



MAR 27 1987

MEMORANDUM TO: THE SECRETARY

THRU : US _____
COS _____
ES _____

FROM : S. Anthony McCann
Assistant Secretary for
Management and Budget

SUBJECT : Smoking Policy for the Department of Health and
Human Services

In response to your suggested smoking policy option a staff study has been completed on implementing such a policy in the Humphrey and North Buildings as illustrative of costs and ramifications. While time limitations prevented an in-depth study, I am confident the issue has been fairly addressed in the study.

I feel that it is imperative that any HHS policy on smoking be consistent with the Surgeon General's findings over the past decade if the Department's public image and credibility are to be maintained. In addition to supporting our own public pronouncements, the evidence on the health effects of smoking continues to mount.

A recent issue of Medicine and Health cites statistics from the University of California/San Francisco reporting 1984 medical cost to the U.S. of diseases from cigarette smoking of \$23 billion. The report further indicates another \$30.7 billion in indirect costs such as lost earnings due to illness and early death. (Cigarette-caused fires, effects of second-hand smoke, neonatal disease and death, and deaths of those under age 20 weren't counted.)

With the recent Surgeon General's emphasis on the health effects of secondary smoke, the only practical method of ensuring a smoke free working environment is the utilization of a single-pass air system in any designated smoking area. Such a mechanical requirement is expensive given the normal air handling systems in modern buildings which are designed to recirculate most indoor air. The following aggregate costs of implementing the suggested option in the Humphrey and North Buildings are illustrative:

- First, the establishment of one modest size smoking lounge per floor in each building would run approximately \$60,000 per building. Annual space/rent costs would be about \$75,000.

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- . For the Humphrey Building, modifications to allow one rest room per floor per sex for smoking, and to provide a portion of the cafeteria for smoking, would cost \$265,000 with energy costs of \$3,000 per year.
- . Installation of special filtering systems in private offices (separate ducting to allow single-pass air simply is not feasible) would cost \$3,500 per office plus \$660 per office per year in maintenance and energy costs.
- . Costs in the North Building would be of a similar magnitude.

A more definitive breakout of costs and potential ramifications of the suggested option is attached.

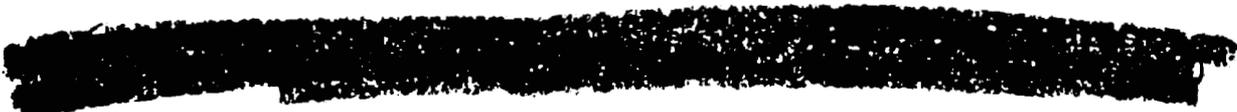
A questionnaire on smoking was developed by the union and, after consultation with ASPER was distributed to employees in the Southwest complex. The recently compiled results show that the great majority of employees want a strengthened HHS policy (i.e., segregate, separate, limit, etc. smoking). This finding correlates closely with comments received by this office on the GSA policy several months ago, where allowing smoking in private offices was perceived as discrimination against lower paid employees. The smoking issue is emotional enough that I believe

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At a recent Senior Staff Meeting the Surgeon General made an excellent presentation urging an outright ban on smoking in all DHHS buildings accompanied by a strong smoking cessation program. You will recall that he felt that this was the best and most easily enforced policy. While I do not



Option #1



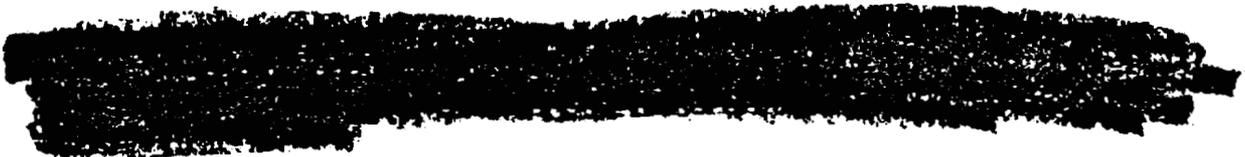
CONCUR: _____ DO NOT CONCUR: _____

Option #2

To establish an outright ban on smoking in all DHHS buildings and to set in motion a strong smoking cessation program to encourage employees to quit smoking.

CONCUR: *ly ORB* APR 24 1997 DO NOT CONCUR: _____

Option #3



CONCUR: _____ DO NOT CONCUR: _____

Attachment

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