



**Interagency Committee on**  
**SMOKING**  
**AND HEALTH**

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**National Advisory Committee**  
**Proceedings**

**The Impact of Cigarette Smoking**  
**on Minority Populations**

March 31, 1987

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Centers for Disease Control  
Center for Health Promotion and Education  
Office on Smoking and Health  
Rockville, Maryland 20857  
HHS/PHS/CDC-87-8403

CHAIRMAN KOOP:

Dr. Blum is next. Dr. Blum is the director of Health Promotion and assistant professor in the Department of Family Medicine at Baylor College of Medicine. Dr. Blum is founder and Chairman of Doctors Ought to Care (DOC), a national, non-profit organization of health professionals developing new approaches for health promotion through the mass media. He has written a book and over 60 articles in peer-reviewed journals on the issues of cigarette smoking and tobacco use. Dr. Blum.

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### TARGETING OF MINORITIES BY CIGARETTE ADVERTISING

Statement of Alan Blum, M.D.  
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DR. BLUM: Thank you, Dr. Koop. I am very honored to appear before this distinguished Committee and audience. My talk relies less on statistical analysis than subjective analysis; daily reading over the past number of years of the marketing, advertising and tobacco literature, that is, those journals and magazines and newspapers published primarily for those trying to develop ways to increase the sale of tobacco products to the public.

Basically, what I describe in this research might be the subject of some sensitivities and some concerns, so I usually warn people before I speak: this talk may be hazardous to their preconceptions. And I hope that is good because based on what we heard this morning, there are some misconceptions, there are some areas that I hope to add some light on.

What I would like to do first is take a look at the typical healthy American. This was an advertisement for Prevention magazine in which they show a health expert talking to a Native American from Northern Alaska. Of course, that stimulates us to look at what it is that they show in regard to this individual. It becomes an example, a role model. And that is basically dealing with diet, the enormous amount of fish oil that people consume and so forth, which has been of late, at least, a very important factor in preventing a variety of unhealthful outcomes.

But, unfortunately, this picture is changing. From the National Geographic in their advertisement, is this picture of a Northern Alaskan couple and there she is holding a cigarette. This is obviously something new that has come into a society that hasn't been raised with tobacco. But over the last half century, this particular problem has proliferated. I'm not going to deal with Native Americans or Asian/Pacific Americans per se today because I have not been able to identify any targeted marketing campaigns directed to these individuals. Suffice it to say, though, as you

will hear from Dr. Fairbanks, and the National Cancer Institute, which is looking at Asian/Pacific Americans, there is a growing body of information on the health habits of these individuals and the sad toll that tobacco is taking among these groups.

For my discussion today, I would like to deal with the concept of minority groups as being Black Americans or Afro Americans and Hispanic Americans, or those whose first language is Spanish.

There is an enormous amount of research on these populations; unfortunately, very little of it is available to us. It's been done by the tobacco industry and there is substantial evidence to believe they are aiming at very young groups.

Today, then, I would like to look at Black areas, look at Hispanic areas and look at one specific example of the kind of advertising aimed at these populations, namely billboard advertising, and, lastly, offer some modest proposals of a counter-advertising campaign that I felt you could work on in the context of overall mapping out.

I would like to preface my remarks, too, with comments on some experiences I have had over the last year. A little over a year ago, I was asked by the editor of the "Outlook" section of The Washington Post if I wanted to suggest for consideration an article looking at trends in cigarette advertising and marketing pointing to the increasing number of college graduates and upper-income and middle-income individuals who no longer smoke. I wrote about the stepped-up appeal by tobacco companies to lower-income and less well-educated individuals. Within the lower-income segment of our population are many Black and Hispanic people.

Since there has been so little previously written on the subject of trends in cigarette advertising in either the medical literature or the lay press, when journalists picked up on this article, which appeared around the country, and wanted to know more about it, some chose to focus solely on the area of marketing to Blacks or Hispanics. I was asked to respond directly to questions regarding marketing approaches targeted to these ethnic groups.

One of the observations I made concerns the lack of involvement from various ethnic civil organizations, such as the National Association for the Advancement of Colored People and the National Urban League, to support governmental and voluntary health agency efforts to prevent and end smoking. I also pointed out that these organizations had received large amounts of tobacco industry contributions. And I questioned the silence of these respected institutions in the face of enormous health problems.

Other health professionals, newspaper columnists, and I, have been accused of paternalism and even racism and suggesting that Black Americans are not intelligent enough for themselves to decide what it is they should be doing in regard to smoking. The discussion of what the tobacco industry gives to the NAACP, United Negro College Fund, the National Urban League and others, is not intended to denigrate these respected institu-

tions, but to raise the question of whether they may be shortsighted in accepting financial contributions from tobacco companies.

