UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

UNITED STATES OF AMERICA, Plaintiff, v. PHILIP MORRIS USA INC., f/k/a PHILIP MORRIS INC., *et al.*, Defendants.	Civil No. 99-CV-02496 (GK)

UNITED STATES' WRITTEN DIRECT EXAMINATION OF

SURGEON GENERAL RICHARD H. CARMONA, M.D., M.P.H., F.A.C.S.

SUBMITTED BY THE UNITED STATES

PURSUANT TO ORDER #471

Q: Please introduce yourself to the Court.

A: I am Richard H. Carmona.

Q: What position do you currently hold?

A: I am United States Surgeon General.

Q: How long have you been the Surgeon General?

A: It will be three years this summer.

Q: What are your job responsibilities as Surgeon General?

A: To protect and advance the health, safety and security of the nation.

Q: Please elaborate on how you carry out your responsibilities as Surgeon General.

A: I am Commander of the U.S. Public Health Service Commissioned Corps. In my role as Surgeon General, I educate the public, other elected or appointed officials and the U.S. Congress as to what the best science is on a particular topic. The Surgeon General communicates with the public in many ways, including on talk shows, news programs, et cetera. Generally, I am the spokesperson on health issues for the U.S. Government.

Q: Why did you agree to testify in this case?

A: I was asked to address certain issues because I am the Surgeon General and the issue of smoking bears directly on the health of the nation.

Q: How does smoking bear directly on the health of the nation?

A: The toll on public health is enormous. Statistics show approximately 440,000 people a year in the United States die prematurely from smoking. Smoking remains the largest preventable cause of death in the United States.

Q: Surgeon General Carmona, where did you receive your first experience in the medical field?

A: My first experience in the medical field was in the United States Army Special Forces medical training. I worked as a Special Forces medic beginning in 1968.

Q: What was the function of a Special Forces medic?

A: We worked in teams of 12, with 2 officers and 10 enlisted men. Each of us had a primary and a secondary specialty. My primary specialty was medicine and my secondary specialty was weapons. The Special Forces medical specialist is known as an independent duty medic, meaning you operate in a remote area with little or no supervision. Your job is to take care of your team, as well as the indigenous communities in the area you work with. The Special Forces today operate in a similar fashion.

Q: Please describe your undergraduate degrees.

A: I have an Associates Degree from Bronx Community College, which is part of the City University of New York. I have a Bachelor of Science degree from the University of California, San Francisco.

Q: You are a medical doctor, correct?

A: Yes.

Q: Where did you receive your M.D. degree?

A: The University of California, San Francisco.

Q: When did you receive your M.D. degree?

A: I received my M.D. in 1979.

Q: So, you completed the requirements for your M.D. degree in three years?

A: Yes; I skipped the last year of medical school and went through in 3 years. When my class graduated in 1980, I was invited to be the Commencement Speaker.

Q: What awards, if any, did you receive from the University of California, San Francisco, that relate to your studies for your M.D. degree?

A: I received the Gold Headed Cane Award. I also was the valedictorian and the person who gave the commencement address.

Q: What is the Gold Headed Cane Award?

A: I felt very honored to receive the Award. The Gold Headed Cane is derived from the English tradition, and is awarded to the top medical student; not just top in academics, but the

student who best exemplifies medicine in both academics and practice. The class, the faculty and the administration all vote on it; the decision as to who receives the award is not left up to any one person.

Q: Following graduation from medical school, did you complete a surgical internship and a surgical residency?

A: Yes.

Q: Describe your internship and residency for the Court.

A: I spent 6 years at the University of California, San Francisco, did general vascular surgery, and subspecialized in trauma, burns and critical care.

Q: After receiving your M.D. degree, what other degrees, if any, have you received?

A: I also received a Masters of Public Health Degree in Health Policy and Administration from the University of Arizona in 1998. I earned this degree in night school while I was working.

Q: What does Health Policy and Administration entail?

