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Before the Subcommittee on Aviation
House Committee on Public Works and Transportation

A SLOW DEATH ON THE JOB:
PASSENGER SMOKING AND FLIGHT ATTENDANT LUNG CANCER

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Testimony of
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Chairman Oberstar, Members of the Subcommittee:

Thank you for this opportunity to testify in support of a permanent, total domestic smoking ban. I am here today on behalf of the Association of Flight Attendants' 25,000 members at 19 U.S. carriers.

In 1988 the 100th Congress decided to protect flight attendant health by improving the air in airplanes on flights of two hours or less. It is clear to us that this temporary law was a compromise between competing economic, business and jurisdictional interests. We are grateful for your determined, courageous and successful effort. We now urge your support for a total ban on smoking aboard aircraft to protect us from the return to daily respiratory irritation and chronic respiratory disease, especially lung cancer.

Mr. Chairman, Members of the Subcommittee, we are willing to risk our lives--and many flight attendants have given their lives--to save passengers in aircraft emergencies, but we are not willing to risk our lives so that passengers can smoke cigarettes.

No one would suggest that passengers should be allowed to carry small pieces of radioactive material onto the plane. Why should they be allowed to exhale carcinogen-filled smoke in this small, enclosed metal tube? It is, after all, just as deadly.

Last week, while discussing his Clean Air proposal, President George Bush told the American people that, "Every American

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deserves to breathe clean air." We wholeheartedly agree with the President. The aircraft cabin is a flight attendant's work environment and we deserve clean air, air that is free of cigarette smoke.

In 1986 a National Academy of Sciences (NAS) study evaluating the cabin environment reported that working as a flight attendant is like living with a pack-a-day smoker. Numerous studies have found that this type of chronic exposure increases the risk of lung cancer. Earlier this year, another study was published in the Journal of American Medical Association that found that breathing three to four hours of passive smoke a day triples a woman's chances of developing cervical cancer. Eighty-six percent of our members are women.

The NAS study recommended a ban on smoking on all domestic flights. Two subsequent reports, one by the NAS and one by the Surgeon General, reinforced the conclusions of the 1986 NAS study by revealing the health risks associated with passive smoking. Surgeon General Koop concluded in his report that "cigarette smoking should be banned on all commercial flights."

Flight attendants who work on smoking flights already suffer repeated bouts of illness related to breathing passive smoke first hand. Many flight attendants routinely suffer from acute respiratory problems -- some to the point of nausea, dizziness, severe headaches, fatigue and loss of balance. In addition, for the first time in aviation

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history, there are higher numbers of flight attendants who have been flying for 20 or more years. These flight attendants are experiencing the most severe results of breathing passive smoke for an extended period of time and they are struggling with the dilemma of choosing between the career they love or their health. Today you will hear from two career AFA member flight attendants who suffer from chronic inflammation of the lungs and throat polyps.

When you combine cigarette smoke, a known carcinogen, with other contaminants in the aircraft such as toxic fumes from the plastics used on board, ozone, cosmic radiation and carbon dioxide from passenger exhalation, an even deadlier brew develops. Add to that the fact that a flight attendant walks an average of 1,200 miles a week while drinking that deadly brew through their nose, throat and lungs and you can begin to understand the health crisis we flight attendants face. Every effort should be made to eliminate all pollutants from the aircraft, beginning with the most insidious, cigarette smoke.

Throughout the years, AFA has received many letters from our members about health problems associated with breathing passive smoke. I would like to quote to you from just a few of these letters, which I think will help demonstrate the kinds of problems flight attendants are experiencing.

#1 "I routinely suffer from acute sinus and bronchial problems as well as dizziness, nausea, and severe headaches in a smoky cabin environment. My own doctor says it's the smoke that is causing all my problems."

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#2 "Since I've been flying I've spent numerous hours of agony caused from having no choice but to breathe in the smoke-filled air. The lining of my nostrils burns whenever I inhale the air in the smoky plane. In addition to this, although I have never smoked, I cough a great deal while on the plane and by the end of a two hour flight I have a throbbing headache."

#3 "I am twenty-five years old and started flying when I was twenty-two. I was at that time in perfect health. Since flying, I have become very sensitive to cigarette smoke and now have a sinus condition. The minute I inhale smoke my sinuses burn; my eyes water and burn; my head clogs up and I have sneezing attacks."

#4 "I have been seeing an ear, nose and throat doctor for twelve years as a result of severe sinus and lung problems from airplane smoke. My doctor says I have the lungs of a smoker. I have never smoked. My lungs hurt. I am tired all the time and have headaches and frequent sinus and upper respiratory problems. My doctor says I should quit flying."

