400 health

professionals have attended each of our last four meetings.

SRNT members have testified and provided guidance to the US Food and Drug Administration, the Senate, the House of Representatives and the White House, the European Union, the World Health Organization and a variety of state-based and voluntary organizations. Our members have expertise in numerous fields ranging from molecular biology and neuroscience, to epidemiology, behavioral and social sciences. We recognize the need for comprehensive tobacco prevention and control strategies and support the strategy for developing health promoting policies based on the best available evidence. The Office on Smoking and Health at the Centers for Disease Control and Prevention has recently described the need for and nature of comprehensive programs in the document, Best Practices for Comprehensive Tobacco Control Programs. The Institute of Medicine has issued a similar report, State Programs Can Reduce Tobacco Use. We support science-based efforts to prevent initiation, promote quitting and protect all people from environmental tobacco smoke.

We believe there are further important research findings that need to be considered. For example, recent

discoveries on nicotine dosage as a major determinant of dependence and ultimately the fatal health effects of persistent tobacco use.

We note that the tobacco industry has used the concept of nicotine dosage in creative ways, including processes of increasing the flexibility and elasticity of cigarettes in their nicotine dose capacity, increasing free nicotine by manipulating pH using ammonium compounds. Addition, science has addressed many of these issues. As a science-based organization, we urge negotiating parties to, wherever possible, use science-based information to inform public information and public policy. Where the data is limited, still consult the expertise. Finally, we support the conference and SRNT offers it services to provide scientific advice that is germane to your work. Thank so much.

DR. NOVOTNY: Thank you. Donald Harris.

MR. HARRIS: Good morning. I am Donald Harris, vice president of Philip Morris International. I am pleased to share our initial comments on the proposed framework convention on tobacco control with the Department of Health and Human Services and other government agencies. We thank

the US government for inviting our input.

Regrettably, to date, the discussion initiated by the WHO concerning the framework convention have been closed to Philip Morris and others in the industry, including tobacco growers. Philip Morris recognizes the concerns, the important concerns, of the public health authorities regarding tobacco use. In that context, we support reasonable regulatory initiatives and voluntary programs to vigorously address the issues of youth smoking, to continue to assure that adults are informed about the risks and health consequences of smoking, to assure that the marketing of tobacco products is appropriately regulated, to reduce unwanted exposure to tobacco smoke, and to eradicate contraband products.

We believe that the discussions by WHO and the member countries and the company on tobacco control have revealed two important points. First, there are significant areas of agreement between Philip Morris and WHO and the proponents of the framework convention, with respect to regulation and key issues. Second, by all of us working together, we can find reasonable and workable solutions.

The areas of agreement and common ground include youth

smoking prevention, ingredients disclosure, the accommodation of both non-smokers and smokers in public places, marketing and advertising restrictions, the eradication of smuggling, and insuring there is a consistent public health message on tobacco that come exclusively from the public health sector.

Our company has implemented programs around the world on these issues and a detailed description of the programs can be found in our written comments that we will be submitting for your consideration. Although Philip Morris and components of the framework convention share common ground, we do have questions about both the process and some of the proposals being considered. That notwithstanding, there are areas where we do agree, and you would ask what are they?

As an industry leader, we believe we can be part of the solution. We are already working with many governments around the world in solving tobacco-specific issues. We have commercial and technical expertise. It ought to be weighed and it can be of value when defining a tobacco policy globally. We have committed to many of the same goals. We have a vested interest in their success.

Thank you very much. We appreciate the opportunity to speak to you and we hope we will have an opportunity to comment further after the session.

DR. NOVOTNY: Mr. Matt Myers.

MR. MYERS: My name is Matthew Myers. I am the president of the Campaign for Tobacco-Free Kids. I very much appreciate the opportunity. What you are doing here today is of paramount importance.

Last year we brought together, along with three United States Senators and some of the leaders in the public health world, an international conference of legislators. Two critically important facts came out. First, it is impossible to fight the tobacco epidemic on a country by country basis, without looking at what happens across borders on a multinational basis. Second, while the tobacco companies speak nice platitudes, and we have heard some of them, their rhetoric and actions simply are not consistent.

We have to understand that we are not talking about a political controversy. We are talking about a health disaster and one that is only going to grow unless we, as a nation, and we, as a world, take strong, aggressive steps

to deal with those issues. You have heard rhetoric today about infringing on governmental rights, about countries dealing with this on a nation by nation basis. But the data says it is impossible to do so without a multinational coordinated response. We know, from recent disclosures, the tax disparities between countries have prompted worldwide smuggling in which the tobacco companies are directly involved. No one nation can solve that by themselves.

We have seen, with the expansion of communications, marketing and advertising is no longer something that can be addressed on a single nation basis. You don't even need to get to the high tech of the Internet. Look at sponsorship of auto racing and other ways that tobacco companies promote these products around the world. We also know that unless we come up with some standards to make a fundamental change in the tobacco product, that we are going to condemn this world to million and millions of unnecessary deaths and that, too, cannot be addressed on a single nation basis.

I had hoped, when we came here today, that we would hear from farmers, growers, manufacturers a real

willingness to sit down. Yet the first and third speakers today acted as if tobacco does not present a health problem and that there does not need to be a solution. We need constructive dialog, not ad hominem attacks.

And the speaker before us, whose rhetoric sounded reasonable, happens to be the vice president of a company that sells more cigarettes to more children with the most effective marketing tool that we have ever seen. We need not more rhetoric. We need real action. The United States today has an opportunity to be a leader at the World Health Organization. We hope you will take that opportunity.

DR. NOVOTNY: Thank you. Please submit any further comments in writing. Ms. Lucinda Wykle-Rosenberg?

MS. WYKLE-ROSENBERG: My name is Lucinda Wykle-Rosenberg and I am research director of INFACT, a corporate accountability organization with 32,000 members and supporters in the US and internationally. Founded in 1977, INFACT is known for the successful Nestle and GE boycotts that played an important role in the passage of the international code of marketing of breast milk substitutes in 1980.

We launched our tobacco industry campaign in 1993, and

the Kraft boycott in 1994, which targets Philip Morris to stop tobacco marketing and promotion to children around the world, and to stop interfering in public policies on issues of tobacco and health. In fact, as a founding member of the growing Network for the Accountability of Tobacco Transnationals, which includes dozens of organizations from 20 countries, several of whom have statements I will submit with our written comment. We appreciate this opportunity to voice our support and ideas regarding the proposed framework convention on tobacco control.

A treaty is necessary due to the transnational nature of the corporations that are driving this epidemic, led by US-based Philip Morris. Philip Morris' international tobacco profits have grown by 256 percent since 1990, with the aid of deliberate and planned marketing and promotion tactics, like Marlboro Red Hot Hits CDs. The framework convention must eliminate all advertising and promotion that appeals to children and young people. The framework convention must support explicitly stringent and binding requirements on tobacco corporations in a separate protocol on advertising and promotion, with emphasis on the results rather than the intent of tobacco advertisers. The

protocol must include a timeline for tobacco industry compliance.

The treaty must address tobacco industry interference in the development of national laws. These corporations engage in influence peddling aimed at blocking or interfering with national public health legislation, thereby demonstrating a lack of respect for the sovereign right of countries to develop protective legislation. Therefore, the convention should require the tobacco industry to disclose its lobbying activities and political contributions and prohibit the tobacco from lobbying on legislation promulgated to protect public health.

There is no public health justification for giving the industry a place at the table in negotiations on the treaty. Sound public policy is policy that is developed without undue influence and interference from those being regulated. The tobacco corporations, based on all that we know of their past and present behavior, have disqualified themselves from participating in the framework convention. They have an inherent conflict of interest that is counter to protecting public health. The framework convention and its protocols must be binding on the tobacco corporations

and provide for enforceable dispute resolution. The framework convention should include consumer protection as well as obligations for states and tobacco corporations to take steps toward economic conversion and tobacco production toward more environmentally sustainable and healthy alternatives, insuring assistance to farmers, laborers and affected communities. These are subjects for potentially additional protocols. It in fact supports the principle that the polluter pays. The economic burden of this expanding epidemic will overwhelm developing countries if we do not use the framework convention to shift the cost back to the industry.

DR. NOVOTNY: I must thank you and ask for your written comments.

MS. WYKLE-ROSENBERG: Thank you very much.

DR. NOVOTNY: Ms. Courtney?

MS. COURTNEY: Good morning. My name is Brooke Courtney and I am representing the executive director of the Latino Council on Alcohol and Tobacco, or LCAT. LCAT is a national non-profit organization whose mission is to combat tobacco and alcohol problems and their underlying problems in Latino communities. This statement is also

supported by Children Count and the National Association of African Americans for Positive Imagery.

LCAT applauds WHO for taking the lead on the framework convention and fully supports the development of the convention. We are very concerned about the high rates of smoking among Latinos in the US as well as in Latin American countries and the Caribbean. We see the convention as a critical tool in the fight against tobacco in the Americas and throughout the world.