A: It entails oversight and management of complex health care systems and generation of policies to govern public health at a local, state and national level.

Q: Have you also taught medicine?

A: Yes.

Q: Please describe the teaching and other instruction positions that you have held in the field of medicine.

A: I held the title of Clinical Assistant Professor of Surgery at the University of California, San Francisco, but I was only there for a couple of months. Shortly after graduation, I became the Director of Trauma Services at Tucson Medical Center, and also – starting in 1985 – progressed from Assistant Professor of Surgery at the University of Arizona, to Associate Professor of Surgery, to Clinical Professor of Surgery. I held appointments in the Departments of Surgery, Public Health, and Family and Community Medicine. I have also done some instruction

work in nursing, I have run an E.M.S. ("Emergency Medical Response") system, and I have trained most of the similar components for firemen, policemen, paramedics and other first responders.

Q: Apart from your teaching positions, were you employed following your internship and residency?

A: I was the Director of the Southern Arizona Regional Trauma System between 1985 and 1993.

Q: Please describe your responsibilities in that position.

A: I was recruited to start and then direct the trauma services for Tucson, Arizona, which included basically setting up a system for 40,000 square miles, with responsibility split between the Tucson Medical Center and the University Medical Center, which were the two hospitals in the system. Part of my responsibilities, which related to education, research and training, were ongoing while I was providing clinical care.

Q: Did you hold any other positions during that time period?

A: I was also the E.M.S. (“Emergency Medical System”) Chairperson for the Southern Region of Arizona and had concomitant responsibilities during this time period with the Sheriff's Department.

Q: What was the next position you held after that?

A: I was the Chairperson of the Pima County Blue Ribbon Health Care Commission between 1994 and 1995.

Q: What was the Commission's purpose?

A: We studied the Pima County Health Care System for one year and wrote a report reviewing the county's health care assets and recommending future options.

Q: Were the Commission's recommendations accepted?

A: Yes; all of the Commission's recommendations were accepted and implemented, which resulted in an integrated health care system.

Q: What was the next position you held?

A: In 1995, I was asked to be the CEO and Medical Director of Pima County Hospital in Arizona. By the second year, I was CEO of the entire health care system. I held that position until 2000.

Q: What were your responsibilities as CEO of the Pima County Hospital?

A: I had responsibility for revenue, expenses and profitability at the hospital. I was essentially running a small corporation: the hospital. I was also practicing medicine part-time. I was responsible for anything and everything happening in the hospital, including the fiscal side and the medical side. I also kept my responsibilities as a professor.

Q: How did your position grow from CEO of Pima County Hospital to the CEO of the entire Pima County Health Care System?

A: At first, I reported to the County Manager as CEO of the Hospital. Then I became the CEO of the entire Pima County Health System.

Q: What were your responsibilities as CEO of the Pima County Health Care System?

A: My responsibilities as CEO of the entire Health Care System were much more diverse. I was tasked to oversee and arrange a complex health care system, including EMS, patient services, clinics, and the like. This included policy-level decisions all the time. The trauma position that I had previously held included policy decisions, but this position included more global policy at the county, regional and state levels, and also included federal involvement relating to agencies such as the Health Care Financing Administration, a sub-component of the United States Department of Health and Human Services.

Q: Earlier you mentioned that you had responsibilities with the Sheriff's Department. In addition to teaching medicine and providing medical services in the civilian and military contexts, did you also hold positions in law enforcement?

A: Yes. I had a dual position in law enforcement, both as a police officer and as a Medical Director, which is also referred to as the Department Surgeon, with the Pima County Sheriff's

Department.

Q: Please describe the specific positions that you held in the law enforcement context and your responsibilities in those positions.

A: In 1985, I started as a reserve officer in the Department of Public Safety, and I started with the Air Rescue Unit. Many years later, I delegated this position to a subordinate. Toward the next year, the S.W.A.T. ("Special Weapons and Tactics") leader asked me to join and start a medical program. I did this, and started the Tactical Medical Program. This expanded to overseeing the jail as its Medical Director, from law enforcement to medical and/or public health. These responsibilities continued until my appointment as Surgeon General in 2002.