We are all human, and at various times the effort to protect the momentum of the civil rights movement has blinded some leaders to the expectations of the movement. For example, 20 years ago this month, when the late Dr. Martin Luther King castigated the administration for stepping up the role in the Vietnam War while ignoring commitments to minorities at home, he provoked a fuselage from all sides, including many within the civil rights movement. Newsweek accused Dr. King of simplistic political judgment in which a race-conscious minority was dictating foreign policy. The Washington Post described it as the diminished usefulness of Dr. King to his cause, to his country and to his people. An editorial in The New York Times entitled "Dr. King's Error" maintained that the cause of Negro equality had suffered a setback with the facile fusing of civil rights and foreign policy.

Whitney Young, Carl Rowan, Ralph Bunche, and Roy Wilkins all sharply criticized Dr. King for allegedly causing harm to the civil rights movement. And the NAACP Board of Directors unanimously opposed any effort to fuse the anti-war movement with the civil rights movement.

Today we need to protect the momentum of the civil rights movement and keep the focus on the issue. But it is not wrong to suggest that there are statements and decisions made today with which these organizations will not agree in years hence. Just as the growing recognition in recent years of the exploitation of Blacks in South Africa enhances the momentum and unity of the civil rights movement in this country, so the focus and dialogue on a major but woefully unheralded health issue, namely the exploitation of children and adolescents by the tobacco marketer, can better enable us to reorder, rethink and remember our priorities.

The concern is forced upon us by the tobacco industry's exploitation itself and I, for one, am just responding to that manipulation. The aspirations of Black Americans are not weakened, but strengthened by the recognition of Black health matters and the exploitation of this health by the tobacco industry. This is not a racial concern, but rather a human concern.

Listening to a radio program last year on the radio station WLRP in New York, I overheard this particular caller describing his feelings about tobacco advertising. He said it must be cleverly and carefully planned because on every corner he saw one billboard depicting a man and a woman looking like they make \$100,000 a year drinking alcoholic beverages and the next billboard showing two gold medal track stars smoking cigarettes. It is always two billboards next to each other, one promoting drinking and one promoting smoking. In the white community, if they have billboards at all, they are about investments and things that are not detrimental to the person's health.

What he spoke about in New York referred to Harlem, but the same description can also apply to Shaw here in Washington, North Philadelphia, Watts in Los Angeles, South Boston, South Chicago and any other of the number of low-income, racially-polarized inner city areas. While tobacco com-

panies have become leading patrons of art museums and other cultural institutions in cities across the country, the poorest neighborhoods in the same communities are the recipients of a different kind of largess: billboard after billboard promoting the Nation's leading cause of death, cigarettes.

The fact that cigarette smoking has become less fashionable among upper- and middle-income groups over the past decade may have lulled the public to believe that the United States is well on its way to reducing the enormous toll taken by smoking. But while overall consumption has declined slightly, by an average of about one percent per year since 1980, America still has one of the highest smoking rates in the world: about 4,000 cigarettes per adult per year. An increasing percentage of these cigarettes is smoked by those in the lowest social, income and education levels.

As the Task Force on Black and Minority Health of the Department of Health and Human Services has pointed out in its recent report, there are substantial inequities in the health of ethnic minority groups in the United States. The report noted that there are 60 thousand excess deaths each year among Black Americans over and above the death rate of the white population. Although the Task Force called for more research and data collecting to explain the disparity in health status between the white and non-white population, there is little doubt that the gains in health among the educated and privileged have not been shared by low-income and minority groups.

Principal among the rising preventable causes of death that you have seen this morning are chronic heart disease and lung cancer, the two major consequences of smoking. Blacks and Hispanics suffer the highest rates of these diseases in our population, a fact that Cook County cardiologist Richard Cooper alleges is obscured by a tendency in medicine to focus attention on rare but highly publicized diseases more common in Blacks, such as sickle cell anemia. Fewer than 300 of these 60 thousand excess deaths among Blacks each year are due to this and related blood conditions, only a small fraction compared to the deaths attributable to smoking.

The results of the survey published last year in the American Journal of Preventive Medicine (1986; 2:262-267), in which nearly 1,000 Chicago adults were surveyed, suggested that insofar as cardiovascular risk factors are concerned, the public hasn't heard it all before. Few respondents could identify all three of the major risk factors: high blood pressure, cigarette smoking and cholesterol. Given a list of nine items from which to choose three, only 11 percent of the Black respondents and eight percent of the Hispanic respondents included cigarette smoking.

Dr. Loudell Snow of Michigan State University, who is here today, and Dr. Carol Hall, have done ethnographic research looking at the fact that although most people in surveys will agree that smoking is hazardous to your health, only two percent of women in the Black community have identified the association of smoking with low birthweight.

There is little mystery that while the tragic toll taken by smoking continues to go unrecognized by the public, it is far and away the leading

health problem. That is because cigarettes are also the most heavily promoted product in America. Advertising not only recruits and maintains new users, but also buys the complacency of those who don't smoke.