We believe that the following core principles should guide the development of the framework convention. The convention should recognize that tobacco control efforts must be comprehensive and include, at a minimum, agreements relating to tobacco pricing and tax policy, smuggling of tobacco products, protecting children and adolescents, tobacco industry and product regulation, sale of duty-free products, information exchange, health information research, environmental tobacco smoke, agricultural policies, and prevention and cessation programs. Health concerns should be the first priority of the parties negotiating the convention and should govern all of the decisions made by them. Provisions of the convention and

any related protocols must be legally binding on the tobacco companies. Provisions of the convention, itself, independent of protocols, should have a positive impact on tobacco control effort.

All issues should be dealt with as specifically and thoroughly as possible within the actual framework of the convention, rather than solely in the protocols. Nothing in the convention or related protocols should reduce, relax or in any other way diminish existing tobacco control initiatives, regulations or laws of any signatory country. The convention should include provisions for binding resolution of disputes between states and penalties for noncompliance.

Because they do not have public health concerns as a key priority, tobacco companies and their subsidiaries should not be official parties at the convention negotiations and should not be allowed to serve on any advisory, enforcement or implementation bodies of the FCTC.

Finally, non-governmental organizations must be fully integrated into the framework of the process. There has never been a greater need for all countries to develop, implement and support strong tobacco control efforts. The

framework convention represents a unique and promising opportunity to facilitate this process. However, we will not accept a weak US government position in negotiations for the convention. The US must be aware of the impact of domestic concerns in the convention, and support strong and comprehensive levels of tobacco control legislation and insure that the framework convention protects public health first and foremost. Thank you.

DR. NOVOTNY: Thank you very much. Ms. Berlin?

MS. BERLIN: Good morning. My name is Diane Berlin and I am the legislative/citizenship director of the National Woman's Christian Temperance Union. Our organization has been for healthy children and adults since its inception 125 years ago. Abstinence from tobacco, in both its smoking and smokeless form, is what we have advocated and still advocate.

A physician on a panel where drug use was being discussed mentioned a drug that was used to treat people with chronic pain who were not helped by any other drug or non-drug treatment. Because that drug killed five people in the United States in one year, it was taken off the market. Tobaccos are the number one killer drug and we

here in the States foolishly continue to allow the people who produce, market and sell it to be seen as just ordinary business people. Unfortunately the US tobacco policy is manipulated at every opportunity by the pure greed of those connected with the producing, marketing and selling of such a lethal product, aided by those who want to be elected or re-elected, to they accept their campaign contributions.

A good public health policy here in the States has been fought for every step of the way by caring individuals with a real concern for humankind. This is a hard fought battle and it is still not over. But some major victories have been experienced. Our organization is very grateful to the many individuals and organizations in our country, as well as throughout the world, who have come together on this issue. It is a health issue, not just for the user but for the rest of us who are affected by secondhand smoke. It is our hope that the World Health Organization will not allow the infiltration of tobacco interests to destroy what should be a very clear public policy which directs a tobacco-free lifestyle for all people, no matter where they live and a policy that condemns those who produce or use tobacco, as this is not just an issue of

personal use. We need no more proof as to the harm done. The truth has been uncovered, the mask removed.

As American, our organization is ashamed of the blatant disregard for the lives of people in other countries when this lethal product is shipped to those countries. A good business corporation would not even choose to be a part of a product that kills off the users. Tobacco companies are not innocent in any way. If the tobacco companies have any compassion for the tobacco farmers, they need to work together to get both of those implements out of the tobacco business.

We support your efforts to embrace a true public health policy free from the tobacco forces influence. We advocate a clear no-use policy as well as a policy which would publicly condemn those pharmacies that continue to sell tobacco products. We urge you to conduct more of these hearings regionally to gain additional input. As this opportunity came to us very quickly, we will send further materials with suggestions in support of your efforts. We pledge our support and we will do our best to garner the support of our sister organizations worldwide.

DR. NOVOTNY: Thank you. Mr. Joseph Gavin is next.

MR. GAVIN: I am Joseph Gavin, vice president of trade policy with the United States Council for International Business. It is known as USCIB. USCIB appreciates the opportunity to comment on the proposed World Health Organization framework convention on tobacco control. USCIB advances the global interests of a broad spectrum of American business sectors. As the American member of the International Chamber of Commerce, which has UN observer status, USCIB helps provide private sector comment on a wide range of UN activities, including the World Health Organization work on the Codus Alimentarius.

One substantive concern with regard to this treaty regards trade issues. We note with strong concern the proposals recommending that international trade rules should not apply to tobacco products. In a 1990 GATT panel decision on Thailand concerning tobacco product imports, other WTO panel rulings confirmed the principle that WTO trade disciplines are compatible with any level of health standards a government may set in place as long as it is based on sound science and does not discriminate among WTO members.

Governments could choose to ban the sale of cigarettes

as long as the ban was based on scientific evidence and did not discriminate against trading partners. Trade rules are not the issue, nor are trade measures the solution. National regulations would be the key measures to address health concerns. Trade measures cannot substitute for national regulations. Any attempts to use trade measures would produce trade distortions without producing the desired health result, which can only be achieved by national regulations.

The exclusion of tobacco from current international trade rules would set a poor precedent for other goods and services routinely traded around the world. For example, supporters of additional international regulatory efforts related to health might suggest excluding other products, such as alcohol or fatty foods from the current trade disciplines. Such an approach would lead to chaos in the international trading system and is not necessary. Accordingly, we heard the UN interagency task force strongly reject any effort to remove tobacco from normal international trade rules.

Lastly, two procedural points. We urge the interagency task force to carefully examine WHO's exclusion

of the tobacco from the treaty process that attempts to regulate every aspect of its business. And we urge the US government to seek input from all agencies relative to the broad scope of this convention and to encourage other countries to engage appropriate respective ministries.

We appreciate the US government's effort to seek input from all interested parties and we believe WHO should follow the same approach. Thank you.

DR. NOVOTNY: Mr. James Repace.

MR. REPACE: Thank you. My name is James Repace. I am an international secondhand smoke consultant with fifty scientific papers published on the exposure, dose, risk and control of secondhand smoke. These may be viewed on my web site, repace.com. I am also a former senior policy analyst at the United States Environmental Protection Agency.

I would like to comment, therefore, on national and international passive smoking policy. Passive smoking policies must be driven by credible scientific research sponsored by national government and generously funded. This is not the case currently. This is vital to counter the multinational tobacco industry's decades long campaign of scientific fraud on secondhand smoke.

Secondhand smoke from tobacco combustion causes an estimated 60,000 deaths in the United States alone every year. Nevertheless, even here, many public places and working places continue to be contaminated with toxic secondhand smoke. This must cease.

EPA research on secondhand smoke exposure and dosimetry was abandoned a decade ago, the casualty of covert congressional pressure. Such research is now conducted mostly by big tobacco and its consultants. This junk science pollutes the scientific literature and becomes grist for industry's deception in litigation legislation or rulemaking and for attacking the US EPA report of passive smoking.

OSHA's 1994 proposal, to make US work places smoke free likewise was abandoned under intense congressional pressure. As a result, over one-third of US workers overall, and two-thirds of hospitality industry workers continue to be exposed to secondhand smoke. The conditions overseas are even worse. The secondhand smoke battleground today in the United States is largely state and local legislatures where weak preemptive laws, lack of technical expertise, misguided opposition by local business, threats

of litigation are obstacles to meaningful protection against secondhand smoke for both workers and the general public. Industry attacks on private organizations, such as the Society of Ventilation Engineers, as well as individual scientists, such as myself, journalists and others whose work is deemed harmful to industry interests have been conducted on a continuing basis. In my own case, I have more than 140 hits on the Philip Morris web site.

The industry has attempted to subvert the World Health Organization's study of secondhand smoke and to convince the public that its results proved that secondhand smoke was harmless. They are conducting a similar campaign against the EPA report.

The multinational tobacco industry's own documents demonstrate that it has a well-funded decades-long implacable war to preserve passive smoking in order to preserve active smoking. The issue is, do governments have the will to establish well-funded programs over extended periods of time to effectively counter big tobacco's deceit on secondhand smoke, or will this rogue industry continue to will this war by default.

DR. NOVOTNY: Thank you. We invite you to submit further comments. Mr. Dong Suh.

MR. SUH: Good morning. My name is Dong Suh and I represent the Asian and Pacific Islander American Health Forum. I submit these comments this morning on behalf of Mr. Rod Lew, director of the Asian Pacific Partners for Empowerment and Leadership, also known as APPEAL.

APPEAL would like to share our great concern about tobacco and our support for the framework convention on tobacco control. APPEAL is a national US network dedicated to reducing tobacco use and tobacco-related disease in the Asian and Pacific Islander communities. Worldwide, mortality from tobacco is likely to rise to about 10 million per year in the year 2030, with over 70 percent of those deaths occurring in the developing world. Most of those death in the developing world would take place in the Asia Pacific region. This is a great concern to us as global citizens, but also as Asian Americans and Pacific Islanders.