Q: Have you also held medical advisory positions with the U.S. Government prior to becoming the Surgeon General?

A: Yes. From the mid-80s well into the 1990s , I held the position of Medical Support Liaison with the United States Secret Service and the State Department. This was an unpaid advisory position, which started with a call from Colonel John Hutton, who was President Reagan's personal physician. I worked in an advisory capacity with the U.S. Secret Service out of Tucson, Arizona, I helped the Secret Service set up some medical programs for the President and Vice President, and I also actually set up medical programs for them.

Q: Was this position at a national level?

A: This started at the local level, and then grew to the state and national levels.

Q: Did you have any other duties in this position?

A: Yes; I helped to develop tactical medical support and support for dignitaries should the need arise, developed standard operating procedures for their care and developed core competencies for their care – determining what equipment was necessary and how to provide medical treatment for trauma or general medical care.

Q: Have you held any other positions with the United States Government?

A: Yes; I was also a Medical Support Liaison for the Department of Defense Special

Operations Command. I began in an advisory capacity, then became faculty at U.S.U.H.S. (the "Uniformed Services University for Health Sciences"). By 2002, I was given the title Distinguished Professor of Military Medicine.

Q: What do you teach there?

A: I have been on the faculty since the late 1980s, teaching combat tactical care, counter-narcotics, counter-terrorism tactical support, and similar instruction.

Q: When did you begin in your position as Medical Support Liaison for the Department of Defense Special Operations Command?

A: I began in the mid-1980s and continued for several years. I was Coordinator/Liaison for the Special Operations divisions of the military.

Q: Now let's turn to your actions as the Surgeon General. Are you the signatory of any of the Surgeon General's Reports on smoking?

A: Yes; the 2004 Surgeon General's Report.

Q: When was the 2004 Surgeon General's Report – U.S. Exhibit 88,621 – released?

A: The 2004 Report was released May 27, 2004.

Q: The Court has already heard extensive testimony from other witnesses – including Drs. Samet, Burns, Eriksen, Benowitz and Henningfield – about the preparation of Surgeon General's Reports, so we do not need to ask you to testify in detail about that. Instead, I'd like you to focus upon the next steps necessary to reduce the harm caused by cigarette smoking. Is there a chapter of the 2004 Report that addresses this issue?

A: Yes; Chapter 8.

Q: What is the subject-matter of this chapter?

A: This is a vision for the future, and the chapter basically summarizes the general progress in the last 40 years or so, and then goes on to review the need for a continued, sustained, effort, a comprehensive approach, and a comprehensive plan for the future.

Q: What was your role in the creation of the 2004 Surgeon General's Report?

A: My primary role was as the chair/convener of many of the meetings of the experts in the field, who convened to exchange the best evidence and science as it relates to the health consequences of smoking. The Surgeon General tends to be the orchestra leader, who makes sure due diligence has been performed. We are the ones driving the due diligence, holding the appropriate feet to the fire on these issues.

Q: Was there any sort of abbreviated companion Report that accompanied the 2004 Report?

A: There is a People's Piece that accompanies the 2004 Report, and that is something that I started doing with Surgeon General's Reports, to make sure the American public can understand the complex science. We wanted to write the Report for scientists, but we also wanted to engage the American public, so we broke it down into simple, understandable layperson's language.

Q: Please describe the "People's Piece" for the Court.

A: It is intended to be accessible to people of different educational levels and to communicate with diverse groups, to allow communication with the American public. The People's Piece ensures that the American public is engaged by the science in the 2004 Surgeon General's Report.

Q: Please review U.S. Exhibit 88,664. What is this exhibit?

A: This is the People's Piece of the 2004 Surgeon General's Report, the Health Consequences of Smoking.

Q: To your knowledge, is the 2004 Report the first Surgeon General's Report on smoking and health to have such a "People's Piece"?

