May 30, 2007

Dear Honorable Member of the Senate Public Health Committee,

Tobacco smoke in the air at any workplace is placing Wisconsin residents at risk for death and disease. Secondhand smoke is a major public health issue and I welcome the Wisconsin legislature discussing these concerns.

Smokers have a right to smoke, but that right ends when they blow that smoke into the air that I breathe. The facts are clear, and the scientific evidence as presented in June of 2006 by the Surgeon General's report states that there is no risk-free level of exposure to secondhand smoke. Government has a responsibility to protect the public from harm, why are you letting tobacco exposure get a pass?

A statewide comprehensive smoke-free air law ends the confusion of whether a community is safe. It's time for a smoke-free law that protects all workers from the damaging effects of secondhand smoke.

Thank you,

Dianna Forrester

Dianna Forrester
3005 Newark Drive E
West Bend, WI 53090

Healthy Washington County
Tobacco Free Coalition

Phone: 262-335-4464
Fax: 262-335-4705
www.co.washington.wi.us/chn

Washington County Health Department ♦♦ 333 E. Washington St. Suite 1100 PO Box 2003 West Bend WI 53095

RESOLUTION TO REDUCE THE BURDEN OF TOBACCO IN WISCONSIN

WHEREAS, Every year over 16,400 Wisconsin children become addicted to tobacco, of whom more than one-third will die prematurely because of this addiction; and,

WHEREAS, Significantly increasing Wisconsin's excise tax on cigarettes would drastically reduce the number of children who become addicted to tobacco, save over $1 billion in health care costs, and provide hundreds of millions of dollars per year in additional state revenues; and,

WHEREAS, Fully funding the state's Tobacco Prevention and Control Program would effectively reduce smoking rates through public education efforts, counter-marketing, community and school-based programs and providing services to help smokers quit; and,

WHEREAS, The 2006 U.S. Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, concluded that secondhand smoke exposure causes disease and premature death in children and adults who do not smoke.

BE IT THEREFORE RESOLVED that in an effort to effectively reduce the burden of tobacco in Wisconsin, the undersigned organization supports:

- Increasing the Wisconsin excise tax on cigarettes by at least $1.25 per pack with the revenue generated being directed to fund the Medical Assistance Program and Wisconsin's Tobacco Prevention and Control Program
- Ensuring that in order to most effectively reduce the burden of tobacco, Wisconsin's comprehensive Tobacco Prevention and Control Program is funded at $31 million per year, which is equal to the Centers for Disease Control minimum funding recommendation
- Providing smoke-free environments in all indoor public places and workplaces to protect Wisconsin's residents against secondhand smoke.

BE IT FURTHER RESOLVED that the undersigned organization:

- Will inform its members and, if possible, the general public, of its endorsement of this Resolution.
- Agrees to be added to a list of supporters which will be utilized in educational efforts for this initiative.

Signed on 5/2/07 by Charlene S. Brady
(*date*) (*authorized signature*)

Name of Organization: Washington County Board of Health

Number of Members (if applicable): 6

Contact Person: Charlene Brady, BOH Chairperson
Linda Walter, Health Officer Washington County Health Dept.

Contact Person's email: _____

Phone: (262) 306-2231 Fax: (262) 335-4463

Mailing Address: 333 E. Washington Street, Suite 1100

City: West Bend, WI Zip Code: 53095

May 29, 2007

Dear Honorable Member of the Senate Public Health Committee

Since I will not be able to attend the Senate hearing on Thursday May 31, 2007 I would like you to share my experience from Friday, May 18, 2007 with my legislatures.

I was working at Stainless, an industry located on 35th Street south of Silver Spring Drive providing Health Risk Appraisals. I do a blood test for cholesterol and glucose and go through risk factors for heart disease. We all know smoking is a risk factor, so with each employee I ask them if they smoke. Interesting, Stainless went smoke free in April and at least 95% of the people I asked are trying to quit and have cut back to a handful of cigarettes a day or have quit already. This reinforces in my mind that smoke free work places do motivate smokers to quit and also rids work sites of second hand smoke for all workers.

Please pass the Smoke Free State Bill.

Joan Hove
Community Outreach Coordinator
Aurora Health Care
3000 Rolaine Pkwy
Hartford, WI 53027

May 31, 2007

Dear Senators,

I want to speak out in support of SB150. It's time for the State Government of Wisconsin to ensure Safe air just like it ensures safe food & safe water.

I work in a hospital lab & part of my job involves drawing blood from ER patients. Most of the ER patients I see reek of cigarette smoke. The tragic cases are the small children & infants suffering from acute respiratory illness & they reek of smoke from their parents smoking.

Passing SB150 is an important step in de-normalizing tobacco use. Smoking needs to be made socially unacceptable so young people won't start & I won't have to draw their blood in the ER!

One other point - I live near Dodgeville. There is 1 bowling alley. Many kids have birthday parties there. My kids both have asthma. I won't allow them to go to a birthday party at the bowling alley. Is that fair to them? I don't think so. SB150 would allow my kids & the countless other kids with asthma to go bowling without endangering their health.

Thank you, Kathy Cahill

4176 Wilson Rd
Dodgeville WI
53533

May 31, 2007

To: The Senate Public Health Committee

From: Jim Christensen, Owner
Kurtz's Pub & Deli
Two Rivers, WI 54241
920-793-1222

I know there is strong opposition to the smoking ban from the Tavern League, of which I am a member. I strongly disagree with their narrow-minded position on this issue. The Board of Directors of the WRA recently voted overwhelmingly to support a statewide ban. They are correct in wanting to level the playing field. Both of our sister states, Illinois and Minnesota, have just passed smoking bans. We need to join them in the progressive tradition of Wisconsin and really make it a level playing field for all of us.

Tobacco kills 444,000 smokers every year in the U.S. and secondhand smoke inhaled by by-standers claims another 50,000 lives. (1)

The majority of people in Wisconsin clearly want a smoking ban. As legislators, you will be subject to a lot of pressure. Sometimes you just have to stand up, stiffen your backbone, and do the right thing for the majority of the people you have been elected to represent.

We all know how healthcare costs are spiraling out of control in this country. You now have an opportunity to save lives and save money for the future prosperity and well-being of this great state. Don't let this chance pass you by! Please support SB 150.

Sincerely,

Jim Christensen

(1) Source – New York Times editorial May 30, 2007

Erv's Mug 130 West Ryan Road Oak Creek, WI 53154

May 28, 2007

To: The members of the Senate Committee on Public Health, Senior Issues, Long Term Care & Privacy-Senator Carpenter, Chair

Re: Support for SB 150/ Workplace Smoking Ban.

I am the owner of a casual fine dining restaurant located in Oak Creek, in the southeastern part of Milwaukee County. My father began the restaurant/bar in 1979 and we remain an independent, single unit business. We seat about 60 people in our restaurant and 40 in our bar. On any given day (except fish fry Friday), our total sales are close to equal between bar and food.

I write this letter to express my support the statewide, no exceptions workplace smoking ban. It with only with a statewide, no exceptions ban that we can all be on a level playing field. If taverns were exempted from the ban, what would stop a tavern from expanding their menu or serving breakfast to accommodate those who can no longer smoke in the diner up the street. Although my sales are close to the magic number of 51% alcohol sales, and perhaps I could remain smoking under some of the proposed exceptions, my thought is- why would I want to? I want to be smoke free but for several reasons, making that decision independent of a statewide ban would be problematic for me as an employer and business owner.

Several of my loyal customers are smokers. If I went smoke free voluntarily, it would say to them, "please go somewhere else to eat & drink." If there is no where else to go that would allow smoking, I believe they will continue to choose my restaurant. One of my best employees is a bartender by profession and a smoker. If she could not smoke at my workplace, she would possibly seek out other employment. If she could not smoke at any workplace, I believe she will continue to work for me. Perhaps, she would even try to quit smoking.

The reality is there many different local smoking ordinances in Wisconsin. Our playing field is not level now and it has caused some hardships. There are only two paths to a level playing field. One is no regulation at all, and the other is a complete ban. Anything in between unfairly creates winners and losers.

Smoking is a personal choice, but when done within the confines of a closed building, it becomes a public health concern. Restaurants and bars follow strict regulations regarding our kitchens and our food because straying from those regulations could make people sick. The same logic applies for smoking. Bar and restaurant workers are exposed to toxic second hand smoke for hours at a time, day after day. Are we really saying that the customers and workers in restaurants deserve protection but those in taverns do not? Don't restaurant and tavern employees deserve the same protections afforded to workers in other professions?

So why would owners of restaurants and bars expose workers to this serious health threat? To be fair, until recently this hazard has been an accepted part of our culture. Happily, that's changing. Entire countries (Ireland and Italy) have begun to ban smoking in workplaces, including bars and restaurants. The list of states with laws requiring 100% smoke-free workplaces continues to grow every day. I support adding Wisconsin to that list.

