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Senate

S. 3255—INTRODUCTION OF A BILL RESTRICTING SMOKING ABOARD AIRCRAFT

Mr. HATFIELD. Mr. President, I am introducing a bill which would restrict smoking on passenger aircraft to certain designated sections of the plane. This bill would allow those who wish to smoke to do so, but it would assure that the many nonsmokers could travel in comfort.

When we debated the Cigarette Labeling Act recently, evidence relating directly to the relationship of smoking and health was introduced. I will not revive that subject now, but refer my colleagues to the RECORD of Friday, December 12, 1969. I think we owe the distinguished Senator from Utah (Mr. Moss) our thanks for leading the discussion in such an able manner.

The purpose of this bill is very simple: it calls for the Secretary of the Department of Transportation to promulgate reasonable rules and regulations for carriers certified by the Civil Aeronautics Board so that passengers who wish to smoke would do so only in a particular section or area of the plane.

I would point out, Mr. President, one example where the nonsmokers already are given fair treatment. In most theaters, no smoking is permitted, so that nonsmokers are not annoyed by the smoke of people next to them. No mandate exists stating that those who want to should be able to light up whenever and wherever they choose to do so. On the other hand, this bill would not ban smoking completely, so that those who need to smoke still can do so.

I am sure that my colleagues here today have noticed the considerable publicity surrounding the arrival of the jumbo jets. This serves as the trigger for my action today. In the huge planes, separate compartments already are provided, and it would be simple to designate a smoking area. Mr. President, those planes seat over 450 people and, if many were smoking at once, it could be very discomforting to those who do not smoke. The rights of the nonsmokers to fly free from the danger and irritating effects of smoke must be protected. Perhaps, when the airlines see the support for such a seating arrangement, they will institute such a plan voluntarily.

On existing aircraft, even such a minor change as allowing smoking only in seats on one side of the aisle and not on the other would be a step toward alleviating the discomfort of the many nonsmokers.

In addition to the comfort of the nonsmokers, two additional benefits would be realized by enactment of this bill. First, there is a segment of people who react violently to the presence of cigarette smoke, and they would be able to fly for the first time. Second, there is some indication that cigarette tar buildup on the exhaust-overflow ducts might be a potential safety hazard. Limiting smoking to certain areas of the plane would enable the airlines more easily to keep clean those ducts in the smoking area.

Mr. President, I want to point out that this action of mine is not alone. Congressman ANDREW JACOBS, of Indiana, has introduced a similar bill in the House and he reports a favorable reaction from his constituency.

In addition, a petition was filed yesterday with the Department of Transportation and the Federal Aviation Administration calling for promulgation of a rule requiring separation of smoking and nonsmoking passengers on all commercial domestic air carriers. This petition was filed by Action on Smoking and Health—ASH—its project group: Citizens to Restrict Airline Smoking Hazards—CRASH—and John F. Banzhaf. Earlier, Mr. Banzhaf filed a petition which resulted in the nonsmoking messages on television. ASH was responsible for seeing that the FCC decision requiring the messages was enforced.

Action on Smoking and Health is a responsible group, listing such prominent sponsors as Paul Dudley White, M.D., Leona Baumgartner, M.D., and Howard law professor, Louis L. Jaffe, Esq. Many other sponsors are people whose names are familiar to us. Roger O. Egeberg, M.D. was a sponsor before he became Assistant Secretary for Health and Scientific Affairs of the Department of Health, Education, and Welfare. Mr. President, at this point in my remarks, I ask unanimous consent that all the sponsors of Action on Smoking and Health be listed. They serve as individuals and their affiliation is noted only for purposes of identification.

There being no objection, the list was ordered to be printed in the RECORD, as follows:

Paul Dudley White, M.D., Professor of Medicine, Harvard Medical School.

Leona Baumgartner, M.D., Visiting Professor, Harvard Medical School.

Louis L. Jaffe, Esq., Bryne Prof. of Admin. Law, Harvard Law School.

Theodore L. Badger, M.D., Prof. of Medicine, Harvard Medical School.

Charles R. Baker, Executive Director, Institute for American Democracy.

Edward Bernays, Public Relations, Boston.

A. R. T. Denues, Ph. D., President, CANCIRO, Inc., New York City.

Frederick H. Epstein, M.D., Prof., School of Public Health, U. of Michigan.

Charles A. Evans, M.D., Ph. D., Chairman, Dept. of Microbiology, U. of Washington School of Medicine.

Emmanuel Farber, M.D., Ph. D., Chairman, Dept. of Pathology, U. of Pittsburgh Medical School.

Louis F. Fieser, Ph. D., Chemical Laboratory, Harvard University.

