



J. James Rohack MD, President

April 5, 2010

Citizens' Stamp Advisory Committee  
c/o Stamp Development  
U.S. Postal Service  
1735 North Lynn St., Suite 5013  
Arlington, VA 22209-6432

Re: Proposal to Issue a Postage Stamp in 2014 to Commemorate the 50<sup>th</sup> Anniversary of the 1964 First Surgeon General's Report on Smoking and Health.

Dear Committee Members:

On behalf of our American Medical Association (AMA), I want to recommend to the Citizens' Stamp Advisory Committee (CSAC) that it approve the concept of issuing a postage stamp in 2014 to commemorate the 50<sup>th</sup> Anniversary of the 1964 report "Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service."

The proposed subject complies with the twelve major criteria that guide subject selection as set forth by the CSAC and updated in January 2007. It does not contain any of the ineligible subjects listed in those criteria (Nos. 2, 3, 6-12) while, in particular, it meets the following selection criteria:

- (1.) It is a general policy that U.S. postage stamps and stationery primarily will feature American or American-related subjects.
- (4.) Events of historical significance shall be considered for commemoration only on anniversaries in multiples of 50 years.
- (5.) Only events, persons, and themes of widespread national appeal and significance will be considered for commemoration. Events, persons or themes of local or regional significance may be recognized by a philatelic or special postal cancellation, which may be arranged through the local postmaster.

The proposed topic would commemorate an important national turning point in improving the health of Americans, i.e., it began a long-term reduction in smoking rates and the toll it takes on the health of smokers and non-smokers. It would also bring attention and pay tribute to an event that began a truly national effort by citizens, government, health care professionals, numerous private and public organizations to address the leading cause of preventable disease and premature death in the United States. It would serve as a reminder of the work that still needs to be done and tell children a positive story of how Americans can work together to conquer disease and illness.

U.S. postage stamps have been devoted to individuals who have contributed to health and medicine, particular events, such as passage of the Pure Food and Drug Act, major accomplishments, such as the conquering of polio, and many other health-related subjects, including breast cancer, prostate cancer, diabetes, cancer screening, AIDS, organ donation, dental health, physical fitness, alcohol abuse and drug abuse (Woloshin S, Schwartz LM. *New England Journal of Medicine*. 1999; 340:884-887). Over sixty-five countries have issued anti-tobacco/anti-smoking stamps or other postal items, such as postcards, but the United States has not done so (Lutschg, J.H. Smoking research of the 1950s could be celebrated in UK and US stamps. *British Medical Journal*. 2000 Aug 5; 321(7257):378).

#### Background to the Surgeon General Report to be commemorated

From 1900 to 1964, the rate of smoking in the United States increased steadily. By 1965, over 51% of men and almost 34% of women were smokers. Smoking was accepted in offices, restaurants, airplanes, elevators, movie theaters, public buildings, college campuses, even in hospitals and health facilities. Cigarette-makers sponsored cartoon programs on TV and even physicians were seen in tobacco advertising. Smoking became the leading cause of preventable death and disease in the United States with an estimated 438,000 deaths annually.

In recognition of the growing toll of smoking on the health of Americans, on January 11, 1964, Luther L. Terry, MD (1911-1985), Surgeon General of the U.S. Public Health Service, released the report (commonly referred to as the first Surgeon General's Report on Smoking and Health) of his Advisory Committee on Smoking and Health. Based on a review of over 7,000 biomedical articles relating to smoking and disease, this was the United States' first official, widely publicized, recognition that cigarette smoking is a cause of lung and laryngeal cancer in men, a probable cause of lung cancer in women, is the most important cause of chronic bronchitis, and is associated with six other diseases: coronary heart disease, esophageal cancer, peptic ulcer, bladder cancer and respiratory



symptoms (cough and sputum production). Consequently, the Advisory Committee called for "appropriate remedial action."

Research efforts spurred by that first report have been summarized in further Surgeon General reports, which have concluded that smoking harms nearly every organ of the body and is causally related to other cancers (kidney, oral, pancreatic, stomach), acute myeloid leukemia, atherosclerosis/aortic aneurism, stroke, chronic obstructive pulmonary disease/emphysema, acute respiratory illnesses, including pneumonia, cataract, diminished health status, adverse surgical outcomes and adverse reproductive outcomes. Second-hand smoke has also been identified as a serious health risk to smokers and non-smokers alike. (U.S. Surgeon General. *The Health Consequences of Involuntary Exposure to Tobacco Smoke*. June 27, 2006; available at <http://www.cdc.gov/tobacco>).

#### Impacts of the release of the 1964 Report

1. The U.S. Centers for Disease Control and Prevention (CDC) called the release of this report and the resulting public health anti-smoking efforts as one of the ten great public health achievements of the twentieth century ("Ten Great Public Health Achievements -- United States", 1900-1999. *MMWR*. 1999;48:241-243).

"Recognition of tobacco use as a health hazard and subsequent public health anti-smoking campaigns have resulted in changes in social norms to prevent initiation of tobacco use, promote cessation of use, and reduce exposure to environmental tobacco smoke. Since the 1964 Surgeon General's report on the health risks of smoking, the prevalence of smoking among adults has decreased, and millions of smoking-related deaths have been prevented."