Danielle Baerwald
Erv's Mug
Owner

SCHREINER'S

168 North Pioneer Road
Fond du Lac, Wisconsin 54935
(920) 922-0590
FAX: (920) 922-1992
www.fdlchowder.com

Founded 1938

Members of the Senate Committee on Public Health,
Senior Issues, Long Term Care and Privacy
Senator Carpenter, Chair

May 25, 2007

Senator Carpenter and Committee Members,

We want to go on record in favor of SB 150/workplace smoking ban/no exceptions.

The trend to totally smoke-free workplaces is spreading across the country, and it's time for Wisconsin to become part of that trend. Too much time and effort has already been invested as individual cities and counties debate the details of smoking bans with arbitrary cutoff points, only to have the issue reappear a year or two later.

Wisconsin can be among the leaders in the country regarding this issue by passing a workplace smoking ban with no exceptions. If a new law includes exceptions it will weaken the purpose of that law, and will create inequality in the marketplace. And chances are we will then end up revisiting this issue again in the near future.

We are urging you to put the issue to rest once and for all. Don't pit neighbors against neighbors over a smoking ban with an arbitrary cutoff point. Pass SB 150 with no exceptions, so that all Wisconsin businesses can function with a level playing field.

Respectfully,

Paul F Cunningham

Joan M Cunningham

Paul F. Cunningham, President
Joan M. Cunningham, Vice-President
Schreiner's Restaurant Inc.

Wisconsin Medical Society

Your Doctor. Your Health.

TO: Members, Committee on Public Health, Senior Issues, Long Term Care and Privacy
Senator Tim Carpenter, Chairperson

FROM: Pat Remington, MD, MPH
Council on Health Care Quality and Population Health, Chairperson

DATE: May 31, 2007

RE: Support of Senate Bill 150—"Breathe Free Wisconsin Act"

I am pleased to be here to testify in support of SB 150, both as one of the 11,500 members of the Wisconsin Medical Society and a Board Member of the Midwest Division of the American Cancer Society.

Today, you will hear from both sides on this issue.

You'll hear from public health advocates about the importance of this policy in protecting the health of the public. The evidence is incontrovertible. Over 30 years of research and hundreds of studies have demonstrated the health effects of passive smoke.

We conducted a study right here in Wisconsin to examine the effects of the smoke-free policies that were enacted in Madison and Appleton over the past few years. Our research demonstrated that these policies led to almost complete elimination of indoor air pollutants from cigarette smoke. More importantly, we showed that non-smoking bartenders reported significantly less respiratory symptoms, thereby reducing their risk of long-term health consequences.

But you don't need to know about epidemiology to understand how passive smoke effects health. All you have to do is spend an hour in a smoky room to feel the effects. People who live in Madison and Appleton have grown accustomed to eating and drinking in a smoke-free environment. Just ask them if they want to go back to the way it was, or what it's like to travel to another city that permits smoking in bars and taverns.

Although the evidence on the health effects is clear and compelling, you will hear from others who claim that the costs of this policy far exceed the potential benefits. They will argue that a policy that bans smoking in bars and taverns will have a tremendous effect on their business. But what does the evidence show?

330 East Lakeside Street • PO Box 1109 • Madison, WI 53701-1109 • wisconsinmedicalsociety.org • Phone 608.442.3800 • Toll Free 866.442.3800 • Fax 608.442.3802

Will this policy hurt business? It depends. Research in communities in Wisconsin and elsewhere in the U.S. has shown that these policies do not hurt the hospitality business. People continue to go out to dine and drink.

There is evidence that businesses respond to this policy by making changes in their business. Some see an increase in families and food sales, and others see declines in alcohol sales late in the evening. Regardless, studies show that overall business in bars and taverns does not decline.

SB 150 will actually reduce one of the suspected adverse effects of smoke-free policies when they are implemented in some communities and not in others. Although few research studies have been conducted, anecdotal reports suggest that bars that are on the edge of a smoke-free community, that serve only alcohol, may lose business to bars that permit smoking. Of course, these border effects shift business, but may not affect the hospitality business overall.

But let me be very clear. SB 150 will hurt other businesses in Wisconsin—the tobacco industry and those who profit from the sales of cigarettes. Research has clearly demonstrated that communities and states that have implemented statewide smoke-free policies have seen reductions in the smoking rates. These policies change the social norm from one where drinking and smoking are inextricably linked to one where people can go out to eat and drink without smoking.

I want to close by thanking the sponsors of this legislation for their leadership and commitment to this important public health policy. It's not whether--but when--Wisconsin becomes a smoke-free state and provides all its residents safe and healthy places to live and work.

Patrick L. Remington, M.D., M.P.H.
Professor and Director

University of Wisconsin Population Health Institute
Department of Population Health Sciences
760 WARF Building
610 Walnut Street
Madison, Wisconsin 53726

Phone: (608) 263-1745
Email: plreming@wisc.edu

Thomas Schlenker, MD, MPH
Director of Public Health
Madison and Dane County

DANE COUNTY DIVISION OF PUBLIC HEALTH

MADISON DEPARTMENT OF PUBLIC HEALTH

May 31, 2007
Senate Committee on Public Health
Room 411 State Capitol
Senate Bill 150-Comprehensive State-wide Ban on Smoking in All Public Places

1. Air Quality Sampling of Madison, Taverns and Bar-Restaurants, Aherns and Remington, UW Comprehensive Cancer Center, September, 2005
   a. pre-ban: 8 of 10 exceed, 2-5 X, EPA daily standard (.065mgPM2.5/m)
   b. post-ban: 90% decrease

2. Health Effects of Smoke-Free Bars in Wisconsin, Palmersheim, Wegner, Remington, UW Comprehensive Cancer Center, April 2007
   a. 1528 bartenders in Madison and Appleton exposure to second hand smoke drops from 21 hours per week to less than 2 hours post ban
   b. statistically significant drop in wheezing, shortness of breath, cough, sore throat and irritated eyes

3. History of Smoke-Free Ordinances in Madison, May and Schneider, 2005; Euation of Smoking Restriction Ordinances in Madison Restaurants and Taverns, Schneider, 2007

   a. 5 progressively more stringent, partial smoking ban ordinances 1975-2004 judged to be insufficiently protective and difficult to enforce
   b. 2002 ordinance banning smoking in restaurants but not taverns (>50% alcohol sales) proved unworkable
      i. arbitrary: 11 establishments reported exactly 50%
      ii. incentive to game system: 5 switched back and forth
      iii. unable to verify
      iv. full service bar area smoking
      v. customers can't tell difference: Nitty Gritty, Pedro's, Weary Traveler

4. Smoke-Free Madison 22 months later: partially successful

   c. after July 1, 2005 comprehensive ban: employment up 3.8%
   d. 42 new liquor licenses issued
   e. total class B combination liquor licenses up 8.1% (332 to 359)
   f. of 13 taverns closed, 10 re-opened under new management
   g. municipal ordinances = uneven and unfair playing field

5. "The restaurant and tavern industries are thriving in Madison post comprehensive smoking ban. The large majority of establishments have adapted well to new environment. Workers and patrons are healthier and happier."

Research. Education. Treatment. *Hope.*

University of Wisconsin
Comprehensive Cancer Center

Air Quality in Madison, Wisconsin Taverns and Bar-Restaurants, June 2005 and August 2005

David Ahrens, MS
Patrick Remington, MD, MPH

University of Wisconsin
Comprehensive Cancer Center
Tobacco Surveillance and Evaluation Program

September, 2005

A Comprehensive Cancer Center Designated by the National Cancer Institute

Outreach and Tobacco Control

370 WARF Bldg, 610 N. Walnut Street • Madison, WI 53726 • Phone (608) 263-8627 • Fax (608) 262-2425
University of Wisconsin Medical School
www.cancer.wisc.edu

On July 1, 2005 bars and taverns in Madison, Wisconsin became smoke-free. While there is a general understanding that smoking cigarettes results in indoor air pollution, the actual level of air pollutants in Madison establishments resulting from smoking is unknown. The purpose of this study is to document the extent of indoor air pollution as a result of cigarette smoking in Madison's bars and taverns, prior to July 1, 2005 and following the implementation of the ordinance in Septembert, 2005.

Methods:

A list of the establishments with tavern and bar licenses in Madison was obtained from the City Clerk and divided into two groups: bars that serve food and those whose food service is incidental to their bar business. Twelve establishments were randomly selected from each list. Establishments that were no longer in business were eliminated from the list.

Between June 3, 2005 and June 18, 2005 indoor air quality was assessed in 19 bars and taverns in the City of Madison (10 bars and nine bar-restaurants). Most air samples were taken on Friday and Saturday nights between 8:30 PM and 12 AM. In addition to the samples obtained in the taverns and bar-restaurants, an air sample was taken outdoors at 5 PM at John Nolen Drive and Blair St., a heavily trafficked area.