As one of the fastest growing groups in the United States, Asian Americans and Pacific Islanders comprise 4 percent of the US population. We are a very diverse

populations with communities across the continental US, Hawaii and the western Pacific. Since about two-thirds of our population are immigrants, our communities are very much impacted by what devastation tobacco creates in Asia and the Pacific. Pacific Islanders have some of the highest use of tobacco with beetlenut, for both males and females. Males in certain Asian ethnic American groups have some of the highest smoking prevalence, nearly approximating the rates of smoking from their home countries, countries like Vietnam, where males have the world's highest prevalence at 70 percent. As you continue to fight the targeting of the tobacco industry on Asian American and Pacific Islanders and other minority communities, we reach out to global communities and global leaders to work towards a global solution to the worldwide tobacco epidemic. We believe that the framework convention is an important first step towards truly impacting the tobacco epidemic by creating a truly legally binding international treaty. In particular, we feel that the United States, as the home of Philip Morris and other major tobacco companies of the world, has a responsibility to play a major role in the adoption of a strong FCTC. It is

absolutely vital that the public health representatives from communities of color in the US provide leadership as part of the US delegation.

We urge you to support a strong framework convention which minimally includes the following key elements. One, development of specific provisions that establish the FCTC as the minimum standard for global tobacco policies and allow countries to adopt stronger national policies. Two, that members states should not be allowed to make reservations while signing on to the FCTC. Three, that financial mechanisms be put in place whereby high income countries are obligated to provide financial assistance to low and medium income countries to implement the FCTC.

In addition to these key elements, the process by which the FCTC negotiates should include, one, that the United States delegation include adequate representation from the public health community, and particularly community-based organizations. Two that the US make public comments made by delegates during work groups and meetings available to the public. And three, the US Government should sign the FCTC in a timely manner once it has been adopted by the World Health Organization.

DR. NOVOTNY: I must now ask you to finish and submit the rest of your comments in writing. Mr. Gary Ewart.

MR. EWART: Good morning. I am Gary Ewart, associate director for government relations for the American Thoracic Society. The American Thoracic Society is an international professional scientific society which focuses on respiratory and critical care medicine. The ATS has approximately 13,500 members, 25 percent of whom reside outside the United States, representing over 80 nations. Members of the ATS work to prevent, treat and cure respiratory disease around the globe, through research, education, patient care and advocacy. As such, the ATS is committed to ending the death and disease caused by tobacco.

Because my time before the panel is short, I will not try to recite the long litany of global ills caused by tobacco. I will assume that the panel accepts, as fact, that tobacco costs and tobacco kills. The American Thoracic Society offers the following advice to the US delegation.

Be brave. To develop an effective treaty on tobacco control, the US delegation will need to discuss many

controversial issues, including tobacco pricing, taxes, duty-free sales, smuggling, agriculture policy, export promotion policy and, most importantly, tobacco industry regulation. Developing effective policy on these important issues is likely to offend powerful constituencies in the United States. Take courage in knowing that the medical, public health and patient advocacy community will support you if the US delegation bravely tackles these difficult issues. Number two, be bold. The ATS encourages the US delegation to discuss topics that might otherwise be taboo in the US, namely, advertising bans and restrictions. While the ATS respects the forms of speech enshrined in the US Constitution, we nonetheless urge the US delegation to include advertising restrictions and bans as a discussion point during the convention negotiations.

Three, be inclusive. The American Thoracic Society appreciates today's hearing as a first step to collecting input within the US. We hope and expect that this would be the first of many public hearings. We further hope and expect that member nations, particularly those from developing nations, are involved in a similar public input process. Insuring that negotiators understand and respect

the needs of public health advocates in the developing world is paramount to success in the negotiation.

Above all else, do no harm. Nothing in the conventions or its protocols should prevent or preempt national, provincial or local governments from developing and enforcing stronger tobacco control policy than that articulated by the convention. On behalf of the ATS, I thank you for the opportunity to comment. The ATS looks forward to working with the US delegation to insure that a strong, effective and enforceable convention is enacted.

DR. NOVOTNY: Thank you. Ms. Alvina Bey-Bennett.

MS. BEY-BENNETT: Good Morning. I am Alvina Bey-Bennett, chair of the National Coalition for Women Against Tobacco, an initiative of the American Medical Women's Association's tobacco control and prevention initiative. On behalf of our member organizations, some 25 strong, including the YWCA of the USA, National Asian Women's Health Organization, the National Women's Law Center, the Society for Women's Health Research, Girl Scouts of the USA, just to name a few. I would like to express our sincere appreciation to the Department of Health and Human Services and AMWA for this unique opportunity.

One of the specific aims of the Coalition is to counter tobacco industry advertising and marketing to women and girls. Tobacco continues to pose one of the greatest health threats to women all over the world. Each year, over 140,000 American women die from tobacco-related illnesses. American women under the age of 23 are the fastest growing group of smokers, and every day 1,500 young girls begin smoking.

According to the National Cancer Institute, women appear to have more problems in their attempts to quit smoking than men. Seventy percent of the women who smoke live in developing countries and, according to the World Health Organization, there are more than 200 million women smokers. If current trends continue, smoking among women throughout the world will triple by the year 2025. The health burden of tobacco use among women and girls has a significant impact on individuals, families and communities and in the context of the world in which we live today, it is more deadly than nuclear war. Therefore, we must address tobacco use prevention as a comprehensive, collective and global issue.

In the tradition of targeted marketing to your,

minorities and individuals in lower economic income levels, the tobacco industry continues to encourage women to smoke. As stated in the Colby declaration, the tobacco epidemic is an unrelenting public health disaster that spares no society. In the spirit of sisterhood for women all over the world, on behalf of the National Coalition for Women Against Tobacco, we implore you, we demand that the Colby declaration and its strategies be included in the framework. It is time for us to make tobacco history. Let's make the next generation of women all over the world, and people all over the world, tobacco-free. Thank you.

DR. NOVOTNY: Thank you. Ms. Brennan Dawson. Not here. If she does arrive we can ask her to come at the end of the session Mr. John Banzhof. Also not here. Ms. Anna White?

MS. WHITE: Hi, my name is Anna White and I am here as a former Fulbright fellow to Senegal, where I studied cigarette marketing and the anti-tobacco movement for a year, as well as a founding member of the Senegalese Anti-Tobacco Federation, which has 12 NGO members.

Why do we need a strong international framework convention on tobacco control? Increasing globalization of

the media in trade has produced advertising in multinational corporations that know no national boundaries and whose activities are thus beyond the scope of national laws. The money companies are currently shelling out to the states ultimately comes from new smokers in Africa, Asia, South America and Eastern Europe. In the US we have observed the awesome power of tobacco corporations to fight tobacco control legislation. It is not hard to imagine the more acute difficulties smaller economically poor countries experience in their battles to protect human health. For example, in 1981, Senegal passed a comprehensive law banning all forms of tobacco advertising and promotion only to have it gutted four years later due to industry pressure and the inability to clamp down on advertising entering the country by way of media. Twenty years later, tobacco advertising and promotions are worse than ever. In a study I conducted of over 900 high school students, 73 percent had reported having come in contact with tobacco advertising via the radio, followed by concerts, 65 percent, television, 65 percent, and sporting events, 46 percent.

Television advertising is officially banned, but

corporations like Philip Morris get around with their sneaky promos for sponsorship of cultural and sporting events. Also disturbing and officially legal, 34 percent of high school students surveyed have been offered free cigarettes from a cigarette company representative. Philip Morris certainly knows it is up to no good and has, on occasion, taken huge pains to conceal its conduct abroad. Just before President Clinton's historic visit to West Africa in late March 1998, the company removed all of its television, radio and billboard ads. Such actions certainly don't help Senegal, where tobacco control spending amounts to less than a hundredth of a US penny per Senegalese citizen. In this David and Goliath battle, Senegalese anti-tobacco corporations have not a stone, but a mere speck of dust with which to fight the giant. In light of the reality, here and abroad, US delegates to the framework convention on tobacco control should push for a complete ban of all tobacco advertising and sponsorships, both direct and indirect. The language of all resultant protocols should be legally binding on corporations and enforced.

I would like to stress the importance of the US

delegates listening carefully to the concerns raised by the delegates of other countries, particularly of low income countries which operate in completely different political, cultural, social and economic contexts. For example, cigarette package health warning, a common bargaining concession of tobacco corporations, are especially ineffective in a country like Senegal where most people buy cigarettes individually and many people can't read anyway. The US delegation to FCTC will determine, to a large extent, whether or not tobacco multinationals will continue their frantic scramble to the bottom for the lungs and lives of billions of people worldwide, including 250 million children. In effect, whether we will ditch the Marlboro man as the US' number one ambassador to the world.

Finally, I think we should listen less to the rhetoric of the companies and to the record.

DR. NOVOTNY: Thank you. Mr. Rich Hamburg.

MR. HAMBURG: Good morning. My name is Rich Hamburg and I am the director of government relations for the American Heart Association. I am pleased to be here today.

Historically, US companies supply nearly one-fifth of the 6 trillion cigarettes smoked in the world each year and

the US government and US tobacco companies have worked in partnership to expand the global tobacco trade. At least part of this increase is the result of aggressive marketing by US companies entering previously closed markets.

The American Heart Association strongly supports tobacco control efforts internationally, including ongoing efforts and US government support for tobacco interests overseas in reducing harmful US tobacco company behavior overseas. One of the first principles that should govern US tobacco policy is to do no harm. Implementing this principle in US foreign policy, and particularly in trade policy has proven much more difficult than implementing it domestically.