One researcher observed in 1995:

"It is difficult to overestimate the impact of the 1964 Surgeon General's report on the tobacco health debate. If there is a "social moment", this was it. Virtually all that has transpired in the 30 plus years since that report derives from it. And its effect was not merely aspirational; its impact can be measured. Tobacco consumption in the United States has been cut in half since that time. Of course that decline did not occur instantly. It is a cumulative change that benefited from the salient actions taken in the wake of the Surgeon General's report. The report united the executive branch of government behind anti-smoking efforts and converted tobacco into an overarching public health issue.

The social change that occurred in tobacco use during this 30-year period is truly phenomenal. Measures of the effect of government actions are often problematic. Consider that during this same period, other government programs with more modest and less controversial goals have foundered; . . . While tobacco is on the verge of virtually unanimously embraced legislative control.

The tobacco regulation effort, during this period, is replete with examples of effective leaders, public and private. . . . The tobacco experience in American society is uniquely positioned to demonstrate lessons in leadership." (Paul Verkuil, Benjamin N. Cardozo School of Law. "A Leadership Case Study of Tobacco and its Regulation" in *Public Talk* – online journal of discourse leadership.  
<http://www.upenn.edu/pnc/ptverkuil.html>.)

2. The release of the report was widely publicized and launched over 40 years of research and actions by individual citizens, medical associations and health care professionals, private organizations (e.g., American Cancer Society, American Lung Association, American Heart Association), public agencies, and elected officials. It mobilized people to action in every state, county and city in the nation. As a result:

- The U.S. Congress passed the Federal Cigarette Labeling and Advertising Act of 1965 and the Public Health Cigarette Smoking Act of 1969 that: a) required a health warning on cigarette packages; b) banned cigarette advertising in the broadcast media; and c) called for an annual report on the health consequences of smoking.
- The Public Health Service quickly established a National Clearinghouse for Smoking and Health (now the CDC Office on Smoking and Health).

The messages and education campaigns resulting from the Report affected the thinking and behavior of citizens throughout the nation. At every level of government, education, health care and private venues, such as shopping malls, schools, worksites, healthcare and public health facilities, restaurants, public and private buildings, smoking has been banned or greatly restricted as the result of actions by thousands of citizens.

- By 2006, when Ohio and Nevada passed comprehensive laws, an estimated 50.2% of Americans became protected from second-hand smoke (Americans for Non-Smokers' Rights Press Release, 12/6/06) and 68.6% of workplaces have smoke-free policies (Campaign for Tobacco-Free Kids). Thus far, a total of 22 states, the District of Columbia, and Puerto Rico have passed comprehensive clean indoor air laws (American Lung Association, [www.lungusa.org](http://www.lungusa.org)).




- An even greater indicator of how the Report affected Americans is the fact that the proportion of U.S. households with smoke-free home rules (voluntary household rules not allowing smoking in any part of the home at any time) increased from 43% in 1992-1993 to 72% in 2003, with comparable increases in both households with and without smokers and significant increases in every state (*MMWR*.2007;56[20]:501-504).
3. The report and actions based on it and follow-up reports, have made a major impact on the health behaviors of Americans:
- By 2006, the rate of adult smoking had been reduced from 51% (in 1965) to 23.9% of men, and from 34% of women to 18% - an overall rate among adults of 20.9%.
  - Of the estimated 91 million people who had smoked at least 100 cigarettes in their lifetimes, 50.2% (45.7 million) had quit smoking. (Cigarette smoking among adults -- United States, 2006. *MMWR* 56(44); 1157-1161.)
  - The rate of smoking among youth aged 12 to 17 years, 10.4% (2006) is now the lowest for any age group, (Office of Applied Studies. *The OAS Report: A Day in the Life of American Adolescents: Substance Use Facts*. Substance Abuse and Mental Health Administration, Rockville, MD October 18, 2007).
  - The drop in smoking rates starting in the 1960s led to deaths from lung cancer among adult men to peak in the early 1990s and has declined since. By the beginning of this century, the rates among women (who, as a population took up smoking after men) also leveled off.

"even our most conservative estimate indicates that reductions in lung cancer, resulting from reductions in tobacco smoking over the last half century, account for about 40% of the decrease in overall male cancer death rates and have prevented at least 146,000 lung cancer deaths in men during the period 1991 to 2003. . . The payoff from past investments in tobacco control has only just begun. The aging of birth cohorts with lower smoking initiation rates and the anticipated future decrease in lung cancer mortality in women will help sustain progress." (Michael J. Thun, Ahmedin Jemal. How much of the decrease in cancer death rates in the United States is attributable to reductions in tobacco smoking? *Tobacco Control*. 2006; 15; 345-347.)

Although smoking continues to pose a major health threat to smokers and non-smokers alike, the Report generated awareness by the public, health professionals and government of the need to act – and to continue to do so. It marked a turning point from the gradual increase in smoking rates and its consequent health problems and began a long-term decline in smoking and a reduction in smoking-related health problems. It prompted a major effort to change social and personal norms that encouraged smoking to awareness of the dangers of smoking and social norms that indicate smoking is unacceptable. 'No smoking' signs are recognized universally and are supported by the everyday behaviors of citizens who willingly and voluntarily comply with them. Fewer and fewer children start smoking and rates have been declining even among populations where smoking had been more acceptable - adolescents and young adults.

A commemorative stamp would honor Americans for what we can accomplish together through a combination of science, citizen activism, government and private sector collaboration to address the leading cause of illness and premature death. It would remember and honor a particular event that launched that effort, which continues today. We thus encourage the CSAC to consider this request.

Sincerely,



J. James Rohack, MD