A: Yes; I think we have done one for the Surgeon General's Report on Osteoporosis and one for the 2004 Report on Smoking and Health.

Q: Why was the "People's Piece" created?

A: The People's Piece is a mechanism for us to ensure that the American public is engaged in this issue; that the best science we have is delivered in an understandable and culturally

competent manner. This is bilingual now – in English and Spanish, and we are looking at putting this in other languages.

Q: Is the "People's Piece" something that you believe is important?

A: Absolutely; I think it is a real breakthrough. The People's Piece allows communication of this information with the American public, and it is our attempt to make sure that this information is used by the public and will hopefully change behavior where need be. It is succinct and could be used by families to educate their kids, for example.

Q: Do you view the People's Piece as a part of the 2004 Report?

A: Absolutely; I do. Yes.

Q: Does the "People's Piece" present some of the main conclusions of the 2004 Surgeon General's Report?

A: It does; in a very understandable way, it explains what smoking is doing to every part of your body.

Q: Did the Department of Health and Human Services also produce an accompanying website and CDs, or "compact discs," relating to the health consequences of smoking?

A: Yes.

Q: Please describe the website.

A: You can access it from www.hhs.gov, www.surgeongeneral.gov, and, I believe, other web sites. The website has the 2004 Surgeon General's Report – it is essentially the Report and the People's Piece online.

Q: Is the 2004 Surgeon General's Report also available on CD?

A: Yes.

Q: And did the Department of Health and Human Services also produce a CD that visually depicts the health consequences of smoking?

A: Yes.

Q: Please review U.S. Exhibit 88,660. Is this a copy of the CD?

A: Yes.

Q: Please describe this CD for the Court.

A: The CD is an interactive CD which allows a person to have visual reinforcement of some of the concepts, so if you want to see what a normal and diseased lung looks like, or see a fetus in utero and see how the fetus is affected by smoke, you can. It displays how smoking is not just in your lung, but affects every cell in your body. We're very proud of the website and the CDs.

Q: Does the Department of Health and Human Services also maintain an interactive web-based site that contains the same information as the interactive CD?

A: Yes; I believe it is available at the following website:
www.cdc.gov/tobacco/sgr/sgr_2004/sgranimation/flash/index.html

Q: How do the websites and the CDs help to communicate with the public about the health consequences of smoking?

A: They are another portal of access for the citizens; some are computer literate – enjoy searches on the web and have access to a computer; some prefer hardcopy or do not have access to a computer. So we try to utilize all aspects of these areas, so that they can be as effective as possible.

Q: Please describe what the Surgeon General's Office and the Department of Health and Human Services did, if anything, to ensure that the People's Piece would effectively communicate with the general public.

A: We had educational specialists come in and determine the educational level at which the People's Piece should be written. We sought input from a number of health literacy experts, who recommended that it be at a 6th and 7th grade level, and they also reviewed the content of the People's Piece after a draft was written, to be certain that it was written at the proper literacy level.

Q: How many copies of the People's Piece have been distributed?

A: My understanding is that over 162,500 copies of the People's Piece have been distributed

as of April 6th of this year.

Q: Describe the audiences that have ordered and received the People's Piece.

A: The primary audiences have included schools – ranging from elementary to university levels, as well as specialized schools – medical centers, health agencies, non-governmental organizations, extracurricular programs such as the Girl Scouts and Boys and Girls Clubs, churches and private citizens.

Q: Has the People's Piece won any awards?

A: Yes.

Q: What awards has the People's Piece won?

A: The People's Piece has won two awards that were given by the Society for Technical Communications. The first was the Society for Technical Communications East Tennessee Chapter Award for Distinguished Technical Communication, in the Information Materials Category. The second award was the Society for Technical Communications International Competition Award for Excellence in Technical Communication, also in the Informational Materials Category.

Q: Let's return to the 2004 Surgeon General's Report. You wrote the Preface to the 2004 Surgeon General's Report, correct?

A: Yes.