Dwight Emary Harken, M.D., Clinical Professor of Surgery, Harvard Medical School.

Franz J. Ingelfinger, M.D., Editor, New England Journal of Medicine.

Hollis Ingraham, M.D., Commissioner of Health, New York State.

George James, M.D., Dean, Mt. Sinai Medical School, New York City.

Edward I. Koch, U.S. Congressman, New York.

Charles W. Lantz, President, Citizens National Bank, Hollywood, Fla.

Louis Lasagna, M.D., Prof., the Johns Hopkins U., School of Medicine.

Mrs. Thomas Witt Leach, President, North American Royalties, Inc., N.D.

Walsh McDermott, M.D., Livingston Farrand, Prof. of Public Health, Cornell Medical School.

Joseph L. Melnick, M.D., Prof., Baylor U. College of Medicine.

Francis D. Moore, M.D., Moseley Prof of Surgery, Harvard Medical School.

Maurine B. Neuberger, Former U.S. Senater, State of Oregon.

Alton Ochsner, M.D., Founder, the Ochsner Clinic, New Orleans.

Richard H. Overholt, M.D., Founder, the Overholt Thoracic Clinic, Boston.

Joseph F. Ross, M.D., Prof., U. of California School of Medicine.

Arthur T. Roth, Chairman of the Board, Franklin National Bank, N.Y.C.

David Rutstein, M.D, Ridley Watts Prof. of Preventive Medicine, Harvard Medical School.

Howard R. Sacks, Esq., Dean, U. of Connecticut School of Law.

Silvan S. Tomkins, Ph. D., Professor of Medicine, City University of New York.

Ann Landers, Newspaper Columnist.

Mr. HATFIELD. Mr. President, I also want to call attention to the work done in this field by Dr. John Keshishian, a thoracic surgeon who also teaches at George Washington Medical School. Dr. Keshishian is the incoming chairman of the Committee on Smoking and Health of the Medical Society of the District of Columbia. He has done much work on his own in this area, and has indicated that his committee will be a force in this matter of smoking on passenger aircraft.

Yesterday, a news conference was held at which time the DOT–FAA petition, Dr. Keshishian's actions, and this bill and that of Representative JACOBS all were discussed. Because of my colleagues' interest in this subject, I ask unanimous consent that at this point in my remarks, the statement of John Banzhaf, Esq., and Dr. John Keshishian be printed in the RECORD.

There being on objection, the statements were ordered to be printed in the RECORD, as follows:

BANZHAF STATEMENT

Mr. BANZHAF. As soon as this press conference concludes, a formal petition will be filed with the F.A.A. and the Dept. of Transportation requesting them to promulgate a rule which would require all domestic air carriers to provide non-smoking sections for passengers who do not wish to be forced to breathe cigarette smoke. The petition is filed by Action on Smoking and Health, otherwise known as ASH, the organization primarily responsible for getting the anti-smoking messages on radio and television.

The petition is filed on our own behalf as a legal action organization concerned about the problem of smoking and as the informal legal action arm of the anti-smoking community. It is also filed on behalf of many of our contributing members and non-members who have written to us to complain about the problem of being forced to breathe air polluted by cigarette smoke, and on behalf of all other people who are concerned about or affected by the problem.

We believe that cigarette smoke in a confined area presents a health hazard to every non-smoker and an annoyance or discomfort to most. We also believe that it presents a clear and present danger to the safety and health of an estimated 30 million Americans who have a preexisting susceptibility to cigarette smoke. Finally we believe that every person has the right to breathe air unpolluted by cigarette smoke, at least in public places, and this action today is only the first in a series of steps to establish and secure the right for all non-smokers.

In our petition we show that the Administrator of the F.A.A. is required to regulate so that passengers are accorded the "highest possible degree of safety in the public interest," and that he shall be guided by the public interest and by a duty to promote the development of air commerce. We cite a large number of regulations he has issued for the purpose of safeguarding the passengers within the plane, in some cases from risks created by other passengers—thus showing that he himself has recognized this duty and that our proposed rule would be consistent with his past exercise of power. We also cite cases indicating that it may be possible for nonsmokers to sue the airlines or the FAA for failing to regulate cigarette smoking.

We point out that as many as 30 million people with various pre-existing medical conditions such as asthma and emphysema are particularly sensitive to cigarette smoke and that the harm done to them by being forced to come in contact with it has been clearly established. We also cite a number of studies indicating that smoke in a confined area—that is a kind of involuntary smoking—is a health hazard to non-smokers and may cause, among other things, eye irritation, nasal symptoms, headache, coughing, sneezing, sore throat, nausea, hoarseness, and dizziness. There are also studies that show that children are adversely affected by being in a