In prior Administrations, the US government had a long history of serving as an advocate for US economic interests abroad. Advocacy efforts included promoting US products and companies, objecting when other countries threatened to impose regulations opposed by US companies, and threatening other countries with trade sanctions for discriminating against US products.

The US has a real obligation to provide leadership and support of strong international tobacco control

restrictions. As always, we believe that health concerns should be of the highest priority. Philip Morris already makes more profit selling cigarettes abroad than in the US, and RJ Reynolds and Brown and Williamson will soon do the same. Between '86 and '96, US cigarette exports grew by 260 percent and now account for nearly 30 percent of all domestic cigarette production. And let's not forget how the tobacco industry plays the grower card, invoking the plight of the American tobacco farmer. The truth is, from 1990 to 1993, the big three tobacco companies increased imports from 413 million pounds to one billion pounds. In recent years tobacco growers have taken a pounding from the tobacco industry. Just last month, early tobacco growers absorbed a 45 percent cut in their quota for 2000, a cut similar to the nation's flue-cured growers. An AP report quoted a tobacco growers recently as saying that tobaccos companies have been turning a blind eye by not buying what is out there. Instead they import more foreign tobacco.

A recent report, False Friends, The US Cigarette Companies Betrayal of the American Tobacco Farmer, highlights the fact that reduced purchases of US grown tobacco has little to do with the gradual smoking decline

in the US. It is almost tied completely to the decision of US tobacco companies to manufacture overseas.

The American Heart Association urge US negotiators to consider the plight of the tobacco farmer in the negotiations, including recommendations for transitioning current tobacco growing communities toward a less tobacco-dependent future.

In closing, internal tobacco industry documents speak loudly the true intentions of the tobacco industry. A Rothman's representative in Bertina Fossa said in 1988, the average life expectancy here is about 40 years. Infant mortality is high. The health problems that some say are caused by cigarettes just won't figure as a problem. It is incumbent upon the convention to formulate a comprehensive tobacco control policy, including agreements related to tobacco prices, passive smoking advertising promotion and sponsorship of tobacco products.

DR. NOVOTNY: I must thank you now and invite you to submit further written comments. Dr. Tom Glynn.

DR. GLYNN: Good morning. I am Tom Glynn, director of cancer science and trends at the American Cancer Society. I am pleased to have the opportunity to speak here today on

behalf of more than 2 million volunteers and 16 million supporters of the American Cancer Society.

The ACS has long recognized that tobacco use is a global problem that demands a global response. Tobacco control measures at the local and national level are essential, but insufficient. Researchers from the ACS and other leading institutions have reached the alarming conclusion that, unless some very strong action is taken immediately, a minimum of 250 million children and teenagers around the world today will die of tobacco-related causes. It will be an easy task to prevent this catastrophic loss of innocent life, but it is possible to avoid much of it through coordinated international action.

Until recently the US government acted as an advocate for US tobacco companies seeking to expand tobacco markets and to defeat tobacco control measures in other nations. The US government role in spreading the tobacco epidemic abroad is a source of embarrassment for many Americans and has done great damage to world health and to the reputation of the US as a promoter of good health and an advocate for positive public measures.

The framework convention on tobacco control provides

the US a unique opportunity to demonstrate to its citizens and the world that it has genuinely changed course and that it now makes saving lives and preventing disease and disability a higher priority than promoting tobacco industry interests. It can play a constructive leadership role in developing and implementing a strong framework convention and we urge this Administration to adhere to the following principles.

First, make public health a priority. The US delegation should establish, at the outset, that the purpose of the framework and the mission of each delegate is to protect public health. Tobacco interests are, at best, secondary.

Second, practice openness and accessibility. The best way to insure that the framework process will fail is to handle it behind closed doors. We are pleased that the Administration has decided to initiate public consultations such as this. We look forward to many more consultations, both in Washington and throughout the nation, as the framework process moves forward.

Third, limit the influence of tobacco industry interests. Internal tobacco industry documents leave no

doubt that the goal of these companies is to promote tobacco use and its attendant disease worldwide. We understand these companies must be dealt with fairly and they must be provided an opportunity to be heard. It would be absolutely inappropriate, however, for tobacco companies to be involved in any official capacity in developing or negotiating this treaty.

Finally, support the strongest measures possible. The framework convention will be negotiated, adopted and implemented over a period of several years. It will be both wrong and a lost opportunity if the US should attempt to limit consideration of those measures that are politically viable in Congress today. The Administration should support a treaty that is forward looking, based on sound principles, and it is important that the US Congress should adopt the treaty at the first opportunity. It is even more important for the treaty to include strong measures needed to combat the tobacco epidemic locally.

With a sense of both urgency and optimism, the American Cancer Society looks forward to working with the Administration and Congress and the public to see a strong and effective framework convention become a reality. We

owe this to our children and future generations.

DR. NOVOTNY: Thank you very much. Mr. Ted Pratt.

MR. PRATT: Good morning. My name is Ted Pratt and I am here on behalf of the National Association of Local Boards of Health. My organization is the national voice of the over 20,000 volunteers who serve on 3,000-plus town, city, county and state boards of health across the United States. We are here to offer our support to your efforts to establish a sound international policy of tobacco control and to urge, and make sure, that the voice of local public health is heard at the table where you sit.

Tobacco is the single most deadly substance that our children will come in contact with during their formative years. If they become addicted, it shortens their lives, reduces their health status through that shortened life, most likely do the same to their children and, at a completely avoidable burden of care and cost, their families and communities. This is a fact too often ignored because the consequences of the child's addiction to tobacco are only revealed decades later in their lives.

It has been too easy to separate cause from effect. It will take constant vigilance and education at the local

level, reinforced by sound national and international policies, firmly anchored in considerations of public individual health, to change this. Our members and individuals in similar positions across the world fight the tobacco wars in the trenches, hand-to-hand so to speak with those tobacco industry representatives who have hardened their hearts to the consequences of their commerce.

We have seen the tragic impact Joe Camel has had on our children. We are fighting to rid our neighborhoods of the plague of adolescent tobacco addiction by such actions as working with educators to give children the facts in a manner that helps keep them tobacco-free. Getting tobacco out of schools, ending the giving out of free tobacco samples, removing self-service displays designed to make it easy for children to steal a pack or two, banning unsupervised vending machines, conducting surveillance to insure compliance with existing laws to protect children from tobacco addiction -- and many other actions too numerous to list here today.

In the end, the war to free our children from the scourge of tobacco addiction will be won one community at a time, literally one child at a time. Resources must be

made available to make this happen.

So as the World Health Organization works to craft the framework convention on tobacco control, as great nations negotiate amongst themselves at high levels in the capitals of the world, our members ask that you do not forget us and our brothers and sisters in other lands who work to develop and implement public health policies at the local level. Once you, the leaders of the world, have signed your treaties, it will be as it always has been, up to those of us who work in the world's towns, cities and neighborhood, it will be up to us to deliver on your promises. Make sure they are not empty ones.

DR. NOVOTNY: Thank you. Now Mr. Bill Godhsall.

MR. GODSHALL: I'm Bill Godshall, executive director of Smokefree Pennsylvania. Thank you for this opportunity. I am here to encourage the US government to support and provide leadership in the framework convention. Tobacco addiction is the leading killer in America and it kills a hundred times more people than all the illegal drugs combined. Without an international treaty, tobacco will become the leading killer in many developing nations. Tobacco companies and their agents have and continue to

mislead the public about the health hazards of smoking, marketing tobacco to children, secondhand smoke hazards, smuggling and many other issues.

The advent of the World Trade Organization and other international trade agreements that protect the tobacco industry underscore the important need for an international tobacco treaty to protect public health. Just last week, pro-tobacco members of Congress urged the federal government to force China to import American tobacco as a condition of China's entrance into the World Trade Organization. A century ago, the British government forced the Chinese to accept imports of opium. The opium war resulted in the suffering and deaths of many Chinese. Without an international tobacco convention treaty, many countries may face a similar situation that China did a hundred years ago.

Tobacco smuggling is another growing international problem that is aided and abetted by tobacco companies who benefit from these practices. The actions by RJ Reynolds and RJR Macdonald to smuggle billions of packs of cigarettes into Canada during the past decade cannot be allowed to occur again. When the retail price of Marlboro

in America is three times the price of that in Mexico, primarily due to the price increases on domestic cigarette, not cigarettes intended for export due to the MSA, it is only a matter of time before American will experience the extensive smuggling problems now experienced by many other countries. That is another very important reason why we need this convention.

America has been a leader in many international health promotion endeavors. Our government is encouraged to take a lead role in this international tobacco framework convention. Thank you.

DR. NOVOTNY: Thank you. Dr. Carl Taylor? Not here? Ms. Marion Ceraso? Ms. Judith Wilkenfeld.

MS. WILKENFELD: I am Judy Wilkenfeld with the Campaign for Tobacco-Free Kids. The Campaign commends the panel for providing this venue and encourages you to continue this process of consultation on a regular basis, not only here in Washington, but also throughout the United States. The continuous contact will help you build a broad base of support for the framework convention.

