



# NEW YORK STATE JOURNAL OF MEDICINE

DECEMBER 1983 • Volume 83, Number 13

Table of Contents, page 1243

*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

# Why Uncle Sam is still smoking

JAMES H. LUTSCHG, MD

**Tobacco and government** have been closely tied since the beginning of this nation. George Washington, who grew tobacco in Virginia, is honored with his likeness on a package of tobacco still available today. For years Congress Perfecto, Senate Bouquet, President Extra, and Uncle Sam were popular cigar brands (Fig). The formation in 1958 of the Tobacco Institute, the main public relations and lobbying arm of the tobacco industry, merely formalized the long-standing alliance of cigarette manufacturers, agricultural officials, and congressmen from tobacco-growing areas. The staff of the Tobacco Institute is headed by a former congressman. More than 100 congressmen from states that grow little or no tobacco received funds from the Tobacco People's Public Affairs Committee (TPPAC) in 1979, and more than 200 of the current members of Congress received PAC funds from the TPPAC and the tobacco industry oligopoly during the elections of 1981 and 1982. Honoraria for speaking at tobacco industry functions represent another source of funds to congressmen, including the Speaker of the House of Representatives, Thomas P. "Tip" O'Neill, Jr (D, Massachusetts).<sup>1</sup>

Political connections of the tobacco industry with the Executive Branch, especially in the Carter administration, have not been uncommon. For instance, the director of corporate relations at Philip Morris took a full-time leave to serve Mr Carter's campaign in 1976 as liaison with the business world.<sup>2</sup> President Carter appointed a board member of Philip Morris as chairman of the President's Council on Physical Fitness and Sports.

In 1980, Ronald Reagan stated, while campaigning in North Carolina, "My own Cabinet members will be far too busy with substantive matters to waste their time proselytizing against the dangers of cigarette smoking." In 1981 the Department of Health and Human Services (HHS) canceled a new kind of advertising campaign aimed at teenagers and featuring actress and model Brooke Shields. One of the officials responsible for snuffing the campaign (allegedly because the Madison Avenue approach and Ms Shield's line, "Smokers are losers," would be offensive) had previously served as a legislative aide to Senator Jesse Helms (R, North Carolina). In 1982, the budget of the Office on Smoking and Health of HHS was cut from \$2.6 million to \$1.9 million—less than 1/600th of the estimated \$1.3 billion spent advertising cigarettes in 1982.

The National Cancer Institute's (NCI) record on smoking is disappointing at best. At a time when lung cancer rates were soaring, the NCI's major smoking research project was a \$40 million effort to develop "less hazardous cigarettes"—the assumption being that people will continue to smoke regardless of warnings. This effort

was finally abandoned, and its project director now works under a grant from Brown & Williamson (BAT) for the tobacco industry-financed Franklin Institute. (The cigarette company had earlier offered to endow a \$400,000 chair for this individual at a medical school in Washington, DC.)

In NCI's status report of December, 1978,<sup>3</sup> it was noted that in 1977 there had been 354,200 premature deaths related to cigarette smoking, and it was estimated that there had been over four million premature deaths related to cigarette smoking since the issuance of the Surgeon General's initial report in 1964. Yet a privately published anniversary book, *Decade of Discovery: Advances in Cancer Research 1971-1981*<sup>4</sup> (aimed at promoting the NCI among the affluent and influential), did not acknowledge the failure of research to lessen cigarette-related cancers. Included in this publication was a half-page graph labeled "Five-Year Relative Survival Rates for Whites for Seven Leading Cancer Sites." The seven sites depicted all showed five-year survival rates ranging from 45% to 81%. Lung cancer, the leading cancer site, was omitted from the graph. Also not mentioned was the five-year relative survival rate for lung cancer (less than 10%), unchanged in the last 40 years.

Similarly, the NIH Publication No. 82-1635 *What Black Americans Should Know About Cancer* offers to dispel a number of myths. To the rhetorical question, "What are the chances of surviving cancer?" the booklet responds:

