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Sunday, August 13, 2000

Martin Pion, President  
MO GASP [Group Against Smoking Pollution] Inc.  
6 Manor Lane,  
Ferguson, MO 63135.

Dear Mr. Pion;

***RE: My Experiences with Environmental Tobacco Smoke (ETS) at Lambert  
- St Louis Airport***

I am writing to express my grave concerns about the impact of second hand smoke from the smoking lounges at Lambert-St. Louis Airport, and to share with you my recent experiences at Lambert. For the second year in a row, I have had flights on TWA that required a change of planes in St. Louis, which is the TWA Hub. On both occasions, I have become ill after being subjected to second hand smoke from the smoking lounges, during deplaning, boarding, and layovers at the airport.

**Background Information**

To provide you first with my personal background. I am a 50 year old professional hospital administrator, residing in Oakland California. I have had a chronic respiratory illness, *bronchiectasis*, which I developed in 1990 after a severe pneumonia. I have never been a smoker. *Bronchiectasis* comes from the Greek words “bronckos” (airway) and “ektasis” (widening). In bronchiectasis damage to the airways causes them to become enlarged. Such damage results when the complex cleaning system of tiny hairs called cilia which are part of the cells lining the airways are damaged or destroyed. Mucus cannot then be cleared easily from the lung. This allows infection which leads to damage to the airways. As a result of this respiratory disability, *I am very sensitive to tobacco smoke and other irritants to the respiratory tract. My phvsician, a pulmonary specialist at Kaiser Foundation Hospital, has advised that I must limit mv exposure to ETS and other respiratory irritants. (See letter from MD)*

When I am exposed to second hand smoke or other irritants to the respiratory tract, I experience the following symptoms: severe chest pains, wheezing, chest tightness, shortness of breath, and decreased oxygen level. Depending upon the severity of the exposure, these symptoms last from hours to days. The treatment required in the case of exposure is inhaled medications such as Atrovent and Albuterol through a nebulizer, but even with these treatments, the symptoms can persist for days.

As a result of my respiratory disability, I am forced to limit participation in any activities where I run the risk of being exposed to second hand smoke. While I can avoid restaurants, bars, and entertainment venues that permit smoking, **there is no way as a**

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**traveler to avoid exposure inside an airport.** That is why I consider airports to be such an important issue for persons vulnerable to the effects of ETS.

### **Specific Incidents**

This year I was taking a family vacation with my husband and 11 year old son. I have attached the itinerary for our trip. We took TWA which required a change of planes in St. Louis en route to our destination which was Norfolk Virginia.

We left on July 25, 2000 on Flight 710 from San Jose California to St. Louis, changing to Flight 536 from St. Louis to Norfolk Virginia. When we exited the plane in St. Louis from Flight 710 and were standing in a line of people to enter the airport gate, I was immediately hit upon deplaning by an intense smell of tobacco smoke, accompanied by the immediate onset of my symptoms of chest tightness and chest pain. As we proceeded into the terminal, I saw that the gate from which we deplaned was adjacent to one of the smoking lounges. I literally ran with my family to get away from the smoking lounge as quickly as I possibly could.

However, when we went to look up our gate for boarding the next flight, I learned that once again we would be boarding right next to a smoking lounge. Boarding presents even more problems, because it increases the length of time of the exposure. We had a long layover in St. Louis between planes (close to four hours) and while I tried to stay as far away from the smoking lounges as possible, the smoke clearly permeates the entire terminal, because I experienced my respiratory symptoms. I was forced to take several breathing treatments just to get through the four hours. When it was time for us to board the plane, my husband went and talking to the gate agent, and had to explain my disability. She granted permission for me and my family to preboard the plane.

However, just having to spend the few minutes going through that process right next to the smoking lounge was very detrimental to my health. In just the time required to present ourselves to the gate agent and submit our boarding passes, I was exposed to enough smoke so that I was ill during the entire flight. I also continued to experience symptoms for the first few days of our vacation which basically ruined my trip.

I also greatly resent that I had to explain my health history, involve my husband in seeking special arrangements (suppose I had been alone on a business trip?), and then be humiliated by having to put my coat over my mouth and nose in an effort to inhale less of the toxic fumes. In California, smoking is banned at all airports. I don't have to endure these problems.

Our return trip was thankfully less traumatic on August 1, 2000 when we took TWA Flight 97 from Norfolk to St Louis, and transferred to flight 249 from St. Louis to San Jose. In this case, I got "lucky" and neither gate was adjacent to a smoking lounge, plus our layover was much shorter. However, why should my

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health be jeopardized by the random assignment of gates for flights I happen to be taking?

This entire experience was a repeat of the same problem a year ago. On August 29, 1999, I took TWA from San Francisco to Toronto, with a change of planes in St. Louis. On my return trip on September 4, 1999, we again came through St. Louis and discovered we were forced to board for San Francisco adjacent to a smoking lounge. At that time, my husband had to make special arrangements for me to pre-board and once again, I became ill and suffered from my exposure to ETS during the flight home and for several days thereafter.

Based on these two experiences I have decided I will never be able to fly TWA again, since all their flights change at their hub in St. Louis, and I most emphatically will never book any flights that may require me to go through Lambert Airport again.

I want to say that I can unequivocally disprove the claims of airport officials that smoke from these smoking lounges is vented out the ceiling, with none escaping into the airport. My respiratory distress upon disembarking at Lambert was immediate. The air at the gates adjacent to the smoking lounges is highly polluted with ETS, and the smoke permeates at a lower concentration throughout the airport, because there was literally no escaping it.

I hope this explanation will be sufficient documentation of my experiences

I am attaching my flight itinerary for you as well.

Sincerely,

A handwritten signature in cursive script that reads "Dorothy Graham". The signature is written in dark ink and is positioned below the word "Sincerely,".

Dorothy Graham

ITINERARY FOR GRAHAM/DOROTHY, MRS

NNCDVJ

DAY	DATE	CITY	TIME	AIRLINE	FLT
TUESDAY	25JUL	LV SAN JOSE CA	850A	TRANS WORLD	710
		AR ST LOUIS	248P		
TUESDAY	25JUL	LV ST LOUIS	650P	TRANS WORLD	536
		AR NORFOLK VA	1000P		
TUESDAY	01AUG	LV NORFOLK VA	615P	TRANS WORLD	097
		AR ST LOUIS	735P		
TUESDAY	01AUG	LV ST LOUIS	815P	TRANS WORLD	249
		AR SAN JOSE CA	1026P		

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PASSENGER TICKET AND BAGGAGE CHECK

PASSENGER RECEIPT 1 OF 1

015117JUL00 C05000715 SITI US



GRAHAM/DOROTHY MRS

NAME OF PASSENGER GRAHAM/DOROTHY MRS

NOT VALID FOR TRANSPORTATION

THIS IS YOUR RECEIPT

SAN JOSE CA

TU 710H 25JUL H/DB100

ST LOUIS

TU 536H 25JUL H/DB100

NORFOLK VA

TU 097H 01AUG H/DB100

ST LOUIS

TU 249H 01AUG H/DB100

SAN JOSE CA

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ORIGINAL BOOK

FARE CALCULATION

FARE TAX 100%

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FREE