Campaign strongly supports US commitment of proper and effective resources in order to insure the strongest

convention possible. In order to insure that the framework convention and its protocols provide the best opportunity to address the global tobacco epidemic, the Campaign, together with a growing number of public health groups and organizations, has prepared a statement of core principles that will help us evaluate US negotiation position. A complete set of these core principles, along with a list of signatories, will be attached to our written statement that we will send in later.

Let me just briefly highlight some of them. First and perhaps foremost, public health considerations must drive the framework convention's process. We are counting on the US delegation to play a strong leadership role in making sure that protection and promotion of global health remains front and center throughout the negotiation process. Commercial and trade interests must take a back seat to efforts to protect global health.

Second, the convention should recognize that there is no single policy that will solve the problems caused by tobacco. Tobacco control efforts must be comprehensive and multifaceted. Some of these issues are transnational or international in character and will call for enforceable

international arrangements and agreements -- for example, tobacco smuggling and duty-free sales of tobacco products. Other issues, however, are crucial elements of effective domestic tobacco control policies, such as protecting children, passive smoke restrictions and product regulation. Progress in these areas will benefit from international cooperative arrangements and agreements and the transfer of information and technology assistance.

Third, nothing in the framework convention or related protocols should serve to reduce or diminish existing national tobacco control initiatives or laws. Simply put, the framework convention should set a floor, not a ceiling.

Fourth, we recognize that tobacco companies and their subsidiaries do not have public health concerns as their priorities. Given their history of impeding sound public health policy, tobacco company representatives should not serve on any official body connected with the development or implementation of the framework convention.

Fifth, because of the vital contribution that civil society can make in assisting and monitoring the convention negotiations, non-governmental organizations should be fully integrated into the framework convention process.

The United States has a unique opportunity to positively engage in the process.

DR. NOVOTNY: Thank you very much. Next is Ms. Anne Morrow Donley.

MS. DONLEY: Good morning. I am Anne Morrow Donley with the Virginia Group to Alleviate Smoking in Public, a grass roots organization. Our web site is www.gasp.org.

Three actions would immediately provide a powerful, positive and long-lasting impact on health. First and foremost, prohibit smoking in all work places. This accommodates non-smokers and smoke addicts by permitting all to work in a safe environment.

Second, convince film makers and cartoon makers that on-screen tobacco use is blatant drug pushing. Kids copy art, especially when no ill effects from it or from breathing environmental tobacco smoke is shown.

Third, if tobacco companies are permitted to continue manufacturing and marketing an addictive deadly drug, then they must have it regulated as an addictive, deadly drug, and cigarettes must be self-extinguishing.

To elaborate on one of those, prohibiting smoking in the workplace, hundreds of thousand of lives will be saved

in every nation. Environmental tobacco smoke, ETS, kills through cancer, heart disease, respiratory disease and increases the risk of fatal pneumonia. Workers and customers of all ages would learn by example that not using tobacco is normal and socially acceptable, which would translate into fewer tobacco users. The tobacco industry has knowingly created a tobacco holocaust and encourages employers and smokers to practice cruel smoke harassment. This is intimidating, ridiculing, denying promotions and otherwise punishing those who dare to suggest that breathing is more important than smoking even on the job. In Virginia, for example, employers have purchased heavy respirators for non-smokers to allow smokers to continue smoking around them -- their idea of accommodation. This eliminates freedom of choice. It is serious discrimination against non-smokers, a tyranny that undermines the principle that workers should be provided a safe workplace. You do not eliminate slavery plantation by plantation. You do it worldwide.

The tobacco industry executives who already earn millions of dollars are greedy drug pushers and should be treated as such. Workers should be allowed to take back a

clean, smoke-free air as their right. Virginia, as in other places, has experienced serious economic blackmail when Philip Morris comes in and tries to persuade businesses not to post no smoking signs or to take them down. That is why you need a firm policy that is enforced.

DR. NOVOTNY: Thank you very much. Mr. Edmund Mierswinski? That was a try at his name -- I'm sorry he is not here to hear it. Donna Reynolds?

MS. REYNOLDS: Good morning. I am Donna Reynolds, director of communications and field services for the American Lung Association of Virginia. I appreciate the opportunity to voice ALA's support for an effective and enforceable framework convention on tobacco control that will hold the tobacco industry accountable. The World Health Organization has taken a powerful step forward by initiating the first treaty on tobacco control. The WHO recognizes that we are on the verge of a global pandemic of tobacco disease and addiction. The framework convention is an historic opportunity to stop big tobacco and halt the pandemic of tobacco disease and addiction by establishing global standards for tobacco control policies.

As a major tobacco exporters and the home base of

tobacco giant Philip Morris, the United States bears a special responsibility for promoting effective international tobacco control laws. The Clinton Administration has an obligation to push for a strong convention that protects children in this country and internationally. In order to halt the tobacco pandemic, the framework convention needs to get to the root of the problem, the tobacco industry. The tobacco industry should not be allowed to be an official party to the negotiations and should not serve on any advisory, scientific advisory, enforcement or implementation body of the convention. An industry whose products cause 3.5 million deaths worldwide does not deserve to be a legitimate stakeholder in the process. Strong enforcement of the convention is crucial. The framework convention will only be as effective as its enforcement provisions. It is critical that parties to the convention understand the need for enforcement and that consensus is forged on this point. Strong enforcement insures that the convention is more than a paper tiger. The convention should include provisions for binding resolution of disputes between states and penalties for non-compliance.

We also support strong provisions that will ban advertising and promotion of tobacco products, raise the price of tobacco products, protect people from environmental tobacco smoke, encourage smoking cessation, reduce smuggling and end duty-free cigarettes. But unless we keep the tobacco transnationals from dominating negotiations, put strong tobacco provisions, strong treaty provisions in to curtail the marketing of tobacco to children, require full and complete disclosure by the tobacco industry, and provide strong look-back provisions under a strong enforceable treaty, the framework convention will be a failure.

This is a tremendous opportunity. We must not squander it. Thank you for the opportunity to give comments on this important issue.

DR. NOVOTNY: Thank you. Ms. Roberta Strohl.

MS. STROHL: My name is Roberta Strohl. I am an oncology nurse specialist in radiation oncology at the University of Maryland at Baltimore, and the current president of the Oncology Nursing Society. With 29,200 members, ONS is the largest professional oncology group in the United States. We are here today to voice our support

of the convention because we are concerned about global tobacco use.

Globally, approximately 4 million people die each year of tobacco-related illness. That accounts for one death every 7.8 seconds. Based on current smoking trends, tobacco will soon become the leading cause of death worldwide. Lung cancer is the leading cause of cancer death in men and women in this country. We have a growing epidemic among women worldwide due to tobacco. New studies have been conducted that show that women are more susceptible to lung cancer than men. In fact, transnational tobacco companies have identified women, particularly teenage and young women, as the key targets. This trend must not continue. Our children must be protected from future disease. One of the easiest ways to do this is to prevent them from smoking.

ONS is extremely concerned about the sale of tobacco over the Internet or satellite television. This harms minors, provides far too easy unregulated access to cigarettes. The sale of flavored cigarettes or Bidi's is also of concern. Bidi's and other flavored cigarettes are not regulated and this trend cannot continue. They contain

fives times more nicotine than American cigarettes. They are soled to minors without age identification and through the Internet which again taps into more under-age sales and threatens the health of young people.

The framework convention on tobacco control will be the world's first tobacco control treaty and has the potential to have an historic impact on global public health. You have the possibility to make our world safer through regulation, health education and research, promoting agricultural policy, reducing smuggling of tobacco across borders, just to name a few possibilities. You have the important responsibility to raise public awareness of the marketing tactics used by tobacco companies abroad. You must examine global marketing and the promotion of tobacco products. You have a heavy responsibility on your shoulders, but many health care groups and oncology nurse, like myself, are looking to you for leadership. I have cared for far too many people who have died premature deaths because of the effects of tobacco.

I thank you for your time and look forward to working with you on this important task.

DR. NOVOTNY: Thank you very much. Mr. Paul Perito?
NO. Ms. Jane Moore.

MS. MOORE: Good morning and thank you. I am Jane Moore, senior director for prevention policy and I speak on behalf of Dr. George Hardy, the executive director of the Association of State and Territorial Health Officials. ASTHO is a membership organization representing the chief state health officers and state health agencies in the United States.

In 1997, members of the Association approved a series of core principles for consideration and resolution of tobacco prevention and control issues. Among the seven principles is the following regarding international sales promotion. Children in every nation must be protected from the promotion and unregulated sales of tobacco products. International standards for responsible public health and business practices must be established to prevent childhood nicotine addiction. ASTHO recommends that the US delegation use this same principle as a foundation for its deliberations to establish international guidelines for the protection of children in the marketing and sale of all tobacco products.

In addition, we recommend appropriate elements of the following comprehensive policy statement that may be used as a model for addressing global tobacco prevention and control. These policies have been jointly adopted by ASTHO and its partner organizations, the National Association of County and City Health Officials and the National Association of Local Boards of Health.

