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After a man's heart...

*...when smokers find out the good things
Chesterfields give them*

*Nothing else
will do*

THE WORLD CIGARETTE PANDEMIC

THE CENTER FOR
THE STUDY OF

TOBACCO AND SOCIETY

The Surgeon General's first report on smoking and health

A challenge to the medical profession

LUTHER L. TERRY, MD

Many Americans believe that the Surgeon General's Advisory Committee report, *Smoking and Health*, of 1964 was America's first recognition of the enormous toll taken by tobacco. But in fact, it was the culmination of growing scientific concern over a period of more than 25 years. In 1928 Lombard and Doering¹ reported a relationship between smoking and health when they noted that heavy cigarette smoking was more common among patients with cancer than among controls. In 1938 Pearl² found that heavy smokers had a shorter life expectancy than non-smokers. During the 1930s there were many other reports by medical scientists of smoking associated with lung cancer, chronic pulmonary disease, emphysema, and coronary artery disease.

One of the most outspoken opponents of smoking was Alton Ochsner, MD, of Tulane University. (His convictions in this regard were so strong that he would not permit any of the members of his staff to smoke. There are many stories of interns who burned their hands or ruined uniforms in an attempt to conceal their smoking.) In 1939 he and Michael DeBakey, MD, reported their observations on the association between cigarette smoking and lung cancer.

Many of the studies on smoking and health were interrupted during World War II. However, by the early 1950s several major prospective and retrospective epidemiologic studies had been published. In 1954 cigarette companies set up the Tobacco Industry Research Committee in an effort to question the increasing evidence unfavorable to their product.

A year later Surgeon General Leroy E. Burney, MD, aided the establishment by the National Cancer Institute, the National Heart Institute, the American Cancer Society, and the American Heart Association of a scientific study group to assess the problem. The group concluded that a causal relationship existed between excessive smoking and lung cancer. On July 12, 1957 Dr Burney placed the Public Health Service on record as accepting the cause-and-effect relationship between smoking and lung cancer. Cornfield et al³ analyzed the scientific data and confirmed the causal relationship. In November 1959 Dr Burney published an article in *JAMA*⁴ confirming the position of the Public Health Service on the issue. Still, the subject received little scientific and public attention.

On June 1, 1961 the presidents of the American Cancer Society, the American Heart Association, the National Tuberculosis Association, and the American Public Health

Association submitted a joint letter to President Kennedy, pointing out the increasing evidence of the health hazards of smoking and urging the President to establish a commission to study the tobacco problem.

On January 4, 1962 I met with representatives of these organizations and then submitted to the Secretary of Health, Education and Welfare, Abraham A. Ribicoff, a formal proposal for the establishment of an Advisory Committee on Smoking and Health to report to the Surgeon General. At that time I reported on the mounting evidence of the adverse health effects of tobacco smoking, a request from the Federal Trade Commission for guidance on labeling and advertising of tobacco products, a resolution introduced in the Congress by Senator Maureen Neuberger urging a presidential commission on the subject, and a recent report by the Royal College of Physicians of London concluding that "cigarette smoking is a cause of lung cancer and bronchitis, and probably contributes to the development of coronary heart disease."

After discussions between the staffs of the White House and HEW, President Kennedy announced that he was assigning the responsibility of a study on smoking and health to the Surgeon General. At the same time, I was given the personal assurance of the President that he expected an expert scientific review of the subject and that he would not allow any political interference with the study. I am happy to report that this commitment was rigidly observed until the report was published.

On July 27, 1962 my staff and I met with representatives of the various medical associations and volunteer organizations, the Tobacco Institute, the Food and Drug Administration, the Federal Trade Commission, the Departments of Agriculture and Commerce, the Federal Communications Commission, and the President's Office of Science and Technology. These representatives were given a list of 150 eminent biomedical scientists (none of whom had taken a major public position on the subject of smoking and health) from which we expected to appoint a committee of about ten members. The attendees were given the opportunity to delete from the list anyone to whom they objected, and they were not required to give reasons for their objection.

Ten individuals were picked from various areas of the medical sciences, and I personally invited each of them to serve. Every one of the first ten selected agreed to serve. This assured me that these scientists were convinced of the importance of the subject and of the complete support and confidence of the Public Health Service.

The committee first met on November 9, 1962, at which time it was agreed that all of the methodology and conclusions of the report would be kept secret until publication. Although I was the nominal chairman of the committee, it

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was agreed that I would not participate in any of the deliberations or conclusions of the group. All of the members of the committee and the supporting staff were pledged to secrecy, a pledge which was rigidly observed.