Between September 8, 2005 and September 18, 2005 a follow-up study was conducted of 18 of the taverns and bar-restaurants in the initial survey. Similar to the July survey, most samples were taken on Friday and Saturday nights between 8:30 and 12 A.M.

The average time spent in each establishment was approximately 35 minutes. The number of people inside the venue and the number of cigarettes burning were recorded every 15 minutes during sampling.

A TSI SidePak AM510 Personal Aerosol Monitor was used to sample and record the level of respiratory particles that are smaller than 2.5 microns per cubic meter ($PM_{2.5}$). Particles of this size are released from burning cigarettes and are trapped in the lungs. The SidePak was zero-calibrated prior to each use by attaching a HEPA filter.

While other air pollutants in the atmosphere and particles from cooking may contribute to air pollution, smoking is the basis of most indoor air pollution.[i] The air monitoring device used is particularly sensitive to small particles, known as polycyclic aromatic hydrocarbons (PAH) that are associated with known carcinogens in cigarette smoke.

The equipment makes a record of particulate levels at one minute intervals. The monitor was located in the central area of the main room of each establishment. All of the "single-minute" data points were averaged to provide an average $PM_{2.5}$ concentration within each establishment.

Results:

Pre-ordinance samples: The air-quality varied between the 19 taverns and bar-restaurants sampled in this study. Bars and taverns (establishments with no or incidental food service) had an average concentration of 168 microns per cubic meter (m^3). This ranged from a low of 30 microns per m^3 to a high of 300 microns. (Figure 1)

Bar-restaurants had an average concentration of 58 micrograms per cubic meter. (Figure 2) The highest concentration observed in this group of establishments was 350 microns per cubic meter. This contrasts with another establishment, also randomly selected, that was smoke free and had an air concentration of 1 microgram per cubic meter. This low reading is similar to the measurement of 3 microns per cubic meter in outdoor air measured in Madison at the heavily-trafficked intersection of John Nolen Dr. and Blair St at 5 PM.

Post ordinance samples: The air-quality continue to vary between the 18 taverns and bar-restaurants but to a much less extent then prior to the ordinance. Bar-restaurants had an air quality of 37 microns per cubic meter. Excluding a single restaurant with a sample of 200 microns due to an open kitchen, the average air quality was 10 microns per cubic yard. Bars and taverns had an average concentration of 15 microns per cubic meter. Air concentrations ranged from 6 microns to 45 microns. The later establishment also used an open grill.

Discussion:

The National Ambient Air Quality Standards of the Environmental Protection Agency are the appropriate standards for analysis.[ii] The pollutants measured as part of these standards are considered harmful to public health and the environment. [iii] The standard for small particulate matter ($PM_{2.5}$) is called a primary standard. Primary standards set limits to protect public health, including the health of sensitive populations such as asthmatics, children and the elderly. Secondary standards set limits to protect public welfare, including protection against decreased visibility, damage to animals, crops, vegetation and buildings. The primary and secondary standards for small particulate matter are the same. The standard for annual exposure, that is the average of the different rates of exposure over one year, is 15 microns per cubic meter. The standard for daily exposure, the greatest exposure allowable in a single 24-hour period, is 65 microns per cubic meter

Our air quality sampling data indicates that prior to the implementation of the smoke-free ordinance seven out of nine bar-restaurants were at or exceeded the EPA standard for annual exposure at 15 microns per cubic meter. One bar-restaurant recorded pollution concentration more than five times the daily exposure limit of 65 microns per cubic meter, with a reading of 350. As a result, an employee working in this establishment for one year would be exposed to 23 times the allowable limit.

Data for the taverns and bars indicate much higher levels of small particle pollutants than for bar-restaurants. With two exceptions, the bars and taverns had concentrations of small particle pollutants two to four times the maximum allowable standard for exposure in a single day.

Following implementation of the ordinance, average concentration of particulates in bars fell to 15 microns per cubic meter- the EPA standard. This is a decrease of over 90% in air contaminants. Reduction of particulates in bar-restaurants was not as dramatic because of a lower rate at the base and the single outlier with a rate of 200.

Study Limitations:

All of the samples were taken in June 2005 during warm weather. Testers documented that nearly all of the establishments used air-conditioning. In the few instances where air conditioning was not on, doors were open, and in some instances, fans directly exhausted smoke. In cold weather conditions, higher levels of small particulates may be present. Additionally, surveyors found relatively low numbers of patrons, particularly in the downtown bars surveyed. This would further reduce the level of smoking related particulates, compared to other times of the year when patronage is higher.

Conclusion:

It is well documented that secondhand smoke causes cancer, heart disease and other diseases. Even short-term exposure to secondhand smoke can trigger respiratory infections, asthma and death from heart attack. [iv]

The data presented in this report indicate that patrons and employees of taverns and bar-restaurants in Madison are typically exposed to levels of secondhand smoke that are at, or many times greater than, the nationally recognized safe levels of exposure. This exposure presented immediate and long-term health risks for patrons and employees. Implementation of the ordinance substantially reduced air contaminants in bars and further reduced contaminants in bar-

restaurants. Compliance with the new ordinance can eliminate these disease-causing toxins and their related health effects.

References:

[i] Repace JF. An air quality survey of respirable particles and particulate carcinogens in Delaware hospitality venues before and after a smoking ban. In Repace Associates, 2003

[ii] Hyland A, Travers M, Repace JF, 8 City Air Monitoring Study, March- April 2004. Roswell Park Cancer Institute, 2004.

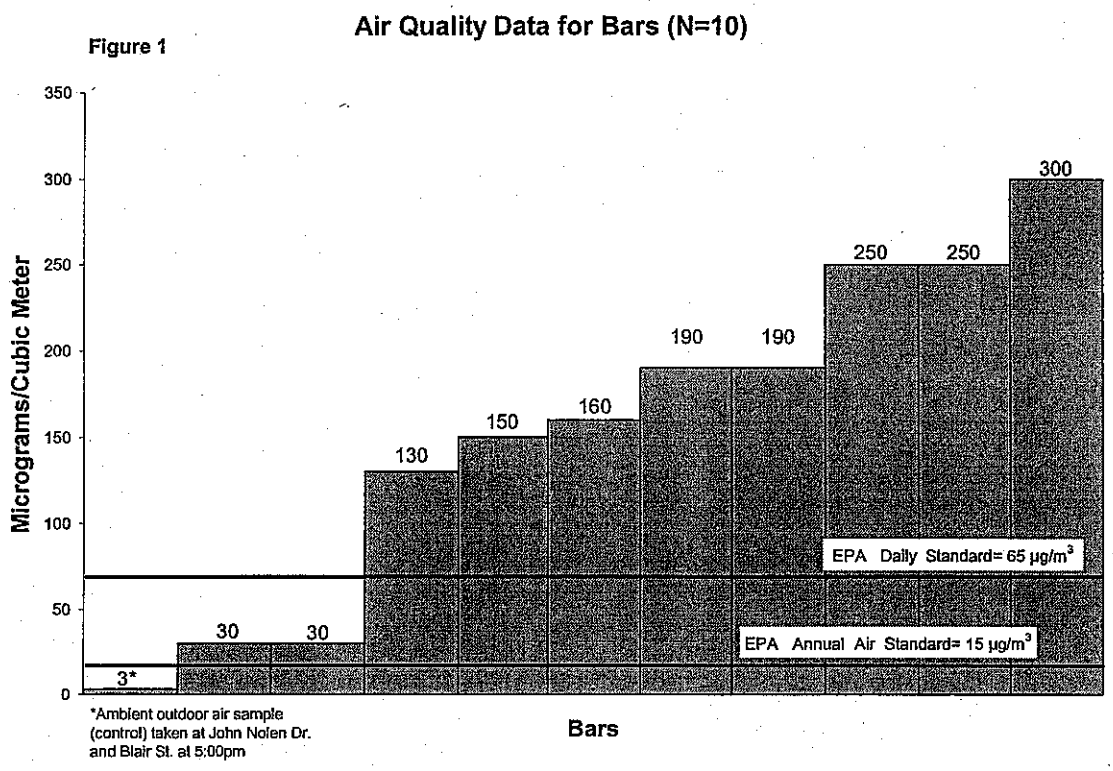
[iii] US Department of Health and Human Services. Second national report on human exposure to environmental chemicals. Atlanta, GA: US Department of Health and Human Services, Centers of Disease Control and Prevention, National Center for Environmental Health, 2003

[iv] Centers of Disease Control. Annual smoking-attributable mortality, years of potential life lost, and economic costs- United States, 1995-1999; MMWR 2002;51(14): 300-320

Acknowledgements: The authors would like to acknowledge the assistance of Melissa Umland, Angela Kempf, Michael Fox and Paul Uebellher in the collection of the data and Mark Travers of the Roswell Park Cancer Institute, Buffalo N.Y. for his assistance in data analysis. We also acknowledge the assistance of the Tobacco Control Program, Bureau of Chronic Disease and Health Promotion, Division of Public Health, Wisconsin Department of Health and Family Services.

