My war with secondhand smoke began in 1972. While serving with the American Embassy in Seoul, Korea, I was transferred to Washington DC to head up the junior officer training program for Foreign Service officers entering the U.S. Information Agency. At the first division meeting, eleven people sat around a fairly large table. Several were chain-smokers, including the boss. Several of us there were non-smokers, but we were the minority. Soon the air was literally blue with smoke, and this turned out to be the norm.

After every meeting I had a splitting headache from breathing the heavy cigarette smoke. I went to my boss with a simple request: “Is there any way, Mac, that we could have the meetings smoke-free?”

“Well, Jordan,” he replied, “I know that you are a Mormon and that you don’t believe in smoking. But we can’t tell others not to smoke. It’s their right. As you know, I’m a heavy smoker, and I want to smoke in the meetings.”

Such were the politics of smoking at the time. I went through that three-year assignment with continuing headaches, some so bad that I would have to leave the office and go home. Through that experience, I committed myself to become an advocate for getting smoking out of public places. That was in the early 1970s, before many people were interested in the smoking issue.

The first thing I did was join an organization in Washington DC called ASH (Action on Smoking and Health). I became an active...
member of this organization, one of the earliest in the United States to oppose smoking in public places.

From Washington DC, I was assigned to Karachi, Pakistan, as the cultural attaché with a staff of Pakistanis and others. The U.S. tobacco companies had not yet stepped up their campaign to export tobacco to the Third World. I could breathe in meetings and soon realized my productivity went up dramatically, I felt better, and my health improved, reconfirming to me that secondhand smoke did have a measurable effect on people’s ability to be effective in their work.

After Pakistan, I completed another posting in Seoul, Korea, then another stateside assignment, followed by Cape Town, South Africa, where the Cape winds, nicknamed the “Cape doctor,” kept the air fresh and delightful. At this point I was the boss, so there was no smoking in our office. I wanted everyone who worked with me to be able to enjoy a smoke-free, healthy workplace—something I was earlier denied. Our last assignment in the Foreign Service was in Canberra, Australia. The U.S. ambassador was a gentleman named Bill Lane. He had been appointed by President Reagan and was not only a good representative of the United States but a very nice person. Bill and I became good friends. He knew, of course, that I was a Latter-day Saint. One day as we were talking, I told him I wished we could eliminate smoking in our embassies around the world. I told him of my earlier experience, how I felt that it was specifically a health issue but that it also had a lot to do with the productivity of everyone working in an embassy. He agreed, and the embassy in Australia became one of the first smoke-free embassies in the American Foreign Service.

This small victory was part of a larger movement, a growing official recognition of the dangers of secondhand smoke. The U.S. government increasingly started to move to a nonsmoking policy in its offices and buildings. By the time I left the Foreign Service, it was generally accepted that one did not smoke in meetings or in most federal government buildings.

Returning to Utah after retiring from the Foreign Service, I was soon elected to the Utah House of Representatives from Provo. In this capacity, I felt there was something I really wanted to accomplish: to make Utah a smoke-free state. In other words, I wanted to take smoking out of all public buildings and workplaces.

Arriving on Capitol Hill, I met several members of the legislature and spoke with a senator who had run a bill a year before attempting to take smoking out of restaurants in Utah. The bill had failed. The senator and others advised me to go for only a ban in restaurants and not in all public buildings. But I wanted to craft a bill to ban smoking in all public buildings. The senator warned me it would never pass, and I asked why not.

His reply surprised me: “It’s just not something that Utahns or the legislature is prepared to pass.”

“Well,” I replied, “I’m going to give it a try anyway.”

Over and over, the same message came from a chorus of voices: “It will never pass.” But I found it hard to believe that Utahns would not support a law promoting public health.

In 1993, I sponsored the first bill in the House to take smoking out of all public buildings in Utah, with the exception of the Salt Lake International Airport, where smoking rooms were in operation. It was politically unwise to go for an airport ban because of the strong opposition of Mayor Deedee Corradini. Mayor Corradini said, “We simply cannot take smoking out of the airport. Delta Airlines doesn’t want a total ban. They will oppose the bill, and so will I.”