If we could just point again to some areas of debate. By way of talking about the latest debate of paternalism and racism, I would include this in a catalogue of other tobacco industry debates over the years of smoking and health controversy, such as saying there is nothing wrong with cigarettes, but giving you low-tar cigarettes because of supposed consumer demand, or the use of the term "the smoking public" versus those "anti-smokers." In these examples lies the tale of how a consumer product that has been attributed by our Surgeon General to cause an excess of 350,000 deaths a year, is manufactured by an industry that is given by the mass media in our country the right to reply as if they were representative of that consumer population.

You can't imagine an automobile company being interviewed if one of its undercarriages were made out of compost that was going to wash out, that Ralph Nader and General Motors would be interviewed, speaking for the beleaguered automobile owners of America. I don't think the news media would have any credibility, and yet this is the way it is with the tobacco industry. There is no asbestos "institute" as far as I am aware, but nonetheless we have used and allowed the word "institute" to become a scientific word acceptable because tobacco industry money has been able to apply that term.

Lastly, of course, the latest debate is the debate between those who favor an abandonment of cigarette advertising, a ban on it, and those who do not. The former groups are being called prohibitionists likened to Carrie Nation and others with that handle, versus those who are out there protecting the First Amendment.

We need to define some terms, a glossary of terms that would include memorizing the names of the cigarette companies. These are in essence, to use an epidemiologic term, the vectors by which these problems are promoted. And there can be no other way to describe this particular industry. I think the terms are chosen very wisely but it is very hard to deal with the problem without beginning to talk about the brand names and the names of the companies who are putting the product on the street that is accessible to young people: Philip Morris; R. J. R. Nabisco, that is R. J. Reynolds and Nabisco; Loews; Brown & Williamson, owned by BATUS, which is a British company; American Brand; Liggett & Myers. (I didn't include Imperial Tobacco and others that aren't particularly headquartered here, but they own Hardy's.) This is lesson one for understanding who we are dealing with in the health community.

Here is a list of the effects of tobacco advertising based on reading the marketing literature -- I haven't seen this in any other literature -- and looking around at people from cab drivers to physicians and what it is that they think about cigarette advertising.

1. It creates social acceptability for smoking. That is probably the single most insidious effect. The very existence of a cigarette ad in the

New York City Health Department as you go in the door, if that doesn't create complacency about smoking, I don't know what does.

2. Recruiting new users. Certainly, this is the big lie. If you put up a lie long enough, then people will believe it. If we say we are not out to get kids to smoke, and take that at face value, I think that evidence, such as I would show, is sadly to the contrary.

3. Maintaining existing users. Well, we'll all go along with that because that is what the tobacco companies say they are out to do: to get you to allegedly switch from one brand to another. As Dr. Ken Warner points out, only ten percent of people who smoke switch brands in a given year. We are to believe, nonetheless, that all of the advertising dollars, nearly three billion dollars, are aimed at those ten percent. They can save themselves a lot of money by not advertising.

4. It fosters complacency among users and non-users. Particularly in the medical community and -- the shocking figures that Dr. Marcus was talking about -- the absence of genuine physician involvement in this issue. This is not to blame physicians, but I think they are not given the incentives in the medical curricula for various reasons related to what is the incentive for medical schools for going after it. They are going after research funding and they are not as interested in prevention -- that will not necessarily be the case when Dr. Cullen and others come along with a major fundable area in prevention.

5. Lastly, the presence of tobacco advertising diminishes journalistic scrutiny of the tobacco industry. Only yesterday I was talking to a reporter who described his concern about the Black areas being ripe with billboards but said he couldn't mention Gannett, which is the owner of many of the billboards, because his newspaper was owned by Gannett. It is also important to understand that the makers of the cigarettes are not the only problem. In terms of the dissemination, they are aided by the media corporation, Gannett being the owner of a very large billboard company and many newspapers such as USA Today. You have the New York Times Company which owns over 20 newspapers, The Washington Post Company which publishes Newsweek and advertises in the tobacco trade press for more cigarette advertising. We have Naegle and other outdoor billboard companies such as National, owned by Minnesota Mining and Manufacturing, which makes Theolair for bronchial conditions. We are dealing with a very interesting phenomenon that we couldn't begin to outline today.

What is tobacco advertising's credo? Well, I would propose this simple formula: ubiquity, propinquity and iniquity. It's got to be everywhere. It's got to be next to things that are socially acceptable. And it's got to be a little bit sinful. It's got to also offer you a bit of money saving. And this is the particular thrust in recent years of the tobacco company. They have been able to stave off the perceived imposition of an excise tax by maintaining a hold on the lowest net income group who might otherwise economize by cutting down or eliminating cigarette purchases. Indeed the course of economy cited by the tobacco lobby that such taxes are regressive and would most hurt the little guy suggests that the industry is fearful that taxes will adversely affect cigarette sales.

As hard as it seems in light of the fact that a two-pack a day cigarette smoker can save nearly \$15,000 in ten years by putting that money into a daily compounded interest savings account instead of into cigarettes, the tobacco company advertising fellows all but imply that smoking will result in more wealth, more money. Cartons of some brands are being promoted more extensively than single packs by means of rebate coupons in wide-circulation magazines and hundreds of daily newspapers good for up to a 40 percent discount. Brown & Williamson and R. J. Reynolds have joined Liggett in the manufacture of so-called generic cigarettes as well as 25-cigarette packs instead of 20-packs. Advertising for the generics and 25-packs implies that one will actually save money if one smokes.