Suggested Citation: Ahrens D, Remington, P. Report on Air Quality in Madison, Wisconsin Taverns and Bar-Restaurants, June 2005. University of Wisconsin Comprehensive Cancer Center, July 2005.

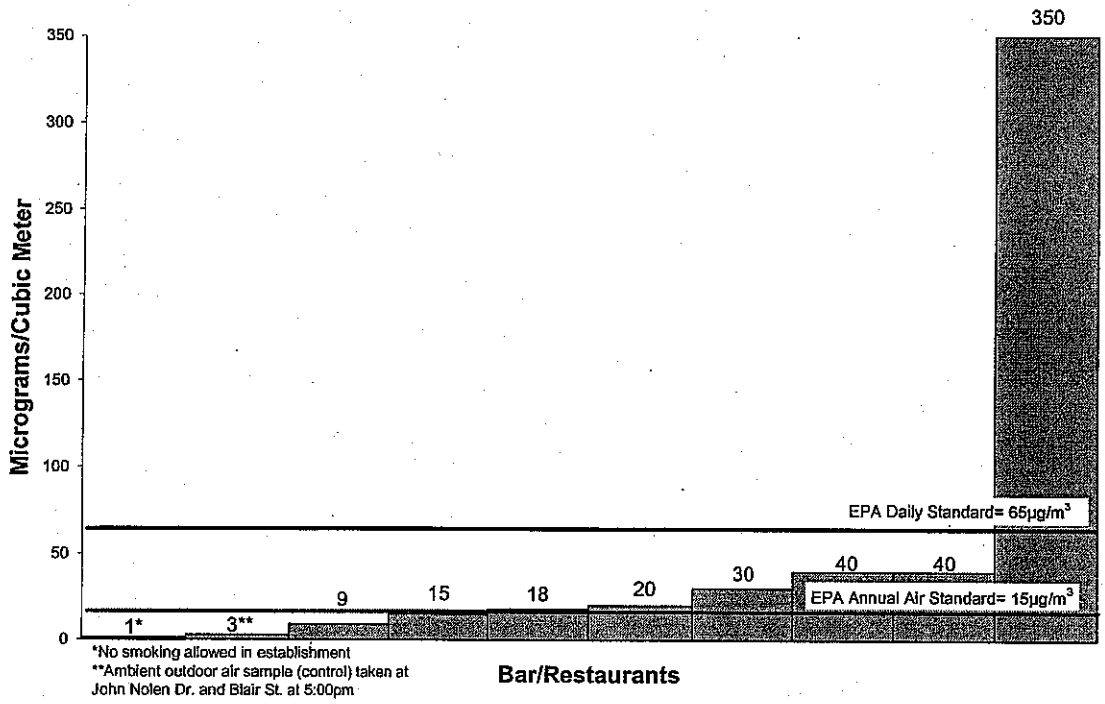
Figure 1



*Ambient outdoor air sample (control) taken at John Nolen Dr. and Blair St. at 5:00pm

Figure 2

Air Quality Data from Bar/Restaurants (N=9)



Surveillance Brief
Wisconsin's Comprehensive Cancer Control Program
Prevention • Screening & Detection • Treatment • Quality of Life • Palliative Care

April 2007
Volume 3 Number 1

HEALTH EFFECTS OF SMOKE-FREE BARS IN WISCONSIN

Karen Palmersheim PhD, Mark Wegner MD MPH, Patrick Remington MD MPH

Summary

Objective – To assess the impact of a smoke-free workplace ordinance on bartenders' exposure to secondhand smoke and upper respiratory tract symptoms.

Methods – Data were collected from bartenders working in Appleton and Madison, Wisconsin employing a cross-sectional research design. Pre-ordinance data were collected 2 months before the July 1, 2005 ordinance; post-ordinance data were collected approximately one year later. Findings were extrapolated to the statewide population of bartenders.

Findings – Bartenders' mean level of exposure to secondhand smoke at work decreased from 20.7 hours during pre-ordinance to 1.6 hours during post-ordinance; exposure in other places decreased from 8.2 hours to 4.1 hours; home exposure decreased from 3.9 hours to 2.8 hours. The prevalence of eight upper respiratory symptoms was significantly lower during the post-ordinance period among non-smoking bartenders. Smokers reported a significant reduction of two symptoms.

Implications – A smoke-free workplace ordinance was associated with reduced exposure to secondhand smoke and fewer related upper respiratory symptoms among bartenders. Statewide, smoke-free establishments could lead to similar health improvements among many more employees and bar patrons.

INTRODUCTION

Exposure to secondhand smoke has increasingly become an issue of concern to the public health community. Indeed, a heightened awareness has followed the release of the 2006 report of the US Surgeon General,[1] which reviewed and critiqued numerous studies investigating the relationship of passive smoking with various disease processes. The report concluded that children and infants exposed to secondhand smoke are at increased risk of lower respiratory illnesses, middle ear disease, and sudden infant death syndrome (SIDS).[1] Exposure to secondhand smoke has also been associated with an increased risk for coronary heart disease among both men and women, and an increase in lung cancer risk among lifetime non-smokers.[1] Further, the Surgeon General concluded that nasal irritation is causally related to secondhand smoke exposure, and evidence is suggestive of a causal relationship between secondhand smoke and other acute respiratory symptoms including cough, wheeze, chest tightness, and difficulty breathing --- among both healthy persons and persons with asthma.[1]

The number of workplaces that are smoke-free has been steadily increasing --- via the enactment of smoke-free laws and by the voluntary implementation of smoke-free policies by employers and businesses. However, individuals working in the restaurant and hospitality industry (e.g., wait staff, bartenders) are among those least likely to work in smoke-free environments,[1,2] and previous research has found mean serum cotinine levels (a measure of secondhand smoke exposure) highest among people working in these settings.[2] These findings suggest that individuals employed in these types of occupations would be at an increased risk of developing conditions associated with secondhand smoke, and accordingly, would benefit most from the elimination of such exposure.

The purpose of this research was to assess change in mean level of exposure to secondhand smoke among bartenders affected by the establishment of smoke-free ordinances in two Wisconsin cities. In addition, upper respiratory tract symptoms were assessed prior to, and approximately one year after, the implementation of the smoke-free ordinances. These findings were then used to estimate the potential impact of smoke-free policies on bartenders statewide.

METHODS

The University of Wisconsin Tobacco Surveillance and Evaluation Program, in collaboration with the Wisconsin Tobacco Prevention and Control Program, conducted two cross-sectional studies to assess secondhand smoke exposure and upper respiratory symptoms among bartenders working in two Wisconsin cities that implemented smoke-free workplace ordinances on July 1, 2005. The first study was conducted two months prior to the ordinance, and the second study was conducted approximately one year after its establishment, during May through July of 2006. Details of data collection, inclusion criteria, and analytic methods for the full study can be found at http://www.medsch.wisc.edu/mep/.

Overall, 1,528 bartenders were included in the current study, 793 in the pre-ordinance group, and 735 in the post-ordinance group. However, the samples were stratified by bartender smoking status to control for the effects of active smoking. In the current report, findings presented for upper respiratory health symptoms were limited to bartenders that reported being non-smokers, because exposure at work is likely to be their main source of inhaled cigarette smoke. Independent-samples t-tests were employed to compare pre-ordinance scores to post-ordinance scores on measures

of secondhand smoke exposure. Pearson Chi-square analyses were used to test levels of upper respiratory symptoms. These findings were then extrapolated to the estimated number of non-smoking bartenders working in Wisconsin as follows. According to the Wisconsin Department of Workforce Development, approximately 23,000 individuals are employed as bartenders in the state of Wisconsin.[3] Calculating an average across the two study samples suggests that approximately 45% of bartenders currently smoke. Thus, an estimated 12,650 bartenders would be non-smokers (55% of 23,000). The estimated number of non-smoking bartenders was then applied to the absolute percent difference in each symptom, pre- to post-ordinance, to predict the number whose physical symptoms might be improved if all bars in the state were smoke-free.

RESULTS

Sample characteristics of bartenders who participated in the pre-ordinance and post-ordinance studies are presented in Table 1. Table 2 displays the mean estimates of exposure to secondhand smoke in the home, at work, and other places, during pre-ordinance and at post-ordinance. Exposure was self-reported as the number of hours exposed during the past 7 days. Mean exposure to secondhand smoke in the home decreased from 3.9 hours at pre-ordinance to 2.8 hours at post-ordinance. Exposure to secondhand smoke at work decreased from 20.7 hours at pre-ordinance to 1.6 hours at post-ordinance, and mean exposure in other places decreased from 8.2 hours to 4.1 hours. T-test analyses revealed the mean reported decreases in exposure were statistically significant for all three areas assessed.