The following 14 points are contained therein. One, reduce or eliminate access to tobacco by minors. Two, support efforts at all levels of government to increase the regulation of tobacco products. Three, support school-based prevention programs. Four, enhance access to and availability of cessation services. Five, increase tobacco product prices to prevent initiation and reduce consumption. Six, support actions that limit advertising and promotion of tobacco products. Seven, educate the public about the health effects of tobacco use and inform the public about tobacco industry marketing tactics. Eight, eliminate exposure to secondhand tobacco smoke. Nine, assess and report the health and economic impact of tobacco use.

Ten, assure local community involvement in tobacco use

prevention and control. Eleven, support partnerships with the legal community to explore strategies in support of public health and tobacco use prevention. Twelve, advocate for local government autonomy in tobacco control. Thirteen, advocate sustained funding for comprehensive tobacco prevention control programs at all levels, and fourteen, assess and report actions taken by the tobacco industry in promoting tobacco and opposing tobacco regulation.

DR. NOVOTNY: I must ask you to submit the rest of your comments in writing. Thank you very much. Ms. Emma Green.

MS. GREEN: Good morning. I am Emma Green, program manager for the American Lung Association of the District of Columbia. I am pleased to offer testimony on the framework convention on tobacco control. Washington, DC, is truly an international city and part of the global community. We believe that the role the United States plays in the upcoming treaty negotiations will have a major impact on future tobacco control efforts both here in the District as well as around the world. The tobacco industry, their subsidiaries, agents and consultants have a

worldwide reach and their marketing activities are international in scope. We know that, globally, about 4 million people die each year from tobacco-related illness. According to a recent report by the World Health Organization, by the 2020's 10 million will die annually of tobacco-related disease, with 70 percent of the deaths occurring in developing countries. This means that, based on current smoking trends, tobacco will soon become the leading cause of death worldwide, causing more deaths than HIV, tuberculosis, maternal mortality, automobile accidents, homicide and suicide combined. By any health standard, this is completely unacceptable.

We strongly believe that the FCTC provides a unique opportunity for the United States to provide leadership to begin to stop what can only be called a disastrous global health epidemic. We call on the FCTC to craft a treaty that is enforceable, that sets a floor, not a ceiling, for national efforts. Provisions of the framework convention must be legally binding on member states. Protecting public health must be the first and guiding principle. Therefore, we urge the FCTC to reject any proposal that would include the tobacco companies or their

representatives in the process of negotiating or implementing the convention.

The American Lung Association of the District of Columbia believes the choices are clear. The United States can take a leadership role and lend its full support to multilateral efforts to establish effective tobacco control policies globally, or the United States can create obstacles to the rational control of this global epidemic. We urge you to make the right choice. Thank you.

DR. NOVOTNY: Thank you very much.

MS. PEROT: Good morning, my name is Ruth Perot and I am the executive director of the Summit Health Institute for Research and Education. My organization fully supports the development of an effective framework convention on tobacco control. We see the convention as an essential tool to equalize human and financial resources in order to fight the tobacco epidemic, or perhaps we should say pandemic, that has devastating health effects around the globe.

My organization was established to be a resource for the elimination of health disparities, particularly between persons of African descent and the total population. The

contribution of tobacco to those disparities -- cancer, heart disease, diabetes -- is beyond dispute. We urge consideration of certain principles, which we believe should guide the development of the convention. They include the following:

Health concern should be the first priority of the parties negotiating the convention and related protocols. They should govern all decisions made by them. Two, provisions in the framework convention itself, independent of protocols, should have a positive impact on tobacco control efforts. Three, the convention should include provisions for binding resolution of disputes between states and penalties for noncompliance. Four, we believe that tobacco companies and their subsidiaries should not be an official party to the negotiations, should not be allowed to serve on various bodies. In the vernacular, to include them would be tantamount to inviting the fox into the chicken coop.

Five, we support the full integration of non-government agencies and organizations into the framework convention process, particularly participating in implementation and monitoring. We urge the US delegation

to exercise firm and unwavering leadership on behalf of these principles. Thank you.

DR. NOVOTNY: Thank you. Mr. Fred Mayer.

MR. FAY: Good morning. My name is Bob Fay and I am making these comments on behalf of Fred Mayer, who is the president of the Pharmacy Council on Tobacco. I am the vice president for consumer affairs of the Pharmacy Council. I am the backup.

Our group encourages pharmacists from selling tobacco -- discourages pharmacists from selling tobacco products, and encourages pharmacists to be aggressive anti-smoking activists. Seventy percent of the 20,000 independent pharmacies in the United States no longer sells tobacco. Our president, Fred Mayer, started the first Great American Smoke-Out in his Sausalito pharmacy in 1967. He is also a former president of the California Public Health Association. I would like to also thank the Campaign for Tobacco-Free Kids for reminding us about this meeting. We weren't aware of it.

The Pharmacy Council on Tobacco also recommends that non-tobacco-free pharmacists only sell cigarettes by the carton. The reason for that is that kids don't usually

have the forty dollars that are needed to buy a carton of cigarettes. That discourages kids from buying cigarettes

Our recommendation for this treaty is that all price increases on tobacco be controlled by federal or governmental agencies. If the tax is increased by a dollar on a pack of cigarettes, that whole dollar goes into the coffers of the state. If the tobacco companies are able to increase the price of cigarettes, say to pay for their tobacco settlements, what happens is they pay part of the cost of the settlement from that tax increase, but they are also able to give retailers part of the profits, part of the increase that continues to keep the margins on cigarettes high and it encourages retailers to sell cigarettes. So we think it is a good idea if the government agencies control the increase in prices for cigarettes.

I also would like to just mention that our group, the Pharmacy Council on Tobacco and all of the local state pharmacy associations are available to help in any anti-tobacco activities. One example of what we are doing is, in New York City, on June the 4th, there is the National Council of Women's Health have a Mother and Daughter Race

Against Teenage Smoking. I am going to leave out in back the flyer -- 270 independent pharmacies in New York City are actually putting this flyer up and encouraging people to attend this Mother and Daughter Race. I want to thank you very much.

DR. NOVOTNY: Thank you. Ms. Diane Canova.

MS. CANOVA: Good morning. My name is Diane Canova and I am vice president of advocacy for the American Heart Association. As we have heard from many previous speakers, tobacco use is a growing threat to global public health. Currently, each year, there are about 3 million deaths related to tobacco use and by the year 2025, there will be one death from tobacco use every three seconds. Thus the issues facing the US delegation to the framework convention are not mere marketing of tobacco or corporate trade interests. As the world's leading exporter of tobacco products, the United States has a moral responsibility to address the adverse impact of its products on global public health. As part of any effort to address tobacco use on a global front, the United States should act as a world leader in promoting good public health.

We strongly endorse and urge the establishment of a

responsible US policy for the promotion of global public health. Nothing in the framework convention or related protocols should reduce, relax or in any other way diminish existing tobacco control initiatives, regulations, laws or practices of any signatory. Nothing in the convention or its protocols should prevent or discourage a party from taking stronger actions than required by the convention or its protocols.

Historically, the US government agencies and members of Congress have assisted the US tobacco companies in their efforts to expand tobacco advertising, promotion and exports around the world. Previous administrations have issued formal trade threats to force other nations to import US tobacco products and to weaken health laws that would reduce tobacco use. Thankfully, in recent years, under the leadership of Representative Lloyd Doggett and Senator Frank Lautenberg and others in Congress, they have taken steps to ban the use of US funds to promote tobacco overseas.

The issue was well framed in a November 1996 cover story in the Washington Post which stated that, quote, prior Administrations used their economic and political

clout to pry open markets in Japan, South Korea, Taiwan, Thailand and China for American cigarettes at a time when one arm of the government was warning Americans about the dangers of smoking and another was helping the industry to recruit a new generation of smokers abroad.

The temporal conference on tobacco or health in Beijing, China, approved a resolution recommending that, quote, governments consider the international implications of tobacco control policies or settlements with the tobacco industry to insure that such measures do not contribute to an increase in the worldwide epidemic of tobacco-related death and disease.

DR. NOVOTNY: I must thank you and ask that you submit the rest of your testimony. Next is Marcella Gaitan.

MS. GAITAN: Good morning. My name is Marcella Gaitan and I am representing the National Alliance for Hispanic Health. The National Alliance for Hispanic Health, representing over 10 million Hispanic consumers in the United States, commends the US Department of Health and Human Services for holding this public hearing on the World Health Organization's framework convention on tobacco control. The framework convention on tobacco control is an

opportunity for the United States to provide leadership in support of national tobacco control policies and multilateral efforts to address the global problem of tobacco use that is killing millions of people each year from tobacco-related diseases. The United States should lend support to international efforts like WHO's framework convention to establish and promote effective tobacco control policies around the globe.

Public health and protection of the well-being of future generations should be the key priority during all negotiations and decision making processes and should take precedence over other political and policy related goals. The United States should voice its support to the full participation of non-governmental organizations, NGOs, into the framework convention process and should encourage other member countries to do so. The United States should support stronger efforts by other member countries on marketing and advertising control of tobacco products, limit youth access to tobacco and increase smoking prevention and cessation efforts.

The National Alliance for Hispanic Health is pleased to participate in this hearing and looks forward to an

ongoing consultative process with the public health community on the framework convention on tobacco control. Thank you.