Q: In the last two paragraphs of your preface, do you make statements reflecting what remains to be done regarding cigarette smoking?

A: Yes.

Q: What do you say in your Preface on this issue?

A: "I am encouraged by the declining smoking rates in the United States in recent decades. However, every day nearly 5,000 people under 18 years of age try their first cigarette, and in 2001, an estimated 46.2 million American adults smoked. These numbers represent an enormous emotional and financial burden for their families and for our health care system. This report

documents the path leading to disease and death that these smokers inevitably face if they continue to smoke.

Over the years the harmful effects of smoking have been well documented. Although great progress has been made, a challenging struggle remains. This report will hasten the day when many of the findings herein are no longer true and we will be able to view smoking as a scourge of the past. We all need to strengthen our efforts to prevent young people from ever starting to smoke, and to encourage smokers of all ages to quit."

Q: Do your statements relate to future actions for tobacco control?

A: They refer to not only future but to present actions.

Q: Now let's turn to Chapter 8 of the 2004 Surgeon General's Report, which we briefly discussed earlier. What is the title of Chapter 8 of the 2004 Report?

A: "A Vision for the Future."

Q: In the introduction to Chapter 8, are there statements about future actions for tobacco control?

A: Yes; it states: "The courses of action highlighted below are potential next steps presented by the Surgeon General. Given his role as the nation's spokesman on matters of public health, these recommendations represent a vision for the future built on information available today."

Q: Do you consider the potential future actions relating to cigarette smoking that are outlined in Chapter 8 of the 2004 Surgeon General's Report to be among the next steps that you recommend as the Surgeon General?

A: Yes.

Q: Now I would like to cover a few general concepts that permeate Chapter 8 of the 2004 Report. Does the Introduction to Chapter 8 refer to "efforts to prevent and control tobacco use"?

A: Yes.

Q: And does Chapter 8 also contain numerous references to efforts to prevent, control

and/or reduce tobacco use?

A: Yes.

Q: What do efforts to "control tobacco use" entail?

A: They entail both prevention and cessation.

Q: Are smoking cessation programs an important component of your "Vision for the Future" in Chapter 8 of the 2004 Report?

A: Yes.

Q: Why?

A: They are an important component, because there are still too many people smoking.

Q: Now let's turn to your reference to efforts to "prevent" tobacco use. What do these efforts entail?

A: In the most general fashion, they entail educating the public as to the risks of beginning smoking and why they shouldn't.

Q: Let's talk about prevention in general. Is an emphasis on disease prevention – as distinguished from treatment – one of your priorities as Surgeon General?

A: Yes; absolutely. It is one of the main priorities in my portfolio, as it relates to all medical problems that are preventable.

Q: Is disease prevention also a priority of the Administration?

A: Yes.

Q: Please explain why it is important to focus on prevention.

A: The importance of prevention is self-explanatory. It prevents you from getting a disease, improves the quality of your life, and reduces your need to use health care.

Q: In your view, does that reasoning apply equally to support tobacco prevention?

A: Yes.

Q: Now I would like to talk about the section of Chapter 8 entitled "The Need for a Sustained Effort." Is it fair to say that this section sets forth some of the harm caused by

smoking today?

A: Yes; that is a fair statement.

Q: What is the first statement in this section?

A: "Smoking remains the leading preventable cause of disease and death in the United States, resulting in more than 440,000 premature deaths each year."

Q: Paragraph two of this section states that "the data indicate that future reductions in the morbidity, mortality, and economic costs of tobacco use will require a continuing and sustained effort," correct?

A: Yes.

Q: Why is it important to have a continuing and sustained effort?

A: If we do not have a continuing and sustained effort, the smoking rates, the death rates and the complication rates will rise.

Q: What does this paragraph say about the smoking rates of some minority populations and among Americans who are less educated?

A: That they tend to be higher.

Q: Why is that significant?

A: It demonstrates that there are health disparities among different groups relating to smoking.

