

LETTERS TO THE EDITOR

Address correspondence to Editor, New York State Journal of Medicine, 420 Lakeville Road, Lake Success, NY 11042. Letters should be typed double-spaced and include the signature, academic degree, professional affiliation, and address of each author. Preference is given to letters not exceeding 450 words, and every effort will be made to assure prompt publication. All letters are personally acknowledged by the Editor.

THE WORLD CIGARETTE PANDEMIC

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The following letters were selected from more than 200 received in response to the December issue of the Journal. Additional letters and manuscripts on "the world cigarette pandemic" will be published in future issues. The correspondence on this subject will not be closed.

Pesticide residues in cigarettes

TO THE EDITOR: I have read with great interest the December 1983 issue of the *New York State Journal of Medicine*. I feel that you have missed an area concerning tobacco that may offer far more impact for efforts to curtail smoking than anything else.

In his discussion of tobacco-growing, Muller¹ alluded to the use of pesticides. In my experience, I have found that most people are unaware that tobacco is not considered a food crop by the Environmental Protection Agency or the United States Department of Agriculture. This is the result of heavy lobbying by the tobacco industry. The reason for the importance of this action is so that tobacco will not have the requirement of tolerance setting for pesticides that are used on the crop. All food crops that have pesticides used on them require exhaustive feeding studies in residue trials to determine the safe application levels under the labeling that is proposed. This applies to all pesticides of any type used on crops even though the pesticide may have been used one year previous to the planting of the crop. Tobacco, not being a food crop, is not tested for pesticide residues. The only "residue" work done

is by the tobacco industry itself to determine if a candidate pesticide has any affect on the flavor testing program. This means that there is no control over pesticide residues in tobacco, including EDB, DDT, dieldrin, parathion, sevin, toxophene or a host of others. I find this fact appalling and often wonder why, with the environmental hammer so often used on pesticides, pesticide producers, and farmers, no one to my knowledge ever question the amount of pesticide residues in or on tobacco products.

JOHN E. PROCTOR
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The author works for a company that manufactures agricultural chemicals.

1. Muller M: Preventing tomorrow's epidemic. *NY State J Med* 1983; 83:1304.

Editor's note: On March 3, the Associated Press reported from Hartford, Connecticut, that five tobacco growers, including Consolidated Cigar Corporation, were ordered by the state's Department of Environmental Protection to supply drinking water to 40 families

whose wells were contaminated with the pesticide ethylene dibromide (EDB). For many years EDB was used routinely in 116 tobacco fields in the Connecticut River Valley, and tobacco is the only crop in the state on which EDB was used. The tobacco companies were also ordered to pay for a study of EDB contamination in the Connecticut River Valley and to monitor ground water near wells found to have EDB concentrations above the maximum allowable level.

Cigarettes and sports stars

TO THE EDITOR: In the excellent *New York State Journal of Medicine* of December 1983, devoted to smoking, I was impressed the most from a personal standpoint by the paper of Dr Mary Ann Cromer,¹ in which she pointed the finger at me along with Billie Jean King and Martina Navratilova for playing in professional tennis tournaments promoted by Virginia Slims cigarettes. In feeble defense I offer the following.

As professionals we had little choice but to play the "Slims" circuit because it was the major circuit of tournaments. To not play would be tantamount to stop earning a living from professional tennis. For Billie Jean and Martina this is not a realistic alternative. Fortunately for me, I have returned to the practice of medicine and I no longer play in professional events nor do I make any appearances at events sponsored by a cigarette manufacturer. I was never happy, nor am I now, with the fact that a cigarette company is the major promoter of women's professional tennis.

Just for the record let me add the following. Billie Jean King, Martina Navratilova, and Renée Richards are all three totally opposed to smoking and are dedicated to setting a healthy example for tennis players and non-tennis players alike.