DR. NOVOTNY: Thank you and I apologize for the mispronunciation of your name. Mr. Michael Tancelosky.

MR. TACELOSKY: Hello. I am Michael Tancelosky with Smokescreen Action Network. I also run tobacco documents online, a comprehensive web site that allows easier searching and categorizing of industry documents. I offer my services as an industry document expert to the panel. I thank the panel for the opportunity to speak and I encourage you to review the international documents that were produced during the recent tobacco trials. I encourage you to compare the rhetoric heard today with the internal strategies as set forth in their own documents.

I would like to read from one of those documents today that shows how the industry operates in a virtually unregulated environment and supports the need of an international framework such as the one discussed. This is from Philip Morris' web site, Bates number 2501261910, and the title of the document is "Projects for Future Exploitation." It is not my title. It is the title that

Philip Morris gave it.

It talks about how to introduce -- a 1994 document -- about how to introduce Marlboro and some of their other brands into Beirut -- outdoor, a Marlboro Hollywood type sign, a huge sign along the lines of the famous Hollywood sign to be placed in two different spots -- on tunnel entrance, on a pedestrian bridge branding, the refurbishment of two major roundabouts, including a sign featuring the time and temperature similar to the ones used in Spain -- Marlboro promenade benches along the famous Beirut seaside promenade., Marlboro road signs, Marlboro neon signs, inside the airport, branding a coffee shop, branding inside the casino.

The quick one other point I wanted to talk about, this page has only two lines on it -- study the introduction of Marlboro classics clothing line into Lebanon. This comes at a time when anti-smoking campaigns and activities are increasingly implemented.

The industry continues to use other methods to introduce their cigarette products. Last week Philip Morris announced they were considering introducing the Marlboro hotels, diversifying the name. I have seen ads

where, in order to get around cigarette advertising, they are not advertising cigarettes, they are advertising a cigarette lighter that looks like a pack of cigarettes, but has a little lighter and flame at the top. So Marlboro cigarette lighters, Marlboro country vacations -- big cowboy on a horse -- but it is not Marlboro country cigarettes, it is Marlboro country vacations. Continued examples of how devious they can be in order to get around the restrictions that are in place. I encourage you to implement the strongest possible restrictions and look at the documents to see what their plans are.

I can continue on but there is limited time -- with the various music, beach parties, go-carts, create your own song, disco promotions, karaoke, jet skis. I want to leave with their youth strategy as it is set forth in their internal documents.

With the introduction of Y&R, Young and Rubincam's, not your first campaign, which underlines the youth maturity and experience, quote, I've been around, acquired an experience and made my choices -- two promotion al platforms were developed to express the young's viewpoint in all.

DR. NOVOTNY: I'm sorry, but I must interrupt you and ask that you submit this in writing. Thank you very much. Mr. Allen Jones is our next speaker.

MR. JONES: Good morning. My name is Allen Jones and I am the director of international health at the American Public Health Association. We are grateful for the opportunity to speak at this public meeting. The American Public Health Association is the oldest and largest public health association in the world, with 55,000 members nationally and internationally.

I would like to present the statement of the American Public Health Association on behalf of the Executive director, Dr. Mohammad Akhter in a moment. But first I would like to emphasize three points that we hope the convention will address and incorporate. One, setting a goal for the elimination of tobacco use, especially by youth. Two, incorporating a strong and effective role for NGOs in tobacco control. Three, having the Director General of the World Health Organization issue an annual report on tobacco use until tobacco use is ended. Now for the statement.

We urge that the convention explicitly adopt a goal of

eliminating tobacco use by all individuals under 18 years of age by the year 2025. Towards that end, we recommend the following six strategies be adopted.

One, eliminating the advertisement of tobacco products to youth and conducting strong counter-advertising campaigns. Two, regulating nicotine as a drug and cigarettes as a drug delivery device. Three, increasing the price of tobacco products informally. Four, prohibiting the sale of tobacco products to minors. Five, planing strong warning messages on tobacco products. And six, providing incentives to pay tobacco farmers as they undertake the transition to non-tobacco economic enterprises.

These strategies have all been proven to reduce tobacco use by young people in multiple settings across the world -- eliminating advertising of tobacco products to young people and conducting counter-advertising campaigns removes the glamorous aura surrounding these products.

Regulating nicotine and tobacco products as a drug is explicit recognition of its highly addictive nature.

I'll move on because of the shortage of time. We also strongly urge the convention to explicitly recognize the

role of non-governmental organizations in the global tobacco control process. NGOs are recognized as important and effective partners for the government in other enterprises and tobacco control should be no exception. Then we list some appropriate ways for NGOs to play that role. Finally, the APHA calls for the inclusion of a provision in the convention that states the Director General of the WHO be required to present an annual report on worldwide tobacco use and control.

DR. NOVOTNY: Thank you very much. Ms. Lynn Cook?

MS. COOK: Good morning. My name is Lynn Cook. I am a senior policy analyst with Prospect Associates, a health communications firm located in Silver Spring, Maryland, USA. Prospect Associates is a government contractor, which has had the privilege of supporting numerous federal and state tobacco control programs over our 21-year history. I am here today because Prospect has a corporate commitment to tobacco control and prevention. We support the efforts of this Administration and its unprecedented support for strong tobacco control policies in the United States. We encourage the Administration to lend its full support to the WHO in national and multilateral efforts to establish

and strengthen effective tobacco control policies globally. We concur with the prevailing wisdom of the tobacco community, the tobacco control community, in this country that an environmental approach to tobacco use prevention is the best. Efforts at changing individual behavior towards tobacco have been of limited success. It is through changing the social norms surrounding smoking and tobacco use that we have the best chance of ending tobacco's grip on our citizens.

Changing public policy with regard to tobacco use is the best way of establishing non-smoking as the only obvious and acceptable behavior. Worldwide it is responsible for more deaths than HIV, TB, automobile accidents, homicide and suicide combined. We support regular consultation with multiple stakeholders for whom public health is a priority, particularly those in the public health professions.

As a public health educator employed by Prospect Associates, I urge the members of the framework convention process to consider the perspective of those who have direct contact with the people in the community who will be the most directly affected by your policies. We encourage

you to hold regular hearings in which community-based organizations, tobacco control advocates and members of the grass roots coalitions, can express their views. We feel that only through a consensus-building process will we achieve the level of commitment to tobacco control that is necessary to sustain this effort into the next generation. Thank you.

DR. NOVOTNY: Thank you. The next speaker is Ambassador Mark Palmer.

MR. PALMER: Good morning. I am vice chairman of the Center for Communications, Health and the Environment, an NGO which uses television programming in Eastern Europe, in India and in the United States, and also the Internet to promote health messages and particularly anti-smoking messages. One of our publications is on the table outside, so I won't go over our positions.

I want to speak as a former American ambassador and a former US Deputy Assistant Secretary of State, and now as a venture capitalist in emerging markets, just to introduce a foreign policy dimension into our discussion since this morning. It is clear to me that the greatest harm that Americans are doing to the rest of the world today is the

promotion of addiction and death through the export, and particularly the advertising in countries like India and China, of our cigarettes. We are seen to be promoting addiction and death, which is an important fact.

Our credibility as a nation, our ability as the State Department, our ability as a nation to get things that we want from other countries in drugs and terrorism and a host of other issues depends on our credibility on this issue, where we are seen to have a financial interest, where we are seen to have been historically inconsistent, and to in fact, as a nation, including as a government, to promote addiction and death. I think it is terribly important that, as the delegation goes off to work on this framework convention, that you look at the larger context, that you understand how this affects other issues for which we desperately need the support of other nations -- how it affects the development of an international legal regime in general.

I think it is also very important that you recognize that the American people are with you. Two years ago, with Senator McCain's bill, we got very close. We had 57 votes on the floor of the Senate, for a bill which had very

strong international tobacco provisions in it. It is the first time, to my knowledge, that we really ever got that far and a minority of corporate interests represented here today by Philip Morris, a minority working through a minority of senior republicans, was able to defeat that provision. But the American people clearly support a moral stand by the United States and the world. This is a case where I think we need to stand up and return Uncle Sam as the main face of America in the world in place of the Marlboro man.

I find, as I go around the world and talk to businessmen and other governments, that this is a litmus test for us, as a nation. People do not believe us on issues where we want cooperation unless we are willing to stand up, where we are seen to have a specific narrow interest. Thank you very much.

DR. NOVOTNY: Thank you. Dr. Carl Taylor.

DR. TAYLOR: My name is Dr. Carl Taylor. I am professor emeritus in international health at Johns Hopkins School of Hygiene and Public Health. For 23 years I was chairman of the Hopkins Department of International Health, one of the largest academic centers for research and

training in international health.

When I became emeritus professor, I was the UNICEF representative in China helping programs for 20 percent of the world's children. I have continued as senior advisor to UNICEF. I have personally worked in more than 70 developing countries. The child survival revolution, strongly supported by the US, reduced child mortality more in the past five decades than in all previous human history. Those impressive achievements are about to be neutralized by the smoking epidemic sweeping across the developing countries.