Study participants were also asked to report how often they experienced a number of upper respiratory symptoms over the past 4 weeks. Data were dichotomized (collapsed into yes/no categories) for the current analyses. Table 3 presents the percentage of non-smoking bartenders that reported experiencing the eight upper respiratory symptoms before and after the establishment of the smoke-free ordinance. The second column designates the percentage of bartenders that reported having experienced each of the eight symptoms during the pre-ordinance study, and the third column shows the prevalence at post-ordinance. For example, 31% of non-smoking bartenders reported 'wheezing or whistling in chest' during the pre-ordinance study, whereas 16% reported this symptom at post-ordinance. This represents an absolute percent decrease of 15%. The fourth column, presenting the results from the Chi-square analysis which compares the sample proportions, shows that the change was statistically significant. The final column shows the estimated number of non-smoking bartenders statewide who could see improvement in the reported symptom were a smoke-free policy extended to all Wisconsin bars. For example, we could expect approximately 1,900 fewer non-smoking bartenders to experience wheezing or whistling in the chest.

COMMENTS

The findings from this study reveal that the establishment of a smoke-free workplace ordinance can reduce exposure to secondhand smoke among bartenders – both at work and in other places. These latter findings suggest that when bartenders are not at work, they may be spending more of their time in establishments that have also become smoke-free. The lower level of exposure to secondhand smoke in the home reported in the post-ordinance study may reflect, in part, the lower percentage of smokers in the post-ordinance sample, as smokers are more likely to live with other smokers. Or, the impact of the smoke-free workplace ordinances may have carried over into the home environment.

Analyses suggest that the reduced level of exposure to secondhand smoke corresponds with a reduction in the prevalence of upper respiratory symptoms among these workers. In particular, among non-smoking bartenders, the prevalence of all eight symptoms was significantly lower after the establishment of the smoke-free ordinances compared to that reported prior to the ordinances. These findings suggest that an improvement in upper respiratory health symptoms could be experienced by a significant number of non-smoking bartenders in Wisconsin if all bar work environments in the state were smoke-free. In addition, even bartenders that were current smokers reported a significantly lower prevalence of two symptoms one year post-ordinance (data not shown), and thus could be expected to see a tangible improvement in health. Finally, although this study examined only the health effects of these policies on bartenders, others who work or recreate in bars might also see similar improvements in health.

These findings are similar to those reported by Eisner et al.[4] in a cohort study of bartenders in San Francisco, and a second study conducted by Menzies et al.[5] in Scotland. However, due to relatively smaller sample sizes, results in the previous two studies were reported as groups of symptoms. In addition, the Menzies study only included non-smokers. The current study had ample power by which to analyze each symptom independently, in addition to stratifying the sample by smoking status.

Morever, the current study extends the findings from a previously reported longitudinal study of bartenders in Madison and Appleton.[6] That study involved comparing baseline data, collected 2 months before the July 1, 2005 ordinance, to follow-up data collected only 3-5 months post-ordinance. Within the cohort of 403 bartenders studied, mean level of exposure to secondhand smoke decreased significantly at work and in other places. In addition, the prevalence of all eight upper respiratory symptoms decreased significantly from baseline to follow-up among non-smoking bartenders, and smokers reported a significant reduction of two symptoms. The strength of the current study is that similar findings have now been found in two much larger cross-sectional samples.

PROGRAM/POLICY IMPLICATIONS

This study revealed a significant reduction in exposure to secondhand smoke in the workplace, as well as in other places, one year after the implementation of a smoke-free workplace ordinance in two Wisconsin cites. In addition, bartenders working in establishments impacted by the ordinances reported significantly fewer upper respiratory tract symptoms. Thus,

it appears the elimination of smoking in workplaces such as bars and restaurants can have beneficial effects on the acute respiratory health of those who work in such settings. These acute symptoms may serve as the warning signs of impending, more serious chronic conditions such as emphysema, lung cancer, and heart disease. Hence, in addition to reducing the immediate, short-term consequences associated with exposure to the chemicals present in secondhand smoke, smoke-free environments should contribute to a reduced risk of more serious long-term conditions.

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Suggested Citation: Palmersheim, et al. Health Effects of Smoke-Free Bars in Wisconsin. Surveillance Brief. UW Paul P. Carbone Comprehensive Cancer Center. 2007; 3-1.

TABLE 1. Sample Characteristics – Pre-Ordinance and Post-Ordinance

	Pre-Ordinance (n=793)	Post-Ordinance (n=735)
City (n)		
Madison	621	510
Appleton	172	225
Age (years)		
Range	19-80	19-76
Mean	35	35
Median	32	31
Gender (%)		
Female	52	54
Race/Ethnicity (%)*		
White	95	96
Other	6	5
Hispanic	2	3
Education (%)		
Less than high school	2	1
High school diploma	18	16
Some college (no degree yet)	38	39
Associate's degree	12	12
Bachelor's degree	24	26
Graduate or Professional degree	5	5
Months bartending at current bar (#)		
Mean	64	61
Median	36	35
Hours working in current bar per week (#)		
Mean	24	23
Median	22	20
Current smoker (%)	48	41
Cigarettes smoked per day (#)		
Mean	13	11
Median	10	10

* Because respondents could check more than one race, totals may not add to 100.

TABLE 2. Level of Exposure to Secondhand Smoke at Home, Work and Other Places – Pre-Ordinance and Post-Ordinance

Place of Exposure	Pre-Ordinance (mean hours/past 7 days)	Post-Ordinance (mean hours/past 7 days)
Home*	3.9	2.8
Work***	20.7	1.6
Other***	8.2	4.1

Independent-samples t-test, 2-tailed; *p<.05, **p<.01, ***p<.001.

TABLE 3. Percent Reporting Upper Respiratory Symptoms – Pre-Ordinance and Post-Ordinance (Non-Smokers)

Upper Respiratory Symptoms (past 4 weeks)	Percent Reporting Symptom: Pre-Ordinance (n=409)	Percent Reporting Symptom: Post-Ordinance (N=433)	p-value[a]	Number of Non-Smoking Bartenders Potentially Affected by Statewide Smoke-Free Policy[b]
Wheezing or whistling in chest	31	16	.000	1,900
Shortness of breath	40	27	.000	1,600
Cough first thing in the morning	44	24	.000	2,500
Cough during the rest of the day/night	50	29	.000	2,700
Cough up any phlegm	50	37	.000	2,300
Red or irritated eyes	72	41	.000	3,900
Runny nose/irritation, sneezing	76	53	.000	2,900
Sore or scratchy throat	62	38	.000	3,000

a Comparison of Pre-Ordinance to Post-Ordinance; Pearson Chi-square Analyses, 2-tailed

b Calculated as (percent with symptom pre-ordinance – percent with symptom post-ordinance) x 12,650 (rounded to the nearest hundred)

May 23rd, 2007

The Committee on Public Health, Senior Issues, Long Term Care and Privacy

My name is Don Krueger and I reside at 374 Windingbrook Drive in Oshkosh Wisconsin. I am here this afternoon to ask for your support for Senate Bill 150. I am a 4- year survivor of male breast cancer. I know first hand what it is like to be told those dreaded words "You have Cancer". I have experienced first had telling my family the news and seeing the fear and concern on their faces. I know what it is like to go through surgery and then chemo treatments. We all know that second hand tobacco smoke can cause cancer. In all, secondhand smoke kills 53,000 Americans each year, according to the National Cancer Institute. We have an opportunity to make some positive changes to the overall health of the citizens of Wisconsin. Please support the passage of this bill into law. We have a great opportunity to reduce the incidence of cancer in the future with the passage of Senate Bill 150.

Thank You

Donald Krueger
374 Windingbrook Drive
Oshkosh WI 54904

920-233-6598

Ladies and gentlemen, thank you for letting me speak today. My name is Caryn Nickels and I am from Manitowoc, Wisconsin. I am here today to impress upon you the need to pass senate bill 150.

Governor Doyle's proposal for all work places, such as offices, restaurants, bars, bowling alleys, and buildings where people work, to be smoke free, is the correct thing to do. Passing this bill will serve to protect the people of Wisconsin by creating a healthier work place environment.

Many of these work places also serve as places for social gatherings. I should have the right to socialize in a smoke free environment, free from the worries of health issues. I am sick and tired of the stench from someone else's habit. I hate waking up in the morning feeling ill with a parched throat and headache.

For 54 years I have dealt with my family and friends addiction and we have all come to realize this is not a healthy situation. Needlessly, too many have gotten sick and or died because of someone else's bad habit.

Please consider passing this bill for my health, the health of my children and my soon to be born granddaughter. I pray that they will not have to endure the dangers of second hand smoke ever again and you can make it a reality. Thank you.

Caryn Nickels
5/31/07

This is truly a pro-life issue D.L.

Honorable members of this committee. I am from Oshkosh WI. I have studied the issue of smoking for more than 20 years and received grants through the University of Wisconsin system and the American Lung Association to study patterns of adolescent smoking from 1986 to 1991.