RENÉE RICHARDS, MD
40 Park Avenue
New York, NY 10016

1. Cromer MA: "Precious baby." *NY State J Med* 1983; 83:1292.

In reply: Dr Richards and I seem to have very different points of view on alternatives to cigarette company sponsorship of sports and on the bargaining power of athletes over the products and settings to which their image is juxtaposed.

Although Martina Navratilova continues to participate in Philip Morris' Virginia Slims cigarettes tennis circuit and has worn an outfit at Wimbledon with the logo and colors of another cigarette brand, to the best of my knowledge neither she nor any other current professional tennis player has ever sported a non-smoking symbol on her uniform. Nor have there been any attempts to counteract the association of cigarette brands with the image of successful professional tennis players.

If women athletes—or the parents of participants as young as 14—truly wished to clear the air, they could demand that the tournament be renamed for something other than a cigarette brand name, that the cigarette advertising banners be removed from courtside and the scoreboards, that cigarette advertisements be deleted from souvenir programs, that free distribution of cigarettes be stopped, that the logo of the tournament be changed from that of a woman holding a tennis racket in one hand and a cigarette in the other, and that an alternate sponsor be sought.

Such changes would reduce the exploitation of women by the tobacco industry.

In a related incident, the Boston branch of the American Medical Women's Association has protested the use by a cigarette company of an athletic facility on the Boston University campus for the Virginia Slims tournament. But letters to the University's president have been largely ignored. Somehow I doubt an objection by Dr Richards would be similarly ignored. Would she care to prove me wrong?

MARY ANN CROMER, MD
Somerville Hospital
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Somerville, MA 02143

The rare courage of public role models

TO THE EDITOR: Your December 1983 issue devoted entirely to smoking-related articles was a real landmark. You are to be commended for bringing together so many of the world's most authoritative voices, joined in outrage against smoking. As the head of Group Against Smoking Pollution (GASP) of Massachusetts for the last six years, I have learned firsthand how powerful the tobacco companies have made themselves, and how pervasively their network of influence extends around the world.

The proliferation of cigarette-sponsored sports and entertainment events, as referred to in the *Journal*, is particularly interesting since it reflects a strategy by which the industry enables its name and logo to become associated with socially redeeming cultural events. However, not all public figures have allowed their name and reputation to be exploited in this way.

For example, a world class runner and Boston Marathon winner, Bill Rodgers, refused to participate in a road race in New England last year after learning that one of the sponsors was a tobacco company (American Brands). This year in Canada, downhill ski champion Steve Podborski refused to accept the winner's cup in a major race in protest against the sponsorship by a tobacco company (R J Reynolds-MacDonald); the Canadian national slalom champion, Jim Read, returned his trophy for the same reason.

At the other end of the spectrum is Billie Jean King who when asked by GASP last year in Boston why she allows her name to be associated with Virginia Slims cigarettes, replied that she believes in "free enterprise and that it's up to the woman herself."

In the entertainment field, in 1982 GASP contacted several stars of a music series being promoted as the "Camel Concerts on the Common." Singers James Taylor and Peter, Paul, and Mary were outraged that they had not been told of the cigarette sponsorship and announced that they would perform in the concert series only if it were not associated with Camel cigarettes. In a cloud of unfavorable publicity, R J Reynolds pulled out.

These are instances where public figures have taken courageous stands against being involved in sophisticated and deceptive cigarette promotions. They provide models of action for all those athletes and entertainers who say it just can't be done.

RITA ADDISON
Group Against Smoking Pollution (GASP)
New England Deaconess Hospital
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Boston, MA 02215

Defeating the tobacco lobby

TO THE EDITOR: On behalf of the American Heart Association I would like to commend the *New York State Journal of Medicine* for its excellent December edition devoted entirely to ciga-

rette smoking.

While we have come a long way since the release of the first Surgeon General's Report on cigarette smoking and disease some 20 years ago we still have a long way to go. It will take hard work and concerted efforts if we are to truly fight the powerful tobacco industry.