#5 "In September, 1972, I began work as a flight attendant. I was in excellent health, did not smoke, and had no family history of asthma or allergies. In 1985, while working as a flight attendant, I experienced chest pains in my right side, tightness in my chest, and difficulty breathing. I took time off. Later, when I returned to flying, my symptoms continued and worsened. These included: shortness of breath while at rest and when walking up and down the aisles; dry, scratchy throat; dry, red eyes; occasional nose bleeds; dryness along the nasal septum; headaches; nasal congestion; periodic wheezing; and inner ear pain. My chosen career as a flight attendant came to an abrupt end in July, 1986 when three specialists recommended I hang up my wings. Cigarette smoke is the trigger that causes my problems, which are made worse by the dry air and other fumes in the poorly ventilated cabin environment."

#6 "Years ago a doctor asked me, after I had had a chest x-ray, how many cigarettes I smoked. When I told him I had never smoked, he said I had the lungs of a two-pack a day smoker. He blamed my spots on the secondary smoke on the airplane. Help. I dread working a smoking section."

#7 "Every time I am forced to breathe smoke-filled air while working on airplanes I suffer varying degrees of health problems, including, but not limited to: draining sinuses; headaches; red, burning, and dry eyes; uncontrollable sneezing; loss of the sense of smell; and a feeling of lethargy and occasional dizziness. It is important to mention that I suffer from absolutely none of these symptoms in a smoke-free environment."

I hope these examples make one thing clear. When passengers smoke on airplanes they are poisoning someone else's work

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environment. Smokers assert that they have a right to their pleasures. But we have a right to work and breathe in an environment free from harmful noxious gases and other pollutants. While the Federal Aviation Administration claimed jurisdiction over flight attendant health in 1975, preventing the Occupational Safety and Health Administration from exercising that right, it has taken no independent action to protect our health since that time. We urge Congress to hear our concerns and ban smoking from all flights. The FAA mandated that flight attendants must be on board airplanes and it should be pro-actively responsible for protecting our health and safety.

In recommending a total ban on smoking, the National Academy of Sciences stated that airline ventilation rates could not be increased on aircraft to a level sufficient to accommodate smoking without major aircraft redesign. We agree with the NAS and believe it is impossible to increase ventilation rates to a level that will accommodate smoking. There is no safe level of exposure to a carcinogen, particularly when the carcinogen is interacting with other potential health hazards. Flight attendants need a ban on smoking and so do their passengers. It is true that we would also benefit from increased ventilation. We do not need one at the cost of the other. We should not have to choose between higher ventilation rates with carcinogenic cigarette smoke or substandard ventilation rates without cigarette smoke.

The smoking ban on short flights has worked well and passenger compliance has been as we expected: good. There have been few

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reported incidents and no fires in the laboratories. The law has been accepted by the flying public and flight attendants. Both are breathing easier.

We recently hired a professional polling company to do a phone survey of 800 Americans who had flown at least once in the last year. Of those polled, 77 percent said they would support a ban on smoking on all domestic flights, 21 percent said they would oppose it, and two percent said they were unsure. As the public becomes more aware of the harmful nature of environmental tobacco smoke, the number of people who would like to see smoking banned increases.

We would like to express our disappointment at the fact that the airlines themselves have not followed Northwest's lead in banning smoking on all flights, even though airline management is aware of the dangers of passive smoking. For example, United Airlines has announced a policy of segregating non-smoking employees from smokers in ground positions where there is no public contact. In explaining this new policy to its employees, United's head of employee relations is quoted in the company's in-house magazine as saying: "We are establishing a corporate policy on smoking ... because of the overwhelming medical evidence that smoking is harmful to both smokers and non-smokers." Since the evidence is overwhelming, we wonder why United and other airlines still subject their flight attendants to passenger cigarette smoke.

Finally, I would like to conclude by telling you of the success Australia, a country as geographically expansive as America, has had with its total domestic smoking ban on aircraft. The ban was

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instituted a year and a half ago and the reports coming in are exceptionally favorable.

The Australian Flight Attendant Association conducted a membership survey. Seventy-eight percent of the flight attendants reported no problems enforcing the ban. Twenty-one percent reported a few problems and under one percent reported several problems enforcing the ban.

Stephen D. Woodward, director of the Australian Action on Smoking and Health, reported, "The total ban on smoking on commercial air flights in Australia has been a complete and unqualified success." If the Aussies can do it, we can do it!

Members of the Subcommittee, we need the continued protection of Congress and we urge you to support legislation that would provide us with a carcinogen-free work environment. It is time we protect the health of flight attendants by banning smoking on ALL domestic flights.

Thank you again for this opportunity to testify before you. I will be happy to address any questions.

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