

**AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES**

Affiliated with AFL-CIO

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**STATEMENT**

**OF**

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AFL-CIO**

**BEFORE THE**

**SUBCOMMITTEE ON HEALTH AND THE ENVIRONMENT  
HOUSE COMMITTEE ON ENERGY AND COMMERCE**

**ON**

**"NON-SMOKERS' PROTECTION ACT OF 1986", H.R. 4488  
"NON-SMOKERS' RIGHTS ACT OF 1986, H.R. 4546**

**JUNE 12, 1986**

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I am National President of the American Federation of Government Employees and am empowered to represent 700,000 federal workers in just about every agency. We come before this Subcommittee to testify on HR 4488, "Non-Smokers' Protection Act of 1986," and HR 4546, "Non-Smokers' Rights Act of 1986." This legislation will impact on most of the 700,000 workers we represent.

Between 300,000 and 400,000 employees covered by these regulations smoke.

Our union recognizes that cigarette smoke is a significant health hazard to government workers both smokers and non-smokers alike. Many of AFGE's locals and members have negotiated agreements for their co-workers. We believe that AFGE is in the forefront of protecting government office workers from indoor air pollution, including exposure from cigarette smoke.

We believe that non-smoking rules and regulations should be promulgated agency-by-agency and should be subject to collective bargaining on the substance, method, and timing of implementation under Title 7 of 5 USC. The GSA regulation, as proposed, preempts employee input through their union.

An effective agency program should have:

- Employer-supported smoking cessation programs, so that smokers can be assisted in voluntarily giving up smoking;
- Designated smoking and non-smoking areas, including prohibitions in certain types of facilities such as meeting rooms and auditoriums and places where there is potential fire hazard;
- Improved ventilation in designated smoking lounges;

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- Division of large spaces such as cafeterias and common workplaces into smoking and non-smoking areas;
- Sufficient rest breaks for both smokers and non-smokers; and
- Total smoking bans could be implemented if arrived at through collective bargaining.

Moreover, AFGE believes that the issue of smoking is only part of a larger question of air quality in the federal worksite.

The comprehensive NIOSH Study on Indoor Air Quality found that smoking was the source of only 2% of indoor air pollution problems; 48% was caused by poor ventilation, largely caused by penny-wise, pound-foolish energy conservations that foiled the engineering of good ventilation systems. Asbestos, ionization of air, bacterial and fungal pollutants -- all should be the subject of strong and effective regulation. Any serious effort to improve the health of federal employees must examine all sources of indoor air pollution and take affirmative action to solve any problem encountered. It makes no sense to remove one small source of workplace pollution and do little about the rest.

For similar reasons, AFGE also opposes legislation which aims to restrict smoking without addressing these concerns and unilateral bans on smoking without input of organized workers which undermines the integrity of the collective bargaining process. None of the currently proposed bills -- HR 4488, HR 4546, S 1440 -- are acceptable without amendment that would:

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- Specifically mandate full collective bargaining under Title 7 of 5 USC on the substance and impact of decisions to restrict smoking;
- Provide for programs to assist employees in the cessation of smoking; and
- Promote effective programs to improve air quality from all sources in worksites based on aggressive inspections and effective abatements.

AFGE has negotiated several procedures for smoking in bargaining units. These agreements illustrate the success of an effective non-smoking program with worker input and support of the union.

A health and safety committee at the Health Care Financing Administration/SSA (HCFA) looked at the smoking issue, surveyed employees, and formally drafted recommendations which cover three major points:

- (1) Use of lighted tobacco products are prohibited in all HCFA work areas, aisles, etc.;
- (2) There will be a 90-day lead time from when the agreement is signed off to its implementation. During that 90-day period, the agency will augment a smoking cessation program which is already covered in the current labor agreement; and
- (3) Union and management will negotiate the actual implementation for each building in order to identify and designate smoking areas.

This agreement is now at the administrative level to be signed.

Another example is an agreement negotiated for HHS employees by AFGE on the smoking issue.

- (1) The agreement requires locating appropriate workspace;
- (2) Calls for smokers and non-smokers in other areas to voluntarily work out the non-smoking issue. Experience has demonstrated that workers are attuned to their co-workers' concerns and make an honest effort to reduce smoking;
- (3) Large common areas such as cafeterias are divided into smoking and non-smoking sections; and
- (4) Smoking and non-smoking restrooms have been established.

In essence, employees under this agreement are solving the problem themselves on a workspace-by-workspace basis.

Experience has illustrated that employees are more responsive to resolving the issue when they have had an active role in the decision-making process.

The agreement covers five buildings in the Washington Metropolitan area, including the National Center for Health Services Research, the Office of the Assistant Secretary of Health, which includes the Surgeon General, and the Office on Smoking and Health. These examples clearly establish that the smoking issue can be resolved equitably for most employees through the collective bargaining arena.