Please make the Breathe Free Wisconsin Act apply to all indoor places of employment without exception. In April 2004 Oshkosh passed by citizen initiated ballot an ordinance mandating smokefree restaurants while exempting bars making 70 percent of their income from drinks. This has resulted in opposition from businesses wanting exemptions from the ordinance because their neighbors had exemptions under the ordinance.

Currently there are two restaurants in Oshkosh that have exemptions that are probably illegal under the Oshkosh ordinance. The remainder of over 100 Oshkosh restaurants are complying with the ordinance. By passing a universal law, differential compliance problems would be removed from the entire state. For example, there is currently on appeal in Ohio a judge's ruling that restaurants or bars passing themselves off as private clubs are breaking Ohio's smokefree law. The judge ruled these businesses were breaking the law because these so called private clubs had employees. Please protect all employees from secondhand smoke.

In my efforts to prevent adolescent tobacco addiction, I once a week during the school year go out to talk to kids smoking near Oshkosh West High School. Sometimes a kid will accept American Cancer Society's quit smoking tips from me. An occasional person has told me they have quit because of my efforts. On the other hand, kids have also told me that if smoking was as bad as the research says, they wouldn't be allowed to smoke. Currently in many parts of Wisconsin, kids are allowed to smoke even though it is illegal for them to possess tobacco.

According to the US Center for Disease control, Wisconsin has close to 1000 deaths yearly from secondhand smoke. American Cancer Society says more deaths than that. This is a higher total than we have of vehicle crash deaths. The most common fatal effect of secondhand smoke is sudden death by heart attack. Secondhand smoke is known to cause miscarriages, stillbirths, sudden infant deaths, birth defects, and attention deficit disorders in children. If we do not ban smoking in bars, to protect their offspring from secondhand smoke will we make it illegal for pregnant women to go to bars?

Please ban smoking in all indoor places of employment without exception.
Daniel Lynch, 310 S. Eagle St. Oshkosh WI 54902. 920-235-4942

Daniel Lynch 5-31-07

31 May 2007

Sandy Bernier
831 Minnesota Ave
North Fond du Lac WI 54937

My name is Sandy Bernier and I live at 831 Minnesota Ave North Fond du Lac, I am the Tobacco Prevention Educator for the Fond du Lac County Health Department. I would like to thank all of the committee members for the opportunity to speak to you today about the "Breath Free Wisconsin Act".

As a tobacco prevention educator I can tell you the facts about secondhand smoke are clear and convincing, there is no safe level of exposure, and no ventilation system will protect workers and patrons from the exposure to the cancer causing agents. In 2006, the Surgeon General confirmed this fact stating "no level of secondhand smoke is safe." Service workers deserve the same protection from secondhand smoke that office workers enjoy, smokefree policies improve worker health, lower health care cost, and provide greater support and incentive for smokers who wish to quit.

As an ex-smoker, who has been tobacco -free for twenty -five -years, I understand tobacco addiction and I have compassion for those who are addicted. I also understand the benefits of being smokefree and the necessity to create smokefree environments that protect everyone from exposure to toxic chemicals like formaldehyde, arsenic, and ammonia., just to name a few. The Breath Free Wisconsin Act would be tobacco prevention at its best, giving everyone the right to breath clean air, eliminating exposure to secondhand smoke, and providing support and incentive for smokers who choose to quit.

Sandy Bernier
831 Minnesota Ave
North Fond du Lac WI 54937

DEDICATED TO COMMUNITY HEALTH
FOND DU LAC COUNTY TOBACCO CONTROL COALITION
160 S. Macy St. • Fond du Lac, WI 54935 • (920) 929-3085 • Fax (920) 929-3102

My name is Joyce Mann, I am a program coordinator for the Fond du Lac County Tobacco Control Coalition. I hope to provide insights on the public health and community benefits of a comprehensive smokefree state law.

First and foremost: it's about the secondhand smoke, not the person smoking. The Breathe Free Wisconsin Act recognizes the past 20+ years of research: there is no safe level of exposure to secondhand smoke, and the only way to remove the risk is to eliminate the smoke. The Breathe Free Act places safety above convenience: for the safety of all workers and patrons, people who smoke should take it outside. About one-fifth of all health insurance costs in the state are used to pay for smoking-related diseases. More people die from secondhand smoke than traffic accidents.

Taverns contain four to six times the levels of secondhand smoke of other businesses. Public health advocates have consistently heard from tavern owners that they want a "level playing field". A statewide law does just that.

Some people will complain that a comprehensive law infringes on their personal rights. From a public health perspective, a citizen's right to breath clean, unpolluted air should take precedence. It doesn't matter if they are a worker or a patron.

Loss of business is a frequent argument from the hospitality industry against smokefree laws. Those claims were made when Fond du Lac's current ordinance went into effect but did not materialize. The city of Appleton which is totally smokefree has a waiting list of applicants for liquor licenses. In Madison, 39 new liquor licenses were issued one year after the implementation of their smokefree workplace ordinance. Last year's Surgeon General's report also concluded that smokefree policies and regulations do not have an adverse economic impact on the hospitality industry.

The majority of residents (local and statewide) want smokefree environments. Attached to copies of my testimony is a resolution adopted by our local Board of Health and County Board supporting a statewide smokefree workplace law with no exceptions. The resolution was adopted by a 23-10 vote.

In summary, The Breathe Free Wisconsin Act , provides a safer working environment for those at greatest risk, reduces the incidence of heart disease, lung disease, and other illnesses, treats all businesses equally, and is supported by the majority of the citizens. That sounds like a win-win scenario to us.

Joyce Mann

Joyce Mann

** AMENDMENT

Revised

RESOLUTION NO. 123-06

**RESOLUTION STATING THAT THE
FOND DU LAC COUNTY BOARD OF SUPERVISORS
SUPPORT ADOPTION OF A
STATEWIDE WORKPLACE SMOKING BAN WITH NO EXECPTIONS**

WHEREAS, tobacco use is the leading cause of preventable death and disease in Fond du Lac County, causing 128 deaths and 38.6 million dollars in health care costs annually, and

WHEREAS, every year, 16,400 Wisconsin children become addicted to tobacco products, and

WHEREAS, significant price increases in tobacco products and smoke free workplace legislation have been proven to be the best strategies to reduce consumption of tobacco products, especially among youth, and

WHEREAS, exposure to secondhand smoke is the third most common cause of preventable death and disease in Fond du Lac County, and

WHEREAS, the 2006 Surgeon General's Report "Health Consequences of Involuntary Exposure to Tobacco Smoke" concluded that there is no risk-free level of exposure to secondhand smoke, that workplace smoking restrictions are effective in reducing secondhand smoke exposure, and that smoke free policies and regulations do not have an adverse economic impact on the hospitality industry, and

WHEREAS, all citizens deserve to be protected from exposure to secondhand smoke in workplaces and public settings, and

WHEREAS, it is the responsibility of governmental bodies to protect the health of communities they serve, and

WHEREAS, the Fond du Lac County Board of Supervisors has previously supported efforts to strengthen the State's Clean Indoor Air laws, and

WHEREAS, Governor Doyle's State biennial budget proposal includes a provision for a $1.25 increase in the tobacco tax, with the additional revenue being allocated to: funding a comprehensive program to reduce tobacco use that follows CDC (Center for Disease Control) best practice guidelines, allocates funds to the Medical Assistance Program and funds other State programs that will advance the health, education and general welfare of Wisconsin citizens, and

WHEREAS, the Governor is asking the Legislature to pass legislation proposing all Wisconsin workplaces be completely smoke free and Fond du Lac County's buildings and confined spaces are already complying with this, and

WHEREAS, such legislation is supported by three out of four Wisconsin citizens.

NOW, THEREFORE, BE IT RESOLVED that the Fond du Lac County Board of Supervisors support adoption of a statewide workplace smoking ban with no exceptions.

BE IT FURTHER RESOLVED that the Fond du Lac County Board of Supervisors support Governor Doyle's budget initiative to increase the Wisconsin excise tax on cigarettes by $1.25 per pack.

BE IT FURTHER RESOLVED that a copy of this resolution be forwarded to the Wisconsin Counties Association, Wisconsin Governor Jim Doyle, the Joint Finance Committee of the State of Wisconsin, and all Legislators who represent portions of Fond du Lac County.

Dated March 20, 2007

** AMENDMENT

Motion by County Board to add "and supports the Governor's budget initiative to increase the Wisconsin excise tax on cigarettes by $1.25 per pack"to heading. Motion carried.

Motion by County Board to divide resolution separating statewide workplace smoking ban from the WI. excise tax on cigarettes by $1.25 per pack. Motion carried.

Motion to support smoking ban in workplace with no exceptions was carried by a vote of Ayes, 23. Nays, 10. Absent, 3.