To this day Salt Lake International Airport is still not a nonsmoking airport, in contrast to many large smoke-free airports around the United States, including Ronald Reagan Washington National, Chicago O’Hare, Dallas/Fort Worth, and San Francisco. At the time, the airport compromise had to be made if the bill was to have a chance of passing. In 1993 no state had passed a comprehensive smoking ban. Several large cities in California had passed ordinances banning smoking in public places, but even California had not attempted a comprehensive statewide ban. The only other state working on the issue was Vermont.

The bill met with limited support. But it opened up the debate and established the issues, laying the groundwork for a similar bill to be introduced in the 1994 legislative session. After the 1993 session closed, a coalition formed representing the public media (including KSL), the Utah Chapter of the American Lung Association, the Utah Chapter of the American Heart Association, some outstanding public health officials from the Utah Department of Health, the Utah Medical Association, and many other organizations and individuals interested in the issue. This coalition met time after time in early-morning strategy sessions to plan how we were going to get this legislation passed in the 1994 session.

When I introduced the bill in the 1994 session, I had an outstanding Senate sponsor, Dr. Robert Montgomery. He was a highly recognized cancer surgeon and believed that smoking was one of the most serious public health problems in the United States. He knew
from performing many lung cancer operations just how damaging smoking is to human lungs. Dr. Montgomery was a powerful ally and did an outstanding job in working to get the bill passed in the Senate. Together we held press conferences and worked with legislators serving on committees that would consider the bill.

There was tremendous opposition at the time from the American Tobacco Institute and major tobacco companies. Philip Morris and other big tobacco interests had twelve lobbyists working around the clock in Salt Lake City attempting to convince legislators that they should not support the bill. The tobacco lobbyists attended all committee hearings and testified that cigarette smoke was not nearly as bad as the health experts were saying, arguing that the science was unproven. In fact, according to them, their own research proved that cigarette smoking was not dangerous to health.

Despite these efforts, the bill found its way out of the committee hearings and on to the floor of the House. The tobacco lobbying campaign continued in full force; at times it felt like these outside interests had laid siege to the Utah Capitol. The tobacco lobbyists and their overseers did not want Utah to set a precedent for statewide bans on cigarette smoking in public buildings, so their efforts took on renewed urgency. They called individual legislators from the House and Senate chambers, arguing that a clean air act was not the type of thing that Utah should be doing. They also advanced the argument that this was “Mormon Church–sponsored legislation,” a red herring calculated to inflame prejudice and turn what was undeniably a health issue into a religious issue. Unfortunately several legislators bought into that particular argument.

Passage of the bill again looked doubtful because of the tobacco lobby’s constant barrage of calculated misinformation. I worked tirelessly with my fellow legislators to counter its spread, trying to convince them that this was not a religious issue, that it was a public health issue, indeed one of the most important health issues in the United States. I argued that Utah was a state priding itself on health and that Utah should be doing. They also advanced the argument that this was “Mormon Church–sponsored legislation,” a red herring calculated to inflame prejudice and turn what was undeniably a health issue into a religious issue. Unfortunately several legislators bought into that particular argument.

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The bill became a very significant piece of legislation, attracting an ever-increasing amount of media coverage and an unprecedented number of lobbyists from both inside and outside the state of Utah. Several Utah newspapers ran editorials. High school students staged a huge rally in the rotunda of the capitol. Students came by the hundreds to urge their particular representative to vote for the bill. I was so proud of these youth for taking a public stand and letting their voice be heard on this important issue.

Senator Montgomery and I were invited to numerous meetings and discussed the importance of taking this huge step in promoting public health for the citizens of Utah. We met with then governor Michael Leavitt, who told us that if we could get the bill through both houses of the legislature, he was prepared to sign it. We held other meetings with the governor and urged him to speak out in favor of the bill. The governor’s level of support was not what we had hoped for, but he did make some public comments in favor of the bill.

It now looked like the bill had a good chance of passing, but it was still extremely close. I felt so keenly about this legislation that it became a very emotional time. I knew this was a terribly important piece of legislation for public health but felt that because of the enormity of the lobbying effort against the bill the only way to get it passed was through a miracle. I prayed for divine guidance, feeling this was something we needed for all the people of Utah and also as a precedent for the people of the United States.