Here in Washington, DC, the American Heart Association has joined with the American Cancer Society and the American Lung Association in the formation of a Coalition on Smoking OR Health. In addition to these three major voluntary organizations some 30 other major professional and voluntary organizations are working as an informal coalition to see that antismoking legislation is considered and enacted in the United States Congress. Last year we were successful in seeing the first rise in the federal cigarette excise tax in 30 years. This year we are concentrating on legislation known as the Comprehensive Smoking Prevention Education Acts (HR 3979 in the House and S 772 in the Senate). These bills would require that all cigarette packages and advertisements carry, in a new format, disease specific rotating warning labels. Two examples of the labels are:

Warning: Cigarette Smoking

- causes LUNG CANCER and EMPHYSEMA
- is a major cause of HEART DISEASE
- is ADDICTIVE and may result in DEATH

and,

Warning: Cigarette Smoking By Pregnant Women may result in

- MISCARRIAGE, PREMATURE BIRTHS, or
- LOW BIRTH WEIGHT

In addition to stronger warning labels, the legislation would also require the industry for the first time to disclose all chemical additives.

I would encourage every reader to write to his or her Representative and Senators. Only through constituent grass roots support can we take on the Tobacco Institute and its allies and win this one.

SCOTT BALLIN, JD
Legislative Counsel
American Heart Association
Office of Public Affairs
1110 Vermont Avenue NW, Suite 820
Washington, DC 20005

Hypocrisy on marijuana and tobacco

TO THE EDITOR: Your December

1983 issue on "The World Cigarette Pandemic" is a breath of fresh air in the polluted atmosphere of cigarette smoke. Your editorial should be distributed to every health professional in this country. It may move us from clouded discussions concerning the dangers of smoking to direct action.

There is one area that I feel should be stressed in any discussion on smoking. That is the issue of tobacco cigarette smoking and marijuana cigarette smoking. We spend millions of dollars in this country promoting tobacco smoking and millions of dollars controlling marijuana smoking.

I hope that a future issue will address this subject. It may help to channel some of the moral indignation in this country over marijuana smoking to moral indignation over tobacco smoking. These two major health issues belong together under addictive behavior and death.

MATT MARTIN
Chairperson

New Jersey Interagency Council on
Smoking and Health
129 E. Hanover Street, 4th floor
Trenton, NJ 08608

The author is Chief of Drug Treatment and Rehabilitation, Division of Narcotic and Drug Abuse Control, New Jersey State Department of Health.

Statewide physicians' lobby for clean indoor air

TO THE EDITOR: December's issue on smoking and health is to be applauded. In its scope, it touched most of the issues regarding smoking while never losing focus on medicine's mislaid priority—preventive medicine and the war against smoking. There is a cigarette pandemic that physicians must address themselves to with greater verve, for only the medical community offers the vaccine to this rampant disease.

I know. Over the past year, I have been mustering efforts with others to facilitate passage of the New York Clean Indoor Air Act by attempting to activate physician support statewide. Previously, medical societies in New York have given verbal support, but this has not been backed up by individual action on the part of physicians. This token effort by the medical community has therefore had little impact on counteracting the tobacco industry and its well-financed lobbying efforts. The fourth largest lobby in the state, the tobacco industry

has had its way in perpetuating the pandemic and maintaining its role as vector of death and disease, while the medical lobby, the third largest lobby in the state, seems to sit idly by!

An effort was undertaken to have resolutions passed at many hospitals across the state demonstrating percentages of physician support for the Clean Indoor Air Act. I relate one experience with such a resolution proposal at my home institution, Albany Medical Center Hospital, one of the state's leading medical facilities. Administrators said they could support the Clean Indoor Air Act in principle, but would not do so in writing because they deemed the proposal "political." A few other hospitals have argued the same. Such response saddens me, not only for my patients and their children, but for those not yet born. For what is at stake, political repercussions or people's health? And if we physicians will not be leaders and activists in issues of preventive medicine, then who will be?