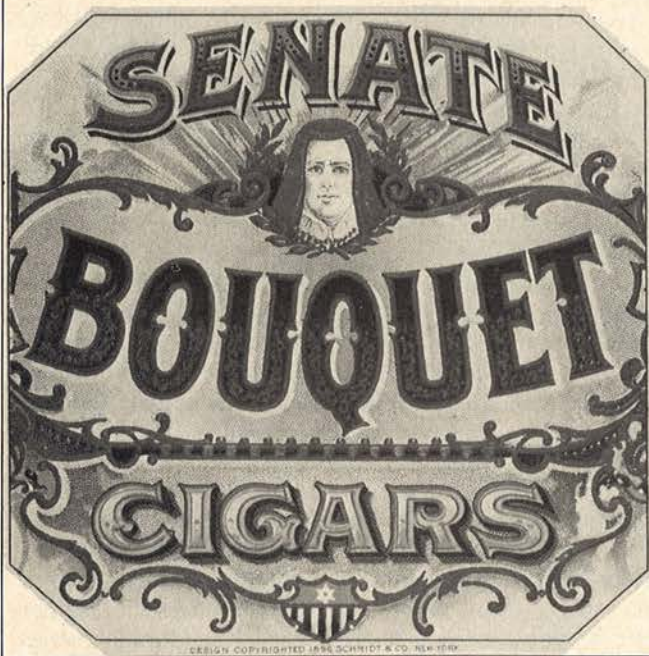
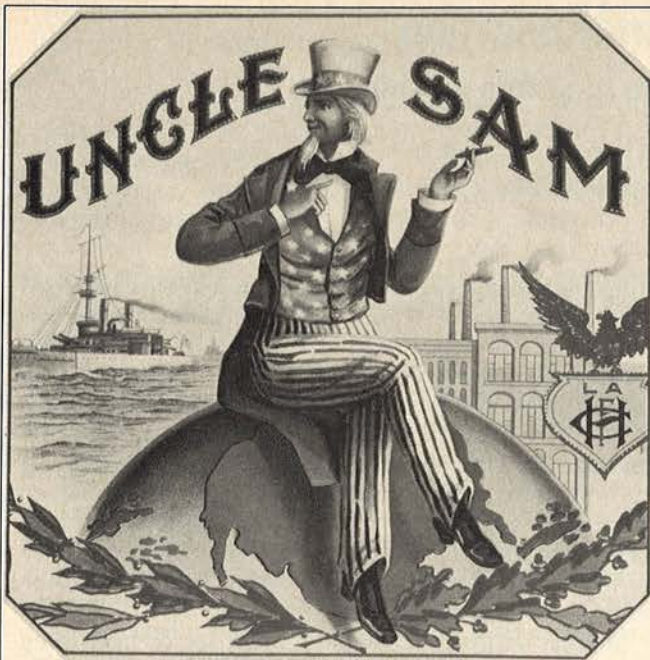
Today, the chances of surviving cancer are better than ever before. For example, the five-year survival rate for patients with cancer of the uterus has risen to 81%, breast 68%, prostate 63%, bladder 61%, colon 49%, and rectum 45% . . .<sup>5</sup>

The leading cancer site is omitted, as are the survival rates for several other cancer sites associated with cigarette smoking (larynx, esophagus, and pancreas).

Governmental regulation of carcinogens has avoided cigarettes. In 1981, Congress' Office of Technology Assessment issued *Technologies for Determining Cancer Risks from the Environment*, listing 102 substances regulated as carcinogens in the United States. Tobacco is not listed. This same publication estimates that approximately one third of all malignancies are due to smoking.<sup>6</sup>

The value of the mandated Surgeon General's warning must be questioned in light of evidence that only one in fifty persons buying cigarettes acknowledges reading it.<sup>7</sup> A single component of cigarette tar, benzo(alpha)pyrene, has 50,000 times the experimental carcinogenic potency of saccharin.<sup>8</sup> Yet the word "cancer" appears in the warning on "diet" drinks and not on cigarette packs. Packets of snuff, cigars, or loose tobacco for hand-rolled cigarettes (all increasingly advertised to a young male audience) contain no warning at all. Even candy bars must carry a label listing ingredients and additives, but there is no such requirement for cigarettes. In 1984, 100,000 Americans will die as the result of lung cancer due to cigarette smoking, and twice that many

Dr Lutschg is a chest specialist.  
Address correspondence to Dr Lutschg, Baton Rouge Clinic, 8415 Goodwood Blvd,  
Baton Rouge, LA 70806-7899.



Patriotic American cigar brands: testimony to the smoke-filled room?

will die due to other cigarette-related diseases; but there remains no noticeable governmental effort to discourage the consumption of cigarettes.

In contrast, the government has declared AIDS as health priority number one and has pulled out all the stops—from hotlines to crash research programs to crack epidemiologic team investigations. The Assistant Secretary of HHS has noted that there have been approximately 2,000 cases of AIDS and that the two-year mortality rate for AIDS is approximately 80%. This is the same mortality seen in lung cancer.

Fifty years ago a United States Senator and a President's daughter endorsed Lucky Strikes. Although such images would seem ridiculous today, the tobacco industry's love affair with government is still as torrid as ever.

## REFERENCES

1. Jackson B, Pound EF: Legislative lucre—Fees for congressmen from interest groups doubled in past year. *Wall St. Journal*, July 28, 1983.
2. Sapolsky H: The political obstacles to the control of cigarette smoking in the United States. *J Health Politics, Policy, Law* 1980; 5:277-290.
3. *Status report of December 1978*. Smoking and Health Program 1978. Division of Cancer Cause and Prevention, NCI, National Heart, Lung, and Blood Institute.
4. *Decade of Discovery: Advances in Cancer Research 1971-1981*. US Department HHS, Oct 1981, NIH 81-2323:36, 73-74.
5. *What Black Americans Should Know About Cancer*. US Department HHS, NIH, Public Health Service, NIH Publication 82-1635, 1982.
6. *Assessment of Technologies for Determining Cancer Risks from the Environment*. Office of Technology Assessment, 1982, pp 205-207.
7. Myers ML (ed): *Staff report of the cigarette advertising investigation*. Federal Trade Commission, 1981, Ch 4.
8. Repace J: Indoor air pollution, tobacco smoke, and public health, et al. *Science* 1980;208:471.
9. Brandt E: The Public Health Service's number one priority. *Public Health Reports* 1983;98:306-307.