

Chair Kornheiser and Ways and Means Committee

It's with great pleasure that I write to express my support for the S18 bill supporting the ban on flavored tobacco products. I'm a Neurologist working at UVM Medical Center, and I'm very familiar with the literature supporting that flavored tobacco products attract younger consumers, who, many times, think the cigarettes or vapes with flavor are "not the same" or "not as bad" and "they are not addictive" as the "regular" cigarettes. This incorrect belief results in teenagers and younger adults developing an addiction that will increase their risk for over 15 types of cancer, in addition to heart disease, and strokes.

I'm a stroke specialist, and unfortunately, I get to see the irreparable effects of smoking on brain health. Even though, thanks to modern medicine, we have seen a decline in the number of stroke-related deaths. We are now seeing an alarming trend with higher rates of strokes in younger people. Recent studies showed this is a result of the presence of traditional risk factors, including obesity, high blood pressure, high blood sugar, and smoking earlier in life. As you know, we currently have multiple programs to promote a healthy diet and exercise in schools, but we can't win this battle if we are not thinking about how to deal with one of the worst offenders.

My job as a stroke neurologist is to diagnose, treat, and help prevent new strokes. One of the most challenging stroke subtypes I routinely have to deal with is the one caused by prolonged vascular damage (commonly associated with smoking). It's heartbreaking to see the same person have multiple strokes, each one more debilitating than the last, with no effective therapies available that can cure the condition or fix the damage. That's why prevention is critical.

Stroke is the most common cause of long-term disability in the United States. I want to highlight the fact that the hospital bill does not reflect the cost of having a stroke in your 30s. After a stroke, people will continue to be at a disadvantage for the rest of their lives. Unfortunately, we tend to forget to factor in disability and wage losses when we analyze the cost of every strategy in public health. Direct and indirect costs are also assumed by local and federal governments, so prevention will always be an investment.

I believe writing this email today was only part of my job. Hoping your efforts and the efforts of many others result in fewer people learning about the effects of smoking after it has permanently affected their lives and the lives of their loved ones.

Sincerely,

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