I introduced the bill during a morning session of House floor action on bills, giving a strong presentation on why the legislation was so necessary. Several legislators rose to speak against the bill. A long, tense debate followed. You could feel the suspense as the Speaker of the House finally closed the debate. As the votes came in, I felt that a miracle had indeed taken place. The miracle was not only that the bill had passed but that it had passed with a sufficient majority vote, thus sending a strong message of support to the Utah State Senate, which was next to vote.

On the day the bill was introduced to the Senate, Senator Montgomery gave an outstanding introduction of the bill, citing his personal experience with cancer patients and the urgent need to take steps to stop this menace to the public health. The Senate floor debate was just as active as the House’s. Several senators spoke against the bill, some of them arguing that the legislation would hurt the image of Utah as a friendly state for tourists to visit.

The votes came in, and once again, the bill passed by a comfortable majority. Having passed both the House and the Senate, the bill could now be sent to the governor for his signature, at which point it would become a law.

The bill signing took place in the Gold Room of the Capitol Building. Senator Montgomery and I were surrounded by heads of associations who had worked so hard for passage and by individual
Beneath the Surface of Multicultural Issues

Nick Eastmond

A difficulty we face as teachers is knowing how to balance positive and negative sides of our lessons and to build a note of realism into a message of idealism. Maintaining this balance is challenging. This article examines this challenge based on observations my wife and I made during a three-month stay on Mauritius.

Mauritius is an island in the Indian Ocean about five hundred miles east of Madagascar. Many people know of the demise of the dodo bird on Mauritius but are otherwise unfamiliar with the island. In two classes I taught, I used a video from the Franklin Covey Leadership Series entitled *Celebrating Differences: Mauritius.*

In the video, management consultant Steven R. Covey argues that an organization in the United States or anywhere in the world could learn some lessons about incorporating diversity from the people of Mauritius. Each time I used the video in class, I would say, “I’ve arranged to spend part of a sabbatical year on that island. When I get there, I will find out if Covey’s assessment was true or not.” The students would smile, knowing that the reality of a culture seldom measures up to its ideal.

At the first seminar I gave at the University of Mauritius, I mentioned the Covey film and passed around the brochure about it. Everyone agreed that this acceptance of diversity was the message that Mauritians tried to convey to the rest of the world but that there are tensions that run much deeper. I inferred that there was a second half to the story. What I found, upon closer examination, was a number of citizens who had been active participants in this huge and positive effort for public health.

In the days and weeks after, many people and families came with tears in their eyes to tell me the reasons why this legislation was such an important event in their lives. Some said the new law made it possible, for the first time in their lives, to take asthmatic children to a restaurant. For them this was one of the most wonderful things ever done for their families.

For several years we continued to receive phone calls from people throughout the state thanking us for making it possible to finally enjoy going out to a restaurant without having to breathe cigarette smoke. Others expressed their relief at being able to work in a smoke-free environment. The expressions of support and appreciation for this action on smoking were overwhelming. It seemed the people of Utah had been ready for this legislation after all.

Utah was the first state in the United States to implement a statewide ban on smoking in public buildings. It became a model for other states interested in passing similar bills, just as the tobacco lobby feared.

Since 1994 the legislature has amended the bill to ban smoking in private clubs, and the Salt Lake City Council has passed a restrictive ordinance that prohibits smoking at some outdoor public events. But the battle with big tobacco companies is far from over. Fewer than half the states currently have comprehensive bans on public smoking. While many municipalities have taken up the slack, the fact remains that millions of Americans are still forced to breathe secondhand smoke in places of work or in public establishments, such as bars and restaurants.

The importance of continuing the war on smoking was brought forcefully home in 2004, when I had a sister die from lung disease. She was not a smoker but had worked for over twelve years in an office in New Jersey where there were no restrictions on smoking. When she was diagnosed, the doctor told her that her lung problems were due to prolonged exposure to secondhand smoke. So we are still paying the price in this country, and we will continue to pay the price until we find the political will to ban smoking in all public places, in all fifty states.

And this is not our only clean-air challenge. Auto pollution, industrial pollution, and other pollutants continue to cost lives and untold billions in lost productivity and health-care costs. But for all the citizens of Utah, it means a great deal that we were able to help bring about such an important step in improving public health.