Recently the National Advertising Council, one of the councils that the advertisers actually use among themselves when they advertise, ruled that use of the term "free" to imply those extra five cigarettes were free at the same price could no longer be used, that it was misleading and fraudulent advertising. The names and package designs of the so-called value-oriented brands have been chosen to imply a luxury product at bargain prices: Richland, Century, True Gold with the slogan "Born Rich." Nowhere do the companies provide information about the products or state what inherent characteristics, apart from the name and package design, enables the budget brand to be called a budget brand.

There has also been an increase in the point of purchase displays in cooperation with national chains and convenience stores, such as 7-Eleven, supermarkets, pharmacies and gasoline stations.

I am handing out to the Committee, and I will be happy to get copies for others, of an "Oh, Thank Heaven for 7-Eleven" ad with a carton of cigarettes as the sole product being sold and at the bottom it says, "Help us fight sickle cell disease. Caring and sharing make a better life."

The distribution of free-sample packs and discount coupons on city streets, state fairs, amusement parks, rock concerts and other youth-oriented events has also been a recent phenomenon as well as the actual distribution of rebate coupons and discount coupons within supermarkets.

As a result of the growth of tobacco conglomerates -- Nabisco has recently been acquired by R. J. Reynolds -- we see an increased power and influence of the tobacco companies and their advertising over the retail selling environment as well as the television environment.

The Cable Health Network health program is sponsored by Philip Morris and the health program on ABC is sponsored in part by R. J. Reynolds. Of course, with nearly three billion dollars in annual advertising, cigarettes are the most promoted product. In some communities, especially those in low-income communities, more than half of the billboards in transit systems which are used by more lower-income commuters, are for cigarettes. In some blocks cigarettes are sold in virtually every retail outlet, including drug stores, supermarkets, gasoline stations, beauty parlors, barber shops, even laundromats. There is no similar product that has a similar distribution -- even close. In inner city "bodegas," cigarettes are sold illegally for seven or eight cents a piece and children



can freely purchase them in such stores or else from one of the growing numbers of cigarette vending machines in public places.

In the Black community, three brands in particular, Newport made by Loews, Kool made by Brown & Williamson, and Salem made by R. J. Reynolds, have been promoted for maximum consumption. These account for more than 60 percent of cigarettes purchased by Blacks. Cigarette advertisements are, along with alcohol, the mainstay of such Black publications as Jet and Ebony. A minimum of 12 percent of the advertisements in each issue of Essence, the magazine for today's Black women, are for cigarettes, second only to advertisements for alcohol at 20 percent. Among advertisers tying into each February Black History Month has been R. J. Reynolds, which offers discount coupons for its Salem cigarettes under the headline "Salutes Black Scientist in Invention," with George Washington Carver pictured in the corner.

Just to go back for a moment, these are brands that I have identified as particularly targeted to Black Americans: Kool, More, Salem and Winston by R. J. Reynolds; Benson & Hedges and Virginia Slims by Philip Morris; and Newport and Carlton by Loews and American Brands respectively. There are differences in brand appeal in these particular ethnic groups.

Sensing that the saturation of Black-oriented publications and billboards with cigarette advertising has begun to raise a few eyebrows among those charged with lowering health care costs, tobacco companies have steadily shifted away from traditional forms of advertising into sports and entertainment sponsorships and other commercials publicized through the news media. For instance, in Washington, the Kool Achiever Awards are given each year to five outstanding adults who are working to improve the quality of life in inner city communities. They don't call it the Brown & Williamson Award, they call it the Kool Achiever Award and in articles and advertisements in the Black press there is the Surgeon General's warning on the ads asking you to submit nominations for the Kool Achiever Award.

Aiding the tobacco company in the nominating process is the National Urban League. And Commissioner Jim Forde, who is going to be speaking this afternoon, will allude to his experiences in regard to the Kool Achiever Award in San Diego, and the NAACP and the National Newspaper Publishers Association.

Last year, shortly before the National Newspaper Publishers Association condemned the proposal by the American Medical Association to ban cigarette advertising, Philip Morris had flown more than 93 publishers of Black newspapers to its corporate headquarters in New York for forums on preserving freedom in American life. In July 1984, Philip Morris hosted the 40th anniversary gala of the United Negro College Fund. Asked if his organization had ever questioned the morality of the acceptance of money from cigarette companies in view of the disproportionately high rate of lung cancer among Blacks, Christopher Edey, Executive Director of the United Negro College Fund, told me that Philip Morris gave to Black colleges long before there was a cancer scare.

In 1984, R. J. Reynolds also marked the 40th anniversary of the United Negro College Fund by donating a \$250,000 ruby necklace as part of the tradition of giving rubies on 40th anniversaries. The presentation was made during the intermission of an Ebony fashion fair by actress Ruby Dee. Fashion consciousness in Black-oriented advertising and promotion may help to explain why the single largest increase in cigarette consumption has occurred among young Black women.