BRUCE L. WOLF, MD
Medical Resident
Albany Medical Center
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Origins of medical news

TO THE EDITOR: For too long we have permitted the media to manipulate medicine for its own interests. Obviously good health and medical news are good circulation builders, whether for the prestigious *New York Times* or the yellow scandal sheets. For too long the special advertising interests have prevented the presentation to the public of what they should know about cigarettes, smoking, and health.

There are other areas where medicine must assert itself. Alcohol is handled similarly by the press and television. The contrast that we as physicians see, of wards full of middle-aged and older patients suffering from cirrhosis, polynurritides, and the mental anguish associated with alcohol, and the television image of "happy" young, attractive men and women gloriously guzzling beer, is a sad sight. Again, it sets the picture of an unfortunate role model for our young people.

The media are also quick to seize so-called medical breakthroughs. They do it, I am sure, with the aid of the publicity departments of our most prestigious pharmaceutical companies. The recent instance of the introduction of Oralflex,

for example, in which the television and press barrage prior to its introduction encouraged my patients to request it from me even before I had an opportunity to digest the literature—in this case not even the manufacturer's handouts.

The authoritative journals have until now said nothing. The so-called "throw-away" journals are even less critical. One journal, which I shall leave nameless except that it shares with yours the term "New" and is regional to the northeastern United States, seems within the last few years to have joined the crowd. Often prior to the publication date and certainly before I receive my copy, there are blurbs on national television and in my local newspaper. Occasionally the message is good. But most often it is premature, of no immediate relevance, and trouble-making.

We need an honest voice for health in the marketplace. I am proud of our *Journal*.

LEONARD WOLIN, MD
Buffalo General Hospital
100 High Street
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Congressional aid

TO THE EDITOR: "The World Cigarette Pandemic" is a fine compilation of the health issues facing all of us, smokers and non-smokers alike. I am pleased to report that we are making some headway here in Congress by taking steps to better educate the public about the hazards of cigarette smoking. Most recently, my colleague Congressman Waxman was successful in passing a bill out of his subcommittee requiring that stiff health-warning labels be printed on cigarettes.

I feel fortunate to have a California colleague leading the way on this issue. I'll certainly be supporting Mr Waxman in his ongoing efforts to curb the tobacco industry's influence in Congress.

DON EDWARDS
10th District, California
Congress of the United States
House of Representatives
Washington, DC 20515

Grand rounds topic

TO THE EDITOR: Congratulations on the December 1983 issue of the *Journal*.

My spring grand rounds was already in the formative stages (on Cigarette Marketing—1984) when I saw your special issue. It not only is making my preparation easier, but it also has caught the interest of the department chairman at the hospital. As a result, each attendee at my rounds will receive a copy of the issue.

JOHN D. SLADE, MD
Rutgers Medical School
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Newsroom view on smoking

TO THE EDITOR: Your December 1983 issue is an extraordinary effort—horrifying in what it so professionally reveals and so thoroughly documents, but wonderfully complete and readable! It will save those of us who hope to make changes in human health and the health care industry months of digging for support data.

KAREN WINEGAR
Feature Writer
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Women and cigarettes: feminine Ms-stake

TO THE EDITOR: You deserve applause for your December issue on "The World Cigarette Pandemic." I found it extremely interesting, enlightening—and frightening to consider the power wielded by the tobacco companies.

The wife and secretary of an internist, I am distressed by the number of patients seriously ill from lung and heart disease who pass my desk reeking of cigarette smoke.

A feminist and member of Nassau (Long Island) National Organization for Women (NOW), I have long resented the industry's attempts to enlarge the women's market, particularly when, as in the case of Philip Morris' Virginia Slims, they try to sell us a hazardous substance through a perversion of feminist ideals. I hope you will allow us to use some of your material in our newsletter.

IRIS SIMON
850 Richmond Road
East Meadow, NY 11554

Tobacco companies; Good-ill ambassadors?

TO THE EDITOR: The December issue of the *