In the next 14 months the members of the committee worked at the National Library of Medicine and at their home institutions. The committee sought research data and other relevant material from all interested organizations and persons, including the tobacco industry. I had instructed members of my staff not to acquaint me with the work or conclusions of the committee. Thus, I could not be pressured into hinting to the press, in spite of daily inquiries, the conclusions of the committee. When the 387-page report was completed, it was printed with strict security by the US Government Printing Office. I did not see the report until it was in final print, and I did not participate in the preparation of any of the report.

The report was released on Saturday, January 11, 1964 at a press conference held in the conference room of the State Department, which was chosen because of its communications facilities. Congress was not in session, and we were assured of the full attention of the press.

All those attending the press conference were required to remain for the entire presentation. Each person was given a copy of the final report. After allowing an hour for the press to study the report, the members of the committee, a few members of my staff, and I held an open press conference. The report hit the country like a bombshell. It was front page news and a lead story on every radio and television station in the United States and many abroad. The report not only carried a strong condemnation of tobacco usage, especially cigarette smoking, but conveyed its message in such clear and concise language that it could not be misunderstood.

At the time of the press conference I gave my verbal support of the report and a few days later issued a formal written endorsement. Since that time the Public Health Service has stood fully behind the report. In addition to the 7,000 scientific articles reviewed by the committee, there have been more than 30,000 articles published in the 20 years since the report. Almost without exception they confirm the committee's findings and extend the knowledge of the health hazards of smoking.

In the face of this overwhelming scientific evidence, the tobacco industry has continued to maintain that the evidence is not complete and that more research is needed. Of course, these companies do not want more evidence on the subject, preferring to fund certain researchers who accept grant money in exchange for attempting to divert attention from the bleak facts about smoking and helping to perpetuate such myths as the safe cigarette.

Immediately after the Advisory Committee's report, tobacco company executives became agitated about the possible collapse of the industry. They established the position of Commissioner (similar to the appointment of Judge Kennesaw Mountain Landis by professional baseball after the "Black Sox Scandal"), who was to review all tobacco advertising prior to publication. The first such commissioner was a former governor of New Jersey, who soon resigned. Another prominent public figure, a former US ambassador, also found the job meaningless and quit. So much for the self-proclaimed integrity and public health concern of the

tobacco industry!

The same is true of the "code of ethics in advertising" after the report was published. Among other things the tobacco companies announced that they would no longer use prominent sports figures or sporting events in their advertising. This, too, has been violated at every turn, as a look at professional soccer, tennis, auto racing, or football will confirm.

In 1970, when cigarette advertising on the broadcast media was banned, the industry spent about \$300 million to promote smoking. Today, the six American cigarette companies spend \$1.5 billion annually for advertising on billboards, in newspapers and magazines, and on countless promotions, many of which are televised. There is heavy targeting of cigarette advertising toward teenagers, women, blue collar workers, and cultural minorities—vulnerable groups that now have the highest level of smoking and the lowest rate of smoking cessation. The hirelings of the advertising industry are out to get them at any price.

Today, less than 15% of our physicians and dentists smoke, the smallest level of smoking in any segment of our population. On the other hand, I am disappointed in the number of nurses and other health workers who smoke and the lack of a more positive antismoking posture of many of our physicians.

The abuses by cigarette companies are too numerous to mention. It is clear that they do not want the public to recognize the health hazards and the enormous financial cost to society caused by smoking. Therefore, health professionals must take back the leadership role. Physicians must not only serve as exemplars, they must also be the leaders who take the message to their patients, friends, and associates, and to the general public. The one person who can have the most influence in determining whether one starts or continues to smoke is the physician.

I hope that every member of the medical profession will recognize this responsibility and will be committed to spreading the message that tobacco smoking is the single most preventable cause of disability and death in the United States today.

One further thought. There was a time when it appeared that women were less susceptible than men to the health hazards of smoking. More recent evidence had indicated that women are as vulnerable and that in certain circumstances, such as while taking pills for birth control or during pregnancy, women face a more serious risk than do men. The comment of former Secretary of Health, Education and Welfare, Joseph Califano, Jr, rings in my ears: "Women who smoke like men, die like men!" I would only add that women who smoke during pregnancy not only carry the same personal risk to their health, but that they are imposing an additional risk to their unborn child. In other words, *cigarettes are child abuse*.

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