This is the reach of magazines into the Black community. Ebony reaches upwards of 47 percent of Black women; Jet, 37 percent; Essence, 22 percent. Let's not forget that magazines such as Sports Illustrated and Better Homes & Gardens are also reaching a sizable number of Black Americans. It is hardly coincidental, too, that these magazines advertise in a way that is designed to attract advertisers boasting of reflecting the lifestyle of the fast-rising young woman. Essence delivers first, the ads say, along with over 2.4 million other upscale readers. She depends on Essence to reflect her image and interest, to provide her role models, define her vision and to help make decisions on her purchases. Reaching young Black women, Essence, with a circulation base of 800,000, may be the only major magazine available to these marketers.

Nearly all magazines directed at women, with the notable exception of Good Housekeeping, and a handful of others, juxtapose cigarette advertising next to articles on diet, stress, and even cancer, as if to deny the very relative importance of smoking as our leading health problem.

I have been in favor for sometime of rating magazines directed to women in terms of their health content. Dr. Elizabeth Whelan has been doing it, but I think a different scale in terms of not just the credibility of the individual article, but their juxtaposition to tobacco ads might give them a scale of one to four tumors, and this would be on a higher scale because in Essence's history as far as I know, they have not identified this particular issue. Nor in the past ten years that I have been reading Ebony, has the subject of cigarette smoking come up other than in a catalogue of habits such as snacking or drinking coffee.

Incidentally, at the More fashion shows which are sponsored by Ebony Magazine, there is no mention in the advertisement such as this ad from Ebony of the fact that it is sponsored, as it has been for 13 of its 30 years, by the R. J. Reynolds Tobacco Company. And yet, if you go to the fairs, you will see posters for More all over, you will see models coming out on the walkway smoking and the announcers talking about how sophisticated and how lovely it is to be smoking More cigarettes.

Interestingly too, when Dr. Lovell Jones, a faculty member at M. D. Anderson Cancer Hospital in Houston, called Ebony to notify them of next month's meeting on the reality of cancer in the minority community, perhaps the largest such conference ever held, in part supported by the National Cancer Institute and others, he sent them a program in which over 50 speakers were listed. He was called back and asked why they were going to be placing so much emphasis on smoking. He looked back and didn't know what they were talking about because only three out of the 50 speakers

were going to cover the issue of smoking. Ebony declined to cover the conference.

The fact that news media turn to the Tobacco Institute for information or public rebuttals of health reports may be a reason why so many people seem to agree with the philosophy that everything causes cancer. And it is no accident that one of the leading spokespersons for the tobacco industry has been a Black woman who represents the single hardest hit marketing group today.

One byproduct of such promotions, as well as the cocktail party hosted for legislators by Philip Morris and other tobacco companies, has been the stalwart opposition by many Black and Hispanic legislators to efforts to restrict smoking in public places. The tobacco companies compare such legislation not very subtly to laws designed to bring back segregation. In numerous instances in New York, Ohio, Illinois and elsewhere, tobacco companies' public relations personnel and tobacco wholesalers have urged local Blacks to lobby against such legislation.

A guide to Black organizations has been distributed for the last several years by Philip Morris, in which the founder, the former chairman of Philip Morris, talks about the common goals and aspirations of Philip Morris with the Black community.

Black journalists are gifted by Philip Morris with a special award. I think it is safe to say there can be some cross-imaging and cross-mentoring of tobacco products when getting journalists together to note all the products that are made. Philip Morris Magazine is the sponsor, with the Daily News of New York, of a Cab Calloway concert. The Alvin Ailey Dance Company is sponsored by the Philip Morris Company, which until about last year used to list all the products that they made in these corporate ads. They would say "makers of fine tobacco products such as Marlboro, Merit, Parliament, Benson & Hedges" and so forth, and now no reference to these products is made at all and they call themselves Philip Morris, Incorporated.

Coretta Scott King said in an ad that just appeared a couple of weeks ago in The New York Times Sunday Magazine, "Here's the things we wish we had said." Well, all the irony of that notwithstanding, tobacco companies have most increased spending on television. In spite of the ban on tobacco advertising on television, cigarette advertising is more prominent than ever, which is particularly true in minority communities, which rely on television far more for entertainment and even a reading medium in a non-reading public. I don't know if you can read the warning in the back of the room, but this is something I saw when I turned on the television and saw the Mets at Shea Stadium (note the billboard cigarette ad in the outfield). Here is the All-Star Game with all the ball players being introduced in front of the tobacco billboard. This is Earl Campbell, football star, talking about a free sample of Skoal Bandit.

The top ten Black markets include: New York, Chicago, Los Angeles, Philadelphia, Detroit, Houston, Atlanta, Baltimore, New Orleans and St. Louis. You get those ten markets with a counter-advertising campaign and you've really got something. The problem is, to get a counter-adver-

tising campaign going, even one that is paid, takes quite a lot of doing. And listen to this sales manager of a Black-oriented radio station in a major metropolitan area.