Q: Now I would like to turn your attention briefly to U.S. Exhibit 89,325. What is this exhibit?

A: This is a weekly publication of CDC called the Morbidity and Mortality Weekly Reporter, used to disseminate health information. It has an article on the 40th Anniversary of the first Surgeon General's Report, and the second column has an article that I was involved in relating to "Prevalence of Cigarette Use Among 14 Racial/Ethnic Populations — United States, 1999-2001."

Q: What is the date of the article?

A: It is dated January 30, 2004.

Q: Are you credited as a co-author of this article?

A: Correct.

Q: Please explain your involvement with the creation of this article.

A: I was aware first that my colleagues were involved in this article, specifically Dr. Caraballo. He spoke with me about it, specifically asking would I be a coauthor and contribute to it. My part was mainly reviewing this report, making suggestions and adding to this article.

Q: To what extent, if any, did your work on this article relate to applying the findings of these studies to developing tobacco control programs?

A: It supports the fact that we need to do a lot more in high-risk populations, minority populations and youth, for example, to prevent them from starting, or if they have started, to help them to quit. We did not develop any specific new programs as a result, but we certainly have ongoing programs, the continuation of which is supported by this article.

Q: Insofar as it relates to your duties as Surgeon General, why is that important to have effective tobacco control programs?

A: Part of my job is protect and advance the health of the nation, and when you have a problem that is killing 400,000-plus people a year, it's important to get this information out. This information also helps to guide our program development.

Q: What is stated in the last sentence of the first paragraph on the issue of reducing the use of tobacco among certain racial and ethnic populations?

A: "Implementing tobacco-control programs that include culturally appropriate interventions can help reduce tobacco use among racial/ethnic populations."

Q: Do you still agree with this statement?

A: Yes; very strongly.

Q: Are culturally appropriate interventions also important in reaching all populations in the United States on issues of smoking and health?

A: Yes. You won't be successful unless you consider culture and language.

Q: Please turn to the "Editorial Note," and tell the Court what is stated in the last two sentences of the second-to-last paragraph.

A: "Racial/ethnic minority populations commonly have less access than non-Hispanic whites to culturally and linguistically appropriate anti-smoking educational materials, media messages, and cessation services. Moreover, racial/ethnic minority populations have been targets of tobacco industry marketing efforts, including sponsorships of cultural events and funding of organizations."

Q: Please explain the significance of this information.

A: The significance is that, first, as stated, racial and ethnic minorities typically have less access than non-Hispanic whites to appropriate cessation and prevention assistance, and that these same populations have been targets of the tobacco industry. The industry continues to target these groups, and if you're trying to get them to quit, you need culturally competent communications.

Q: Please tell the Court what is stated in the last paragraph of the "Editorial Note," relating to initiatives to reduce tobacco use among racial and ethnic subsets of the population.

A: Essentially, that culturally competent interventions are needed to prevent increases in smoking and to cause decreased smoking in populations with high prevalence. They propose initiatives, and then list several. All of them are targeted at reducing the disparity of minority smoking.

Q: What are these initiatives?

A: "1) increasing the capacity (i.e., through increased funding for program development, training, evaluation, and research) of specific populations to address tobacco use within their communities;

2) conducting educational campaigns that are culturally competent and targeted to the

specific needs and concerns of racial/ethnic populations; and

3) drawing on the strengths and assets of these racial/ethnic communities."

Q: And what is the concluding statement of the article?

A: "Tobacco-control initiatives based on these practices can reduce disparities related to smoking prevalence, exposure to secondhand smoke, and the burden of smoking-related disease."

Q: Are these recommended actions also applicable to tobacco control efforts for the United States population at large?

A: Absolutely; yes.

Q: What would be included in an effective strategy to reduce the higher smoking prevalence of Americans who are minorities and Americans who are less educated?

A: Culturally competent, evidence-based practices for smoking cessation.

Q: Now let's discuss some other work you have done in this area as the Surgeon General. Another route through which you are involved in federal government actions relating to smoking is the Interagency Committee on Smoking and Health, correct?

