



# American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Dear AAP Member:

We are jointly sending this letter to ask for your help in protecting all children from the serious dangers of exposure to secondhand smoke.

The 2006 Surgeon General's report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, concluded without equivocation that secondhand smoke causes premature death and disease in children—and most disturbingly—that children in this country are more heavily exposed to secondhand smoke than nonsmoking adults. In fact, 60 percent of U.S. children aged 3-11 years—nearly 22 million of our young people—are exposed to secondhand smoke.

There is no debate: Children who are exposed to secondhand smoke are at an increased risk for sudden infant death syndrome, acute respiratory infections such as bronchitis and pneumonia, otitis media, more severe asthma, respiratory symptoms, and slowed lung growth. According to the California Environmental Protection Agency, 430 infants nationwide die from SIDS as a result of secondhand smoke each year and another 202,000 episodes of asthma and 790,000 doctor visits for ear infections are attributable to this exposure as well.

Children are powerless to protect themselves from the dangers of secondhand smoke, but we can protect them. Parents, pediatricians, caregivers, all of us in the public health community must act. On September 18th, 2007, the American Academy of Pediatrics joined together with the Surgeon General of the United States at a press conference in Washington, D.C., to focus the nation's attention on the need for immediate action to protect children from this preventable health hazard.

The 2006 Surgeon General's report concluded that there is no safe level of secondhand smoke exposure, and eliminating smoking in indoor spaces is the only way to fully protect children from exposure to secondhand smoke. The primary source of children's secondhand smoke exposure is in their homes and vehicles. Secondhand smoke permeates the entire house and lingers long after the cigarette has been extinguished, so smoking in certain rooms, at certain times, or by a window or fan is not safe.

Pediatricians and other child health care clinicians can play a significant role in reducing children's exposure to secondhand smoke. Today, we ask that you commit to taking concrete, effective actions: routinely screen children to identify household members who smoke, advise parents to take steps to eliminate their children's smoke exposure, and provide information to help parents quit smoking.

The American Academy of Pediatrics and the Office of the Surgeon General are committed to providing you with information and resources to help you protect your patients from secondhand smoke. For resources you can use in your practice, visit [www.aap.org/RichmondCenter](http://www.aap.org/RichmondCenter).

Kenneth P. Moritsugu, MD, MPH,  
Acting Surgeon General

Jay E. Berkelhamer, MD, FAAP  
President – 2006-2007  
American Academy of Pediatrics