My concern in carrying any of these sponsors is that we do considerable business with Miller Beer and other companies, with Philip Morris directly also, not with the cigarette side of it, but companies they are affiliated with. Some kind of a concern that there would be a backlash. No matter how covert it might be, we do a lot of business with Seven-Up, Miller Beer, and there is a real concern there as to how -- what would happen. We probably do -- for example, just to put a figure on it -- we probably do in excess of \$300,000 a year on Miller Beer. That is a considerable amount of money which we simply wouldn't want to jeopardize. That is the only concern that I have. We may not get anything directly from the Philip Morris but the agency that handles these accounts can certainly buy around the radio station... We have not been approached by the agency whether directly or indirectly from Philip Morris or someone else or from their own concerns about it not wanting to piss off the client.

That is what he said. I think it's important to understand the perceived fear of losing revenue.

Also, just to turn to Hispanic people, the top ten Hispanic markets are particularly significant. This has been raised. This represents a particularly enormous concentration of the Hispanic population in the United States, perhaps as many as 70 percent of all Hispanic Americans would live in these ten areas. There are 17 million Hispanics in the United States, who spend 45 billion dollars every year, and they will soon overtake Black Americans, America's largest minority group. Now no longer are United States' advertisers merely translating their commercials into Spanish; rather, they are being encouraged in the marketing community to think Hispanic. Marketing strategies are being developed that are tailored to Spanish-speaking consumers with the idiosyncrasies of language in brand awareness.

The question of menthol has come up. Menthol is interesting. Very few people who use menthol cigarettes know what it is. It is an anesthetic. It creates the illusion of coolness. It is also tied in with the color green. So whatever research has been done, it has been done very well by the tobacco industry.

The particular campaign in this ad relates to the aspiration of Hispanic Americans. This is a new population aiming to assimilate, aiming to look at things American, and they are attracted to things that are obviously going to be more socially acceptable. That was from the New York subway system. This is from Arizona, where the man changed a little bit, but the image of America's Best remained. This ad was on a Brooklyn food stand. And this is as you went into the food store.

It is important to look at the relative youth of the Hispanic population. In New York and Los Angeles you are talking about 40 percent of the population under 18 and 70 percent under 35, an extremely youthful population. New York's Hispanic population is predominantly Puerto Rican, while Los Angeles' Hispanic population is predominantly Mexican. Miami, on the other hand, has only 28 percent of its Hispanic population under 18 and is largely Cuban. But, as we know, the smoking tradition has been much more heavily ingrained in the Cuban population. In Puerto Rico, where R. J. Reynolds commands more than 80 percent of the cigarette market, there has been a particular emphasis on ethnic identity. It promotes the association between Winston and Puerto Rico, such as showing attractive couples visiting well-known landmarks, small town plazas, artisan shops and ethnic eateries. The company which produces the Winston brand also sponsors concerts and salsa dance festivals, all reinforcing the message that Winston is for local tradition.

Jane Delgado, speaking last year at Congressman Waxman's committee looking at the cigarette advertising issue and whether or not to call for a ban in tobacco advertising, pointed out that anti-smoking messages aimed at the general public are simply not reaching segments of the community isolated by factors of language, culture and media habit. They are traditionally bypassed by the mainstream health organizations.

These factors, combined with the massive increases in the population, the high fertility rate and the youthfulness of the Hispanic community, have created a successful, lucrative market. Liggett, for example, has developed a new brand of cigarette, Dorado, aimed at the Southwestern Mexican American market, and markets it in Santa Fe, Albuquerque and South Texas. This is the kind of sophisticated and comprehensive approach to the Hispanic community by the tobacco industry that has not been matched by the health community.

There are other brands, such as Rio, which haven't gotten off the ground. But the important thing to remember is that the advertisers are becoming increasingly aggressive and the most aggressive of all is Philip Morris in the Hispanic market. Even before its acquisition of Nabisco, R. J. Reynolds was number 10 among the top advertisers in Hispanic markets, but Philip Morris has been and remains number one. In the past year, Philip Morris has become the sponsor of the sports news on the largest Hispanic television network as well as the sponsor of Marlboro soccer tournaments in Hispanic communities in the United States. Apart from a conference in 1983 called by the National Cancer Institute to look at smoking and prevention of smoking in Hispanic population, I know of no other single focus on this particularly frightening issue.