Motion to support $1.25 sales tax, carried by a vote of Ayes, 17. Nays, 16. Absent, 3.

SUBMITTED BY:
BOARD OF HEALTH

Shirley Ries

Shirley Ries

Todd M. Schmitz

Leonard D. Duffy

Jenna Saul

FISCAL NOTE: This resolution does not require an appropriation from the County General Fund. It is advisory in nature.

APPROVED BY:

Allen J. Buechel
COUNTY EXECUTIVE

APPROVED BY:

William J. Bendt

William J. Bendt
CORPORATION COUNSEL

Thomas Conville & family

4779 County Rd Q
Wisconsin Rapids, WI 54495

May 30, 2007

Dear Committee on Public Health, Senior Issues, Long term Care and Privacy,

Our family would love to see the non smoking in all public places law passed. On countless occasions we have entered family dining establishments only to turn around and leave because the air was thick with second hand smoke. This smoke is extremely harmful to my baby and children not to mention my husband and myself. Smoking sections in restaurants make little difference; the smoke lingers throughout the establishments. Please pass this law and make public places healthier for all.

Sincerely,

Thomas Conville + family

Thomas Conville
Michelle Conville
Children:
Serena, Nolan, Joah Jack and Luella

SecurityHealth Plan®

May 22, 2007

To all Members of the Committee on Public Health, Senior Issues & Long-term Care & Privacy:

I am writing to support the smoke free air bill proposed by Governor Doyle. As a physician I have seen the devastating health effects of smoking in my patients and their families. I have become concerned about the cost of smoking for health care. Smoking is the number one cause of preventable heart disease and cancer.

Sixty-four percent of Wisconsinites support smoke free air. I do not believe that the minority should dictate policy to the majority. This is a concern for all. To continue to ignore this issue is to enable more people to take up this habit.

The argument commonly given against this initiative is the economic impact for businesses. Every legitimate study ever done has shown no negative impact, and in a few cases, studies have shown a positive impact. Only studies commissioned or supported by the tobacco industry have shown a negative impact.

What seems to be the case that instead of loss, workplaces that have adopted smoke free air policies have realized economic benefits. The results of all credible peer-reviewed studies show that smoke free policies and regulations do not have a negative impact on business revenues. Establishing smoke free workplaces is the simplest and most cost effective way to improve worker and business health. In fact, the only negative economic effect that smoke free laws have is on the tobacco industry itself.

I personally have helped Marshfield Clinic and St. Joseph's Hospital adopt a smoke free campus policy. I believe it is in the best interest of the people of Wisconsin. **I would encourage you to consider them in your vote.**

Sincerely,

Edward Krall, M.D.
Medical Director
Security Health Plan

EK/lj

May 30, 2007

To all members of the Committee on Public Health, Senior Issues, Long Term Care & Privacy:

Please support our Governor as he attempts to improve the health of Wisconsin citizens. We all want to decrease premature sickness and death of our citizens. I know that you want to protect our children from health risks and provide affordable health care for as many Wisconsinites as possible.

To assist with this, we need a smoke-free state. If smoking is not allowed in any workplace the health quality will drastically improve among our citizens. This will turn out to be more than just a health benefit. Business will also benefit because workers will be sick less, more productive and their health care costs will decrease.

Only 21% of Wisconsinites smoke, yet we are all paying for the cost of smoking and secondhand smoke exposure.

Thank you for supporting Senate Bill 150, legislation that will improve the quality of life for all Wisconsinites.

Sincerely,

Professor John Harrington
Dept. of Physical Education
UW Marshfield/Wood County

Home address:
221 South Hickory Court
Marshfield, WI 54449

DaNita, Don, Presley & Peri Carlson
11621 80th Street South
Wisconsin Rapids, WI 54494
715-325-2596

Thursday, May 31, 2007

To all members of the Committee on Public Health, Senior Issues, Long Term Care & Privacy:

I'm here to ask for your support for Senate Bill 150.

My 10 year old daughter, Peri, has asthma. When she was diagnosed, I was upset for 2 reasons, one reason being the diagnosis and what negative implications it would have on her entire life; the other reason being, I knew the asthma could have been prevented. While I was pregnant with her, I was exposed to secondhand smoke for 40+ hours per week at my workplace. Science has now proven that secondhand smoke is damaging to a fetus. But even in 1996 I knew secondhand smoke was deadly. I knew it was not in my best interest or my unborn child's to be inhaling the carcinogens in the secondhand smoke.

At that time I wrote a letter to the administration at my workplace requesting a change with the smoking areas which were within feet of my work area. Their response was simply stated, "Cigarette smoke cannot be detected in your work area." And no change was made. I needed the job to support my family and carried the insurance for our family, so I was forced to continue working there. Now I believe my daughter must suffer the negative health consequences of my workplace exposure.

My husband, Peri's dad, is still exposed to secondhand smoke in his workplace day after day. He is a factory worker who works in the paper industry. As you know, the paper industry has been hit hard in the past few years. Our paper town, Wisconsin Rapids, has experience a massive amount of job losses. My husband cannot just "find another job" as some pro-tobacco people so arrogantly say. He is an unskilled laborer without a degree. His options are very limited. He makes a decent wage and now carries the health insurance for our family.

My husband has requested a change in the smoking areas in his workplace. Some small changes have been made, but the progress in making his workplace smoke-free is slow, to say the least. And while we patiently wait for a policy change to be made, my husband suffers from head aches and sinus problems due to his workplace exposure to secondhand smoke.

As a policy maker, your responsibility is to intervene when it comes to the health and safety of the public. You were voted into office to make these "tough decisions" that no one else has the guts to make. Also, when you see an initiative that makes good sense, you need to pass it. It is your duty to keep my child, my husband and all residents of Wisconsin free from secondhand smoke exposure.

Legislation prohibiting smoking in indoor environments should be applied equally so that everyone is guaranteed protection from secondhand smoke exposure. Restaurant, tavern and factory workers deserve the same health protections that people who work in an office building do. Senate Bill 150 can provide this protection.

If this bill would pass, my daughter would be safe from secondhand smoke exposure in public places and her dad would be safe from secondhand smoke exposure in his workplace.

It is imperative that this bill pass for the health and safety of all residents in Wisconsin.

Thank you for the opportunity to testify.

DaNita Carlson

5/29/07

To The Committee on Public Health, Senior Issues, Long Term Care and Privacy,

I am writing in support of as much legislation as possible to regulate tobacco use and encourage people not to start. As a means of introducing myself, I have been a middle school science and health teacher in Marshfield, WI for the past 30 years. A major goal of mine has always been to deter my students from smoking. Raising the tax on cigarettes is essential in my mind to help us curb tobacco addiction in our young people.

Equally important, in my mind, is the protection of our WI citizens from the very real dangers of second- hand smoke by creating state wide legislation to forbid smoking in public places including restaurants and bars. As a non-smoker with asthma, I feel almost persecuted because I am unable to dine in places without being endangered by the smoking habits of others.

I have a story to tell that I am really hoping will be read, and taken seriously by our representatives who will be making crucial decisions regarding the health and welfare of the majority of WI citizens who are not addicted to cigarettes. I had the unique privilege of having both of my parents serve this country during World War II. My father was even the recipient of the Bronze Star Medal. They both valued freedom enough to risk their lives for our country. They went into the war as non-smokers and came out addicts at a time when little was known about the real danger of cigarettes. The military supplied them with free cigarettes, and this started their addiction. Many years later, when warnings came out on the labels, my father was able to quit for the sake of his 5 young children. My mother, however, though she tried, was sadly never able to overcome her addiction. While there was no history of lung difficulties of any kind in either of my parents' relatives, all 5 children developed asthma. I hardly feel this is any type of coincidence. Years of exposure to my parents' smoking was the primary factor involved, so now we all suffer the consequences. In addition, In spite of the fact that there was no exposure to second-hand smoke for any of their grandchildren, all 4 of them also developed asthma. I truly believe research suggesting second generation effects of second-hand smoke exposure.

This, in my mind, is a true long lasting tragedy and legacy of the fact that my parents were enticed to smoke in the military. While my parents risked their lives for the freedom of US citizens, our freedom to live normal asthma free lives was lost... In spite of the fact that there is nothing to be done to undo the damage to our lives, you are in a critical position to grant us freedom now, by passing uniform legislation to regulate smoking in <u>all</u> public places. I implore you to look at this issue as a freedom issue, freedom for non-smokers to be protected by deadly fumes from the minority of people who chose to smoke. As my parents fought for our freedom in WWII, I am fighting for freedom for my family, my children and future grandchildren. Truly, I cannot think of another thing allowed in this country that poses such a direct threat to other citizens. I beg you to help us to correct this wrong. In passing this legislation, from my standpoint, you will be honoring the memory of a great man and woman who gave so much in WWII to keep America <u>truly</u> free.

If you should have any further questions or comments, please do not hesitate to contact me.

