BATTLE EGYPT

By ASHLEY MAKAR

As the U.S. and NATO intervene in Libya's war to protect civilians and the pro-democracy movements in the Middle East, Egypt's transitional government just approved a draft of a law that virtually bans strikes by workers. As an Egyptian-American from Birmingham, I wonder what the American civil rights movement has to say.

When my dad saw news photos of water cannons unleashed on Cairo protesters in the first days of the Egyptian revolution, he said, "It's like what happened in Birmingham."

After emigrating from Egypt in the late 1960s — and before moving to the Magic City for his dream job in cardiology at Brookwood Medical Center — all my dad knew about Birmingham were images of civil strife he'd seen in the newspaper: church bombings, police beatings, water cannons streaming with enough force to break skin.

When Egyptians from all walks of life came out for a "Million Man March" against the Mubarak regime, my dad said, "I'm with the people." But he was watching the revolution on satellite TV, from his recliner in Mountain Brook.

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Ban of menthol cigarettes needed

By ALAN BLUM

The public entrusts the U.S. Food and Drug Administration with ensuring the safety and effectiveness of medications that improve health — not substances that cause disease.

Yet, two years ago, President Barack Obama signed into law a misguided bill supported by the American Cancer Society, the American Medical Association and most other health organizations that placed the nation's most lethal consumer product — cigarettes — under the control of the FDA.

Incredibly, the Family Smoking Prevention and Tobacco Control Act directs the FDA to issue safety standards for a product that kills nearly half a million Americans a year. Even cancer drugs can be pulled from the over-the-counter market by the FDA if they cause more harm than benefit. Not so cigarettes, which Congress explicitly bars the FDA from banning.

Small wonder, then, why Philip Morris, maker of Marlboro, the world's largest-selling cigarette, wholeheartedly supported the bill, even as the bill's proponents were claiming that it would be the death knell for Big Tobacco.

The law only served to increase the skepticism of all too
a justification for reducing tax revenues will be deployed in a five-year strategic plan just approved by the board of health last month. Second, there is a pervasive misconception that the money given to the Health Department from sales and real estate taxes is “earmarked” for public health at the expense of the county’s general fund.

Health Department funds have never supplanted resources available for our county government’s use. Funds designated for public health cannot be used for anything other than public health in contrast to what is suggested as a “reasonable proposal” by the commission and the Jefferson County legislative delegation.

Why is this? This funding is loosely attached to state public health code. Reducing county funding for our local public health programs will not allow the county commission to use the “earmarked” public health funds at its discretion. Attempts to modify the percentage of the funding bill to public health billing public health without realizing the objective of securing additional funding for our county’s discretionary use. For additional funding, the county would have to enact another law that allows them to draw additional tax dollars for county purposes.

When a critically ill patient sees a risk of spreading infection others, it is prudent to place the patient in isolation. Our commission and legislative delegation must assure that any move they make does not spread the problem elsewhere.

Reductions in funding to the Health Department will have ramifications for other providers of health care here and perhaps services statewide. Substantial decreases in funding will force a reduction or elimination of services for more than 50,000 of the poorest citizens representing 160,000 patients a year and driving them into local hospital emergency rooms. Since the preponderance of patients we serve are children, this could have a “tsunami effect” on Children’s Hospital.

The proposal now suggested is a tectonic cost shift from lower-cost Health Department services to higher-cost emergency services, costs someone will have to absorb. In essence, this uncompensated care would become a hidden tax on hospitals in our area.

The county’s financial ill health requires intensive care involving other specialists not included in deliberations among elected officials thus far. “Unintended consequences” and “collateral damage” are at stake. It is time for the commission and the legislative delegation to end their silence on these plans and engage those of us who want to find a solution as badly as they do while avoiding the further spread of financial infection.

Bentley has had to make a lot of tough decisions, and he will have to make a lot more. It’s hard work, he said, but “I get a lot of satisfaction out of doing what we are doing.”

He also remembers his roots in all that he does. “I won’t always be a governor, but I will always be a doctor,” he said.

**MENTHOL:**

*The flavor of death* for many smokers

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many smokers, who reason that if cigarettes were really so dangerous, then the government would ban them. Now Philip Morris can reassure its customers that it is complying with strict product-safety standards, in effect making and marketing government-approved cigarettes.

Although the bill banned the use of deceptive cigarette descriptors such as “lights” and “ultra-lights” and also prohibited the use of certain candy flavorings that might appeal to children, it did not require the FDA to eliminate menthol, the mint-flavored chemical added to mask the harshness of burning tobacco and create the false perception that such cigarettes are safer.

Pointing to the devastating impact of smoking on the black community and its disproportionate consumption of menthol brands, the National African-American Tobacco Prevention Network was outraged that the bill did not include a menthol ban. As it is, smoking-related diseases of the heart and lungs are the leading killer of African-Americans. William Robinson, chairman of the NAAATPN, calls menthol “the flavor of death for nearly 83 percent of African-Americans who smoke.” (Just 23 percent of whites smoke menthol brands.) Noting that “menthol simply makes the poison go down easier,” Robinson estimates that 22,000 lives would be saved each year through the elimination of menthol, based on surveys that have found that nearly half of African-American menthol smokers would stop smoking entirely if menthol weren’t on the market.

One of the specific charges to the FDA under the bill was to study the impact on public health of menthol cigarettes. Last month, a scientific advisory committee of the FDA released a detailed 231-page report that packs a wallop. The report left no stone unturned in reviewing the effects of menthol, including studies conducted in secret for decades by the tobacco industry since the introduction of menthol cigarettes in the 1920s.

Among the findings are that menthol is associated with lower levels of smoking cessation among African-Americans and that there is a higher prevalence of menthol cigarette use by the youngest adolescents. More than 80 percent of African-American teenagers who smoke buy Newport menthol cigarettes, in stark contrast to the similar percentage of white teenage smokers who choose nonmenthol Marlboros. This belief is the claim of Newportmaker Lorillard, cited in the report, that the company’s marketing has not been targeted at African-Americans.

The elegant conclusion of the report was printed in boldface: “Removal of menthol cigarettes from the marketplace would benefit public health in the United States.”

Unfortunately, the committee that produced this sobering report did not translate its conclusion into a recommendation that menthol be banned. Instead, the committee fretted about a potential black market for menthol cigarettes and the possible introduction of do-it-yourself menthol cigarette kits to circumvent such a ban. In the end, the committee proved weak-willed.

The committee’s failure to recommend an unequivocal ban on menthol cigarettes reveals the toothlessness of the new law and the lack of effectiveness of the regulatory process by the FDA. The horrific impact menthol cigarettes have had on the African-American community warrants that all health organizations and everyone concerned about the rising cost of health care urge the FDA and Congress to add menthol to the list of far less widely consumed but already banned candy flavorings.