

## **PRESIDENT CLINTON'S EXECUTIVE ORDER BANNING SMOKING IN FEDERAL BUILDINGS IS UNREASONABLE AND UNNECESSARY**

President Clinton's Executive Order 13058 severely restricts smoking in all federal workspace. Specifically, it: 1) Prohibits smoking in interior space owned, rented, or leased by the Executive Branch of the federal government; 2) Allows agencies to have indoor designated smoking areas that are enclosed and exhausted directly to the outside; 3) Prohibits smoking in front of building air intake ducts in outside areas under the federal government's control; 4) Authorizes agency heads to evaluate the need to limit smoking at doorways and in courtyards; and, 5) Requires heads of Executive Branch agencies to implement the order within one year, and encourages agencies to offer smoking cessation assistance to their workforces.

- **The Executive Order is redundant.** Nearly every federal agency has developed a smoking policy for its employees and as a result, most federal workspace is currently smoke-free. Several agencies, including the Department of Health and Human Services and the Environmental Protection Agency have had bans in effect for several years.
- **The Executive Order is unreasonable and extreme.** Fifty million Americans smoke, yet smoking would be banned in nearly every federal workspace. The Executive Order goes so far as to authorize agency heads to "evaluate the need to restrict [outdoor] smoking."
- **The Executive Order reduces agency flexibility.** Until recently, federal rules stated that all areas in GSA-controlled buildings are non-smoking unless specifically designated as smoking areas by individual agency heads. The agencies supported those guidelines because they gave the agencies flexibility and discretion to regulate smoking in the workplace, while also allowing them to accommodate those employees who smoke. A more rigid no-smoking policy only reduces this flexibility in an attempt to micro-manage the federal agencies.
- **The Executive Order is restrictive.** This policy precludes most opportunities to accommodate smokers and nonsmokers, or agency managers who wish to accommodate smokers and nonsmokers, except under "limited and narrow exemptions."

- **The EPA report on ETS does not justify a federal workplace smoking ban.** The report is flawed and does not focus on workplace data. EPA based its conclusions on ETS and lung cancer entirely on studies of spousal smoking in the home. EPA manipulated and ignored data to achieve predetermined results. EPA achieved results by lowering its statistical confidence interval, ignoring major ETS studies (including workplace smoking studies) that did not report a statistically significant overall increase in lung cancer risk, and discounting confounding factors.
- **The recent Harvard Medical School report of nurses' exposure to ETS does not support calls for a smoking ban in federal workspace.** The study is small, and reports from far larger studies do not support an ETS/heart disease association. While the authors claim that this study adjusted "for a broad range of cardiovascular risk factors," in fact this study did not adjust for several important risk factors applicable to nurses such as shift work, weight change, trans-fatty acid intake and height. Despite the large amount of data showing the unreliability and invalidity of self-reported ETS exposure as an assessment measure, the authors insisted on using this method as the basis of the study. Finally, though active smokers are exposed to ETS at doses and durations far exceeding nonsmokers, the study anonymously concludes that the risk of heart disease is greater for nonsmokers exposed to ETS than for active smokers. This study was referenced in press materials released by the White House following the announcement of the Executive Order.
- **Smoking bans will not solve overall IAQ problems.** Poor ventilation is the predominant cause of "sick building syndrome." Scientific studies on more than 3,500 buildings completed over the past ten years have consistently reported a high prevalence of building operations problems, not ETS, as the major cause of sick building syndrome. The data show that improper attention to indoor air circulation is responsible for the spread and breeding of infectious germs, allergenic dusts, spores, fiberglass substances, asbestos, chemical fumes and a host of other hazardous airborne particles undetectable to the eye and nose. Targeting ETS and ignoring the larger problems of poor indoor air quality will cheat American workers and the public of a healthy indoor air environment. The key to proper indoor air quality is enhanced ventilation. Adequate ventilation decreases levels of substances in indoor air regardless of the source. Attention to the design, maintenance and operation of ventilation systems will create acceptable indoor air quality in workplaces and other indoor spaces, whether or not smoking occurs. Indoor smoking should be addressed as part of an overall, comprehensive approach to the indoor environment.