I would like to turn to the billboard companies in the remaining few minutes and then conclude with some modest proposals. If there is any doubt about whether tobacco companies especially target young Blacks and Hispanics, one has only to consider the figures cited in reports and brochures of the Eight-Sheet Outdoor Advertising Association. Eight-sheet billboards are five feet by eleven feet signs, smaller than the 14 feet by 48 feet painted billboards and the 12 feet by 25 feet 30-sheet signs gracing the nation's roadways, but larger than the three-sheet bus stop signs

and other mass transit placards at pedestrian eye level. There are 140,000 such panels nationally, an increase of 50,000 in the past five years, and their size and number enable them to have greater penetration in Black and Hispanic neighborhoods. Or, as the Eight-Sheet Association says in its brochure, "effective ethnic coverage of the core city." Indeed, the association's own figures reveal that 90 percent, or virtually all, of the national advertising is directed to Black and Hispanic populations. Fifty percent of all such advertising is for tobacco products, and 75 percent of that is directed to Blacks. Counting local advertising, this means that between 25 percent and 40 percent of all eight-sheet advertising in predominantly Black areas is for cigarettes.

Certain brands, such as Brown & Williamson's Kool, and R. J. Reynolds' Salem, and various brands of vodka and beer such as King Cobra, are promoted almost exclusively in Black neighborhoods. Others such as Loews' Newport, R. J. Reynolds' Winston, and Philip Morris' Benson & Hedges, are promoted to both low-income communities. From time to time, brands such as Philip Morris' Marlboro or Brown & Williamson's Kool are promoted on eight-sheet billboards in solely Hispanic areas.

It's not a reading population, says one advertising specialist. Outdoor becomes just about the only substitute for print media but it can give only a brief and blatant visual impression. For this reason, out-of-home advertising is unsuited for detailed product description. It just presents an image. This particular slide illustrates the enormity of tobacco advertising compared to liquor, beer and other items advertised on eight-sheet. Tobacco advertising has really doubled the leading product advertised in Black areas, and Hispanic areas almost tripled.

I have included some examples of specific advertising campaigns to the community in the handout. Outdoor advertising reaches ethnic groups better than any other medium aimed at ethnic groups, says the Gannett Corporation in ads. This slide is a specific example of giving an image and the slogan that is absolutely the antithesis of what smoking is: "Alive with pleasure." And the same image is reinforced in magazines as well.

Ironically, there are a number of health-related organizations and individuals that use this advertising format, such as health maintenance organizations, hospitals and chiropractors. But their use of this format is confined to recruiting nurses or advertising emergency room specialization or special diagnostic or treatment services, not in the area of health promotion. Interesting, too, is the Outdoor Advertising Association's statement about its appeal to young people:

Tailored eight-sheet showings can reach numbers of pre-selected demographic groups. For example, showings in the financial district or en route to or from exclusive residential neighborhoods reach high numbers of the more affluent. Showings near high school or colleges reach young people. Eight-sheet outdoor allows great flexibility of demographic selection. It delivers your message to your market.

Outdoor companies do donate advertising space for efforts to encourage energy conservation or to fight crime or, in a generic sense, to oppose drugs. But no significant counter-advertising campaign has run anywhere in the United States against smoking.

My main point is for you to consider the stark contrast between the 50,030 sheets, millions of mass transit, point-of-purchase and newspaper advertisements, day-in and day-out for cigarettes, with the absence of counter messages. The unopposed round-the-clock campaign affects millions of school children every year. It could even be said that within most schools, there is still more pro-cigarette advertising than antismoking education by virtue of the presence of magazines like Time and Newsweek, replete with tobacco advertising, as well as newspapers, with their full-page Marlboro ads and so forth on the back, in classroom projects designed specifically to get kids to read.

The other point is to begin to understand the immediate compelling practical necessity to buy counter-advertising space, even in the unlikely event of a national tobacco ad ban. This is an extremely important issue.

Here is the focus of what I would like to see in a proposal to be a counter-advertising campaign: a choice of not just which brand to buy, but whether or not to buy. The not-buying choice has not been effectively offered. According to the Eight-Sheet Advertising Association, billboards allow small advertisers to advertise and large advertisers to saturate. Unless the small health departments, medical and health organizations and private organizations begin to campaign with paid advertising, the large cigarette advertisers will continue to saturate.

What then are the measures that might be taken in planning strategies for preventing and ending the use of tobacco in the minority communities? First and foremost there must be additional research, but only part of which should be directed toward the study of health habits, diseases, hospital costs or even attitudes toward smoking. We should take the lead from tobacco companies and other purveyors of unhealthy products who have sought to overcome the burden of scientific research concerning smoking and other killer habits. There needs to be far greater consumer research in the health community, that is, surveys and in-store observations of buying habits in lieu of telephone surveys of health habits, which are limited anyway in minority communities because of the language difficulties, fear regarding immigration and fear of telephones.

Face-to-face and door-to-door surveys must be undertaken, such as those done by MacAllister in San Antonio. Even before undertaking such studies, all surveyors, and ultimately all health care professionals, must learn more about the basic history and customs of minority communities and must be sensitive both to ethnic characteristics as well as to the aspirations of minority groups. It is imperative to recognize that minority communities are no more homogeneous than the rest of American society. In this life one can learn a great deal by studying the techniques of the tobacco industry in contrast to medical and health organizations. Tobacco companies are highly visible sponsors of occasions commemorating things that are very important in minority areas.