We used to talk about the common infections and malnutrition in children that caused 15 million deaths a year, more than half of those preventable. We have done well in beginning to control those health problems. Now definitive projections show that tobacco will be causing 7 million deaths a year in developing countries, and continuing to cause about 3 million deaths mostly in developing countries for a total of 10 million deaths a year.

At Johns Hopkins we worked with the Chinese Academy of Preventive Medicine to do the 1996 national smoking

prevalence survey in China. Among men, 67 percent were smokers, but only four percent were women smokers. We presented the findings with the Tenth Conference on Smoking in Beijing. Tobacco companies are now deliberately targeting the women and children of China. Addiction is so solid if smoking starts in early adolescence. Particularly pernicious is the impact of passive smoking in small and crowded homes in countries such as China, for which the children, the babies, are particularly vulnerable.

Control of tobacco requires international cooperation because the power of the companies overwhelms the usual national control mechanisms. The US introduced controls in education to our own citizens, but we owe it to the world's children to take a leadership position in supporting the framework convention for tobacco control. Thank you.

DR. NOVOTNY: Thank you. Ms. Marion Ceraso.

MS. CERASO: Good morning. My name is Marion Ceraso and I am the assistant director of the Institute for Global Tobacco Control at Johns Hopkins School of Hygiene and Public Health. I want to thank the Office on Smoking and Health at CDC for organizing this meeting and encourage continued public dialog on the US role in the negotiation

of the framework convention.

At the School of Public Health, we work with researchers from countries around the globe to analyze incoming data that documents increasing tobacco use, the declining age of initiation of smoking, many cases lack of thorough knowledge of health risks, widespread exposure to passive smoke among women and children, and escalating tobacco-related disease.

I understand that some have argued that the framework convention would be an imposition on other countries. I would argue that watching lung cancer rates skyrocket, when it was previously a rare disease, is an imposition. When the fifty member states to the World Health Assembly supported the framework convention process, they were calling for cooperation on this problem. Students at our school, many of whom come from countries like India and Nepal, Korea, China, Mexico, Japan, Poland and Thailand, the future ministers of health and policy makers in their home countries, struggle with the reality that if they respond to the short-term argument about destruction of jobs in the tobacco sector, that they will themselves be left to pick up the pieces of long-term destruction of life

in the public sector. They are asking for our cooperation and our support and collaboration. We, of all countries, should not turn our backs on this responsibility.

We should support a framework convention that will make global public health a priority. A myriad of institutions in this country, from the US government to non-governmental organizations to universities and other research institutions, have dedicated lifetimes to improving the global health conditions that are so critical to development. We invest in the fight against HIV-AIDS and other infection diseases, in improving water supplies, reducing childhood illnesses, improving nutrition and food security. Do we do all this to then watch generation after generation die prematurely of chronic diseases like heart disease, cancer and emphysema? We cannot continue to treat tobacco as if it were just one more product to sell and one more avenue for the creation of jobs. It is not. It is different. And if we are to avoid a pandemic of tobacco-related deaths, we must be a committed partner in the crafting of a global solution. Thank you.

DR. NOVOTNY: Thank you very much. As a point of clarification, I would like to reiterate the Centers for

Disease Control was the lead in staffing and supporting this conference activity, but the listeners represent a broad range of government agencies. That is the intent for a wide range of attention to this issue. Next speaker is Paul Perito.

MR. Perito; Good morning. Paul Perito, president and COO of Star Scientific, Inc., a small NASDAQ-oriented technology tobacco manufacturing and producing company. We are here today to commend the WHO and to call on our government to take a leading role in the development and implementation of the framework convention. Several of you may wonder why is a tobacco company standing before you? STAR is standing before you because it is the right and necessary thing to do. We believe we have been a catalyst for positive change in the tobacco industry. We are a small unique company with an equally unique mission. We share the goals of the public health community to reduce the disease and death toll caused by long-term tobacco use. STAR's primary mission is the reduction of the range of serious health hazards associated with tobacco use.

We have 1.1 billion citizens smoking tobacco on a daily basis and 4 million people die as a direct result of

smoking. There is an urgent need to produce tobacco in the least dangerous fashion within available technologies. We think companies must recognize that there will never be a safe cigarette. We do believe, however, that they can be manufactured in a less toxic fashion. Last year we wrote to the WHO Director General and commended her and her staff for their tobacco-free initiative. We urge our country to split that initiative.

STAR has developed a process to remove or substantially reduce one of the most powerful, potent and abundant carcinogens and toxins in tobacco and side-stream smoke, namely tobacco-specific nitrosamine. We are not only committed to further developing that technology and implementing it and putting it into the market, but also using activated charcoal filters that are aimed at reducing vapor-phase toxins. Dr. Jack Henningfield, Dr. Warner and others have recommended, if the FDA gets jurisdiction, which we support, that in fact companies should be urged to reduce and eliminate TSNAs and urged to consider using activated charcoal filters. We believe there is not one solution to reducing the devastating toll by tobacco products.

As has been pointed out by thoughtful people in the public health community, there must be a comprehensive plan. We are the first company that we know of to unequivocally support comprehensive FDA regulation. Tobacco marketing in the 21st century ought to be based on good science, not on Madison Avenue imagery. We believe that adult smokers ought to have complete and balanced information and that is why we were the first company to support S2125, submitted last week by a bipartisan group of senators. We also believe there must be independent scientific testing to determine whether, if reducing TSNAs can be validated as reducing health risk. Thank you for listening to our statement and we will submit it to you for the record.

DR. NOVOTNY: Now, Mr. Edmund Mierzwinski.

MR. MIERZWINSKI: Thank you. My name is Ed Mierzwinski. I am with the US Public Interest Research Group. We have been active on tobacco control efforts around the country and nationally for a number of years, smoke-free air ordinances, increasing tobacco taxes to stop the incidence of youth smoking and a number of other activities including working with the Save Lives Not

Tobacco Coalition formed by the American Lung Association and other groups, to insure that Congress did not grant any liability protection or other immunity to the tobacco industry in the last Congress. Privileged to also associate my remarks with those of the other public health organizations here today, including the Heart Association, the Cancer Society and the Campaign for Tobacco-Free Kids.

USPIRG supports a strong convention and encourages you to work to pass such a strong convention. I am very encouraged that it is the CDC that has organized this meeting and not the USTR for example. I wanted to call your attention. I understand that one of the main goals of the convention will be to stop international cigarette smuggling. It has been widely reported in the Washington Post, both intra-state and North American smuggling problems and the ways the tobacco companies may be involved, either tacitly or overtly, in smuggling. I wanted to call your attention to a new report by the Center for Public Integrity's international consortium of investigative journalists. It is available on the publicintegrity.org web site and this new report, major documentation of international tobacco smuggling -- the

lead sentence of this report is that this report, well, the report alleges that, quote, British American Tobacco, the world's second largest multinational tobacco company, for decades secretly encouraged tax evasion and cigarette smuggling in a global effort to secure market share and lure generations of new smokers, internal corporate documents reveal.

I would like to ask that this report be made a copy of the record as part of my prepared remarks. My prepared remarks include a number of detailed recommendations for the convention. Thank you very much.

DR. NOVOTNY: This concludes the list of speakers that I have before me. We are going to take a five-minute break. At the conclusion of that break we will resume here. For those individuals who would like to make presentations, there will be a time for an open microphone, again with a three-minute limitation, and again with the encouragement that your comments be subsequently submitted. I'm sorry, I would like to announce that the open microphone is for those who have not already presented.

(Brief recess.)

DR. NOVOTNY: I would like to encourage us to come in

and begin again. I will look to the staff folks to line up anyone who has decided to use this open mic session, again those who have not had a previous opportunity to speak.

So we will now invite those and anybody out in the foyer if they could be alerted to the fact that this is an opportunity to come to the microphone.

We will wait for a few minutes. If there are no takers, I don't know about you -- the weather is awfully nice outside.

We do have an afternoon session that will begin promptly at one o'clock. Several speakers have signed up for that time.

It does not look like there are any takers for the open mic session so we will conclude the morning session. It has been very informative and I want to thank all of the speakers for their thoughtful comments. It will be very helpful to us. I assure you that we will pay attention to the written submissions as we work on the US position for the framework convention. We will now adjourn for lunch.

(Whereupon, at 11:00 a.m., a recess was taken until 1:00 p.m. the same day.)

AFTERNOON SESSION

1:00

DR. NOVOTNY: We had two speakers who had scheduled times for one o'clock and I don't believe either of them is here. The first is Greg Hartley -- not here. The next is Dr. Pam Payne. I would like to give them a little time to appear. However, I would also like, at this point, to open the microphone to those again who have not had an opportunity to speak, who would like a few minutes to make a point. Well, we will still give the scheduled speakers a few more minutes to arrive.

(Brief pause)

One last chance for anyone to speak. There is still the option for those who have not had a chance to speak to submit written comments by March 31st. If there are no further speakers, I would like to thank all of you for coming and again thank the staff of CDC and the HHS agencies for the organization and management of this consultation, and also my colleagues on the stage from various government departments for their participation. We look forward to continuing this process of consultation as the framework convention progresses. This will not be the only time for this.

(Whereupon, at 1:15, the meeting was adjourned.)