Respectfully submitted,

Jill M. Martin
M304 Galvin Ave.
Marshfield, WI 54449
(715) 387-4442
ajmartin@fibernetcc.com

May 29, 2007

Dear Senator Kreitlow,

I am writing to urge your support for Senate Bill 150, the state-wide smoke-free air bill. I feel this bill is extremely important to preserving the health of all Wisconsin citizens.

Countless medical experts have condemned the use of tobacco products, from the Centers for Disease Control on down, due to the effects of their use on both the health of users and non-users. Scientific research has also proven that using tobacco products is detrimental to the health of everyone.

Many states are proposing similar bills, and many have already passed them. Wisconsin needs to show that we are a progressive state, and that we care about the health of our citizens and visitors to the state. I would also urge you not to support any modifications to the bill, such as allowing taverns to be exempted.

The major reason that I am in support of this bill is for the sake of our children. Thousands of Wisconsin teenagers work in restaurants and other business places where smoking is allowed. The tourist industry is a good example of the need for these children as employees, but in many of the establishments that hire them, smoking is allowed. It is a proven fact that exposure to secondhand smoke greatly increases the chance to develop a number of illnesses, including cancer, heart disease, asthma and ear infections.

Statistics also prove that in states that have gone smoke-free, the number of instances of newly diagnosed smoke-related illnesses has declined.

Please support this bill. Lives of Wisconsin citizens are at stake!

Sincerely,

Susan Youngwith

M132 Penny Lane

Marshfield, WI, 54449

May 29, 2007

Subject: Smoke-free Wisconsin, Senate Bill 150

Dear Committee on Public Health, Senior Issues, Long Term Care and Privacy,

I urge you to support the introduced legislation to make Wisconsin smoke-free. This bill will protect the rights of Wisconsin residents and visitors to breathe clean smoke-free air.

Approximately 38,000 non-smoking Americans die from secondhand smoke each year. Non-smokers, children and all workers in Wisconsin have the right to breathe clean air and work in a smoke-free environment. Comprehensive workplace smoking laws have been effective in reducing exposure to secondhand smoke, increasing the number of people who quit, and discouraging kids from starting to smoke.

Smoke free air laws and tobacco control public policy reduce exposure to secondhand smoke, increase the number of people who quit, and discourage kids from starting to smoke. I appreciate your leadership on this important public health concern.

Please make tobacco program funding, increased cigarette excise taxes and reducing youth access to tobacco a priority in future public policy. Again, I urge your support in making Wisconsin a healthier place to live, work and visit.

Sincerely,

Deb Johnson-Schuh
Registered Nurse

307 Penhurst Way
Nekoosa WI 54457

May 25, 2007

The Committee on Public Health
Senior Issues
Long Term Care and Privacy

Dear Dignitaries:

SB150 has been introduced in the Senate. This bill is significant, and as your constituent I would appreciate your knowledge in supporting its passage.

As a 2004 Breathe Free Coalition Campaign Coordinator for the city of Wisconsin Rapids, WI, I found that campaign rewarding at best, in that the smoke free and second hand smoke issues were issues that not only myself as a coordinator held fast, but most importantly, was an issue a majority of the citizens believed.

Although the measure ended in a tie vote by our city council with the Mayor at the time, breaking the tie with a nay vote, we realized it was due to the fact that other localities surrounding Wisconsin Rapids, and to including Wisconsin's bordering states, had not yet encouraged/passed a smoke free environment regulation, so fear by tavern owners lead the health movement in a negative outcome.

Now, only three years later, border states surrounding Wisconsin, as well as a host of many other states, have championed this necessary health-wise bill, and I encourage Wisconsin to also embrace their citizens, and offer them a healthier lifestyle, all the while lessening tobacco addiction, and in its streaming gaining cleaner air.

As an Illinois native, and living in Wisconsin the past fourteen years, I was proud to read that Illinois passed a smoke free state, effective July 1st. When visiting often my family, friends, and acquaintances in Illinois, I have inquired their view on the smoke free bill. I have yet to encounter one person who is not happy with its passage. I know Wisconsin's citizens will find the same comfort as well, and aggressively support our congressional dignitaries in their moral stand toward a smoke free environment for our Wisconsinites.

I am not a proponent of Big Brother government, nor monies reaped by corporate entities, in this instance the insurance and medical conglomerates, enabling the reaping due to health prevention necessities. As well, our dignitaries in the Senate, on behalf of the voting masses supporting this movement, need to keep a careful eye on the spending accountability of the smoke free efforts. However, in this instance I believe the known health affects of smoking outweighs other concerns to be monitored, and I close with my request that you support this upcoming SB150 bill.

Sincerely,
Denise Orr
2230 Lovewood Drive
Wisconsin Rapids, WI 54494

May 23, 2007

To the Committee on Public Health, Senior Issues, Long Term Care and Privacy:

Please support SB 150. Everyone has the right to be protected from the effects of secondhand smoke and to breathe smoke-free air.

I have worked with many patients throughout my career as a nurse. I have personally witnessed the dramatic decline in health as a result of both first-hand and second-hand smoke. Second-hand smoke is a known carcinogen and has adverse effects on the cardiovascular system. Exposure to second-hand smoke has been proven to play a part in coronary heart disease, lung cancer, and death.

The most effective way to protect people from the hazards of secondhand smoke is to completely eliminate second-hand smoke by creating smoke-free environments. Establishing smoke-free policies does not have an adverse economic impact and is the only way to ensure that second-hand smoke exposure does not occur in the workplace.

I encourage the Committee to support SB 150. Help to protect Wisconsin workers and the public from the known health dangers in secondhand smoke.

Alecia Neuroth, RN, BSN
421 Witter Street
Wisconsin Rapids, WI 54494

May 23, 2007

To all members of the Committee on Public Health, Senior Issues, Long-term Care & Privacy:

I am unable to attend the hearing on May 31, 2007 but wanted to place written support for the proposed Clean Indoor Air legislation without exceptions. I support this legislation for 2 reasons: first, to protect the health of the individuals who work in restaurants, bars, and taverns, and second, to protect the health of individuals who patronize those same places. There is growing evidence that secondhand smoke is harmful, especially to children. Secondhand smoke contains many harmful ingredients. There are rules and regulations that protect not only the worker in the workplace, but those who patronize establishments.

Why should indoor air as it relates to secondhand smoke be any different? As a registered nurse who works on a cardiac floor, I see on a regular basis the harm of using tobacco products on the respiratory and cardiovascular systems. Prohibiting smoking in all public places might help individuals who struggle to quit smoking, break that addicting habit. I personally have never experienced nicotine addiction, but empathize with those who have such difficulty breaking a tobacco habit. We counsel individuals trying to stop smoking to stay away from smoke-filled places for 30 days. It would be great if these individuals could socialize in a bar or tavern without the temptation to smoke. I cannot emphasize how horribly addicting nicotine is. It has been said it may be more addicting than cocaine, especially for women.

I am not anti-smoking. It is a legal product and adults have the right to smoke but when their right to smoke conflicts with my right to breathe indoor air, there are conflicting rights. I know there is a desire to create a healthy environment for the citizens of this great state. The right thing to do is to create clean indoor air for all workers and those who eat and drink in restaurants, bars, and taverns. Folks go to restaurants to eat and to bars and taverns to drink, not to smoke.

Thank you for your kind consideration of my comments. I hope you will support clean indoor air legislation for WI. It would create a level playing field and assist in keeping those who live, work, and play in WI healthier.

Donna M. Rozar, R.N., B.S.N.
1126 Ridge Road
Marshfield, WI 54449
715.387.8121

May 22, 2007

The Committee on Public Health
Senior Issues
Long-Term Care and Privacy

Dear Respected Committee Members:

I'm writing to encourage you to pass the no smoking legislation SB150 with NO exceptions.

Research has proven beyond a doubt the dangerous effects of smoking and second-hand smoke. We have freedom in this country but that carries with it a responsibility to do what is right. It does not give us freedom to injure others. Knowing what we know about the dangers of smoking adds to the weight of responsibility we carry. We cannot plead ignorance about this issue. There are no valid reasons to not pass this bill!

A non-smoking friend and colleague passed away at the age of 52 from throat cancer, after being married to a chain smoker for 20+ years.
My uncle died from lung cancer at a young age after smoking for many years. It destroys lives and tears families apart.

No smoking legislation is vital at this time to decrease the horrendous costs of health care in addition to the more personal situations listed above.

Please pass SB150 as quickly as possible.

Respectfully,

Phyllis Olson
1507 W. 6th St.
Marshfield, WI 54449

5-22-2007

The Committee on Public Health, Senior Issues, Long Term Care and Privacy:

I support SB 150 to make Wisconsin a smoke-free state. I am asking that you support it also. This bill will make Wisconsin a healthier state and save health care dollars.

Thank you,

Thomas Wepfer
Retired Pharmacist
214 N Division St
Loyal, WI 54446