This slide is shown because this was a health clinic. This is a clinic on H Street in Miami. In the back of the clinic, as you park to go into the clinic, there is an alcohol and tobacco billboard.

So, steps to ending the cigarette pandemic are not unidimensional, they are multi-focal and they require concomitant operations. The paid counter-advertising I submitted today is the single most important force that will result in a decline in consumption. I don't think there is any mystery to that particular one. A dedicated tax to pay for that, as opposed to a non-dedicated tax, only raises the price of cigarettes and gets government dependent on taxation. A ban on tobacco advertising would be another area, but isolated and without paid counter-advertising it might be an illusory initial step. Clean indoor air legislation has been the major single advance in this country in terms of reducing cigarette consumption, thanks to the efforts of Action on Smoking and Health, Americans for Non-Smokers' Rights, and other groups.

Revocabularization is my particular contribution today, by talking about that separate vocabulary that is used by the buyer of cigarettes. "Yes, please, I'd like a package of Kool, light, menthol, 100's, crushproof box, regular." That vocabulary is not considered by us because we are all talking about lung cancer and heart disease.

School-based campaigns, of course, go without saying. Litigation is an area that has offered great promise. It is an area that is bringing out a lot of issues. Criminalization might be the most extreme of those, but various penalties that are levied by other countries on cigarette advertisers might be consistent with our policy here.

Divestment of tobacco companies by universities. A project that we have developed in DOC is called Stop Noxious University Funding Forever (SNUFF), in which we are calling on universities to look at their portfolios. Other legislation in terms of teenage access that this group should consider would curtail teenage access to tobacco. Fire legislation, such as Dr. Cullen and other members sitting on the Committee will consider this year, looks at the fire prevention aspect.

Worldwide coordination of efforts hasn't even begun as far as most of us are concerned. Agricultural changes and looking at subsidies of cessation programs must be addressed.

The keys that I think are inherent in dealing with anyone, not just minority communities, have not adequately been dealt with. Individualizing, personalizing, and demythologizing are things that I think have been in very short order as we have looked at standardized programs for smoking cessation.

Responsibility for reinforcing strategies doesn't just rest in the clinic but also in schools, communities and the mass media. DOC was started to take a look at images, to take a look at the conventional public service advertising, which Tony Schwartz described as Miller's ads which are on at three in the morning telling kids not to take rides with strangers when the only people up that time of night listening are the strangers. (Laughter)



We thought it was important as we are going to schools, as we are working with patients and we are dealing with the mass media, to put our money where our mouth was. In 1977 we started to purchase counter-advertising space, which we couldn't get up on billboards because the billboard companies would deny us space. We found bus bench companies that sold us space on benches; here we welcome people with country-free arsenic. You can see the person driving by this. What is this new brand? (Laughter) There are all sorts of skid marks in front of this. We rotated them around the city and we got physicians to adopt a bus bench. We gave them pictures of the bus bench in their offices. We looked at the macho dope in this ad and we refocussed this with some junior high school students in DOC to counteract the image of the macho guy with the cigarette. We had it in a different orafice saying, "I smoke for smell."

The image of laughing and not getting so serious about this problem has got to start taking hold. We have taken the problem so enormously seriously that the only thing left to do is to cry. However, if we use some satire constructively, we laugh at the branding images which have been so carefully cultivated. "Arctic Life" becomes "Arctic Lung." We do this not just for smoking but for other problem products that are actively aimed at the Hispanic and Black community. Benson & Hedges' latest campaign becomes "Benson & Heart Attack." And I think this kind of ridicule is what is turning kids to look at things to give them a choice of laughing at it. Virginia Slims, with this debonair woman who must have taken eight hours to make up to look like that in the billboard, becomes "Emphysema Slims."

And this is one of our models we would like to see on the billboards too with our Super Health 2000 campaign. Saturday we had our third annual "Emphysema Slims" tennis tournament in Augusta, Georgia. Super Health '79 was our original program; we changed it to Super Health 2000 to give ourselves a little more time. We have looked at the killer habits, we have called conferences for kids. I urge you above all to take a look at children, what the kids are doing when given enough opportunity not just to be lectured at. And here are two of our delegates to this particular conference for junior high school students. The winner of our counter-advertising contest said, "Marlboros makes your marbles fall out." And the winner of our poster contest in August using Mr. T. It is already dated but we keep up very quickly. We have another winner coming up almost every month. Just one targeted billboard in a given community can make a lot of difference.

I promised Dr. Davis today that I wouldn't rip off my shirt and show you my T-shirt, but I did want to show one counter-advertising effort by Minnesotans for Non-Smokers' Rights. They responded to the Kool Jazz Festival with their own T-shirts that they wore, called "Non-Smokers Play it Cool."

With that, I very much appreciate the opportunity to have come to the panel and hope that I can be of further help at any time.

CHAIRMAN KOOP: Thank you very much, Dr. Blum. The time has come for lunch and I want to assure you that Dr. Blum will be here at 1:15 to be available for questions from the Committee and then later on for questions from the floor.