Submission
Of
The American Heart Association
For the WHO Framework Convention on Tobacco Control Hearing
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Activities of the Organization: The American Heart Association, representing 4.2 million volunteers, is dedicated to the reduction of disability and death from cardiovascular diseases and stroke. Coronary heart disease, stroke, and related diseases are the number one killer in the United States (960,000 deaths in the most recent reporting year), accounting for almost as many deaths as the next seven leading causes of death combined. Approximately 60 million Americans suffer from some form of these diseases. In working to fulfill its mission, the American Heart Association plans, coordinates and implements a national legislative and regulatory program in conjunction with its 15 affiliates, including maintaining and expanding contact with members of Congress, the Executive Branch, selected health coalitions and other national organizations.

Why are you interested in the Framework Convention on Tobacco Control? Smoking-related illnesses kill more than 400,000 people each year, about half from cardiovascular disease. Tobacco control efforts are one of the key advocacy priorities for the organization.

Who funds your activities? The American Heart Association is a not-for-profit, voluntary health organization funded by private contributions.

I will be unable to present this statement in Geneva at the hearings.
Testimony of the
American Heart Association on the World Health Organization’s Framework Convention on Tobacco Control
By Bill Bryant,
Chairman of the Board, American Heart Association

Tobacco use is a growing threat to global public health and it must be managed from a global health perspective. The World Health Organization is the world body that should be responsible for this work. Today, tobacco products account for three million deaths worldwide each year. By 2025, that number is expected to rise to 10 million. The problems caused by tobacco use are not confined to developed countries. Increasingly, the burden of tobacco-related death and disease is being borne by developing countries. By 2025, more than 70 percent of those 10 million tobacco-related deaths will occur in developing nations. The American Heart Association strongly supports tobacco control efforts internationally, including ending U.S. government support for tobacco interests overseas and reducing harmful U.S. tobacco company behavior abroad. One of the first principles that should govern U.S. international tobacco policy is “do no harm.”

The American Heart Association is appalled that the Philip Morris company already makes more profits selling cigarettes abroad than in the United States; and R.J. Reynolds and Brown and Williamson will soon follow suit. Between 1986 and 1996, U.S. cigarette exports grew by 260 percent and now account for nearly 30 percent of all domestic cigarette production. Nearly 40 percent of these exports are now destined for Asia.
Unfortunately, the influence of the tobacco industry continues to be broad and potent in scope. Historically, U.S. government agencies and Members of Congress have assisted U.S. tobacco companies in their efforts to expand the export of tobacco products beyond our borders, including supporting advertising, marketing and promotion around the world.

Previous Administrations have issued formal trade threats under section 301 of the Trade Act of 1974 to force other nations to import U.S. tobacco products and to weaken foreign health laws that would reduce tobacco use. Thankfully, in recent years, under the leadership of Rep. Lloyd Doggett, Sen. Frank Lautenberg and others, Congress has taken steps to ban the use of U.S. funds to promote tobacco exports overseas.

The American Heart Association firmly believes that protection and promotion of public health should provide the sole basis for any and all provisions in the World Health Organization’s Framework Convention on Tobacco Control. The world needs a strong, enforceable Convention that holds tobacco companies accountable for their international actions and supports global governments in their efforts to protect and promote public health.

It is incumbent upon the Convention to formulate a comprehensive international tobacco control policy that spans a broad spectrum of issues, including the formulation of agreements related to tobacco prices, passive smoking, advertising, promotion and sponsorship of tobacco products, regulation of the manufacture and labeling of tobacco products, tobacco use prevention programs, and tobacco cessation programs, and a number of other important initiatives.

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In addition, the FCTC should provide for international agreements and institutions
to provide solutions to issues that are amenable to international cooperation which
encourage and facilitate the transfer of information and technology, the collection of
statistical data, and agricultural diversification.

For years, U.S. tobacco companies have played the “grower card” in an attempt to
invoke the plight of the American tobacco farmer as a lever to move Congress to support
export friendly policies. But, in recent years, American tobacco growers have taken a
pounding from the very tobacco industry that claimed to have been supporting them.

For instance, from 1990 to 1993, the big three tobacco companies increased
foreign tobacco imports from 413 million pounds to one billion pounds. A recent
Associated Press article quoted an American tobacco grower as saying:

“The tobacco companies have been turning a blind eye by not buying
what’s out there. Instead, they import more foreign tobacco. They’re really not
helping us a bit. They’re trying to act like they are, but they haven’t for a long
time.”

Another recent report, False Friends, the U.S. Cigarette Companies’ Betrayal of
American Tobacco Farmers, highlights the fact that reduced purchases of U.S. grown
tobacco has little to do with the gradual smoking declines in the U.S. “Instead, they are
tied almost entirely to the decision of the U.S. cigarette companies to manufacture more
of their product overseas and to use more foreign-grown tobacco in the cigarettes that
they make both here and abroad.”
At a minimum, the FCTC should provide support and encouragement for national policies and multilateral measures that would stem the disastrous global public health epidemic occurring as a result of escalating global tobacco use. At the same time, nothing in the Framework Convention or related protocols should reduce, relax, or in any other way diminish, existing tobacco control initiatives, regulation, laws, or practices of any signatory.

The Convention should set a floor rather than a ceiling for national efforts. The FCTC should provide strong international measures to control problems that cannot be handled on a national or local level, such as smuggling and advertising that cannot be stopped at borders, e.g. internet and satellite television. Stringent restrictions should also be established on all direct and indirect advertising.

Provisions of the Framework Convention and its related protocols should be made legally binding on the tobacco companies and therefore be implemented by legislation or regulation within member countries.

Furthermore, the American Heart Association believes that tobacco companies, their subsidiaries, agents or consultants do not have public health concerns as their key priority. This puts them directly in conflict with the primary aim of the Framework Convention. Therefore, they should not serve in any official capacity in the process of negotiating or implementing the Convention.

Finally, the American Heart Association urges full participation of non-governmental organizations (NGO) into the Framework Convention process. The rules for NGO participation should rely on the precedents set at other recent United Nations’ Conferences. WHO should also work with governments and private organizations to seek funds for ensuring strong representation from developing country NGOs. Thank you for the opportunity to share the views of the American Heart Association.