A: Yes; as Surgeon General, I am the chair and I attend as many of the meetings as possible, and I report developments of the Interagency Committee to the Secretary.

Q: What is the Interagency Committee on Smoking and Health?

A: The Interagency Committee was established by Congress in 1984. The Committee reports to the Secretary of HHS. It is staffed by the CDC's Office on Smoking and Health. The Committee is charged with helping to coordinate the Department of Health and Human Services' research, educational programs and other activities relating to smoking and health. It also provides a liaison function to appropriate private organizations and to federal, state and local public health agencies regarding smoking and related programs.

Q: Have there been any special areas of focus for the Interagency Committee since you became Surgeon General?

A: Well, there are a few that have followed developments from prior years. For instance, the

Cessation Subcommittee of the Interagency Committee on Smoking and Health held its first meeting during my tenure as Surgeon General, but it was developed while Dr. David Satcher, my predecessor, was the Surgeon General. We have had meetings of the Interagency Committee on Smoking and Health where we discussed various topics relating to smoking and health, including cessation, prevention, and health disparities relating to smoking.

Q: Now I would like to return to the 2004 Surgeon General's Report, and turn your attention specifically to page 899, which contains the section of Chapter 8 entitled "The Need for a Comprehensive Approach." Do you see that?

A: Yes.

Q: Does this section discuss some of the public health approaches that can be used to reduce the harm caused by cigarette smoking?

A: Yes.

Q: What does the Report say about the use of a "comprehensive approach" in tobacco control and the science base for it?

A: The Report states that we need a comprehensive program and that it needs to be strongly evidence-based, which all of our programs are.

Q: Is there any discussion in this section of the relationship between changes in smoking behaviors and the level and continuity of investments in comprehensive program efforts?

A: Yes; there's a direct relationship between the amount of resources in that area and the expected success of either preventing or stopping smoking.

Q: Does this paragraph discuss – continuing on the right column – what is required for a comprehensive national effort for tobacco control?

A: Yes; that's correct.

Q: Does it state that "a comprehensive national tobacco control effort requires strategies that go beyond guidance to the states"?

A: Yes.

Q: Does the last paragraph of this section explain why a comprehensive tobacco control effort is needed?

A: Yes.

Q: What does it say – in the first two sentences of this paragraph – on that topic?

A: "There is a need for a continuing and sustained national tobacco use prevention and control effort. Many factors encourage tobacco use in this country: the positive imagery of smoking in movies and in the popular culture, the billions of dollars spent by the tobacco industry to advertise and promote cigarettes (e.g., $11.2 billion in 2001 [Federal Trade Commission 2003]), acceptance of secondhand smoke in public places, and the perception by some that the problem has been solved."

Q: Do you still agree with the statement in your recommendations for future action that specifically lists "the billions of dollars spent by the tobacco industry to advertise and promote cigarettes" as one of the main factors encouraging tobacco use in this country?

A: I agree with that, and that is one of the reasons you need a multi-level strategy; to combat this.

Q: Please tell the Court what is stated in the remainder of the paragraph.

A: "Additionally, funding levels for many effective state and national counter-advertising campaigns were recently reduced. We know enough to take action. As in many areas of public health, there is a need to improve the dissemination, adoption, and implementation of effective, evidence-based interventions, and to continue to investigate new methods to prevent and reduce tobacco use."

Q: Please turn now to the last section of Chapter 8. What is the title of this section?

A: “Tobacco Control in the New Millennium."

Q: What is stated in this section entitled "Tobacco Control in the New Millennium" regarding the rates of tobacco-related illnesses and death?

A: "Unfortunately, the high rates of tobacco-related illnesses and deaths will continue until tobacco prevention and control efforts worldwide are commensurate with the harm caused by tobacco use."

Q: As Surgeon General of the United States, do you agree with that statement?

A: I see it, I understand it, and I agree with it.

Thank you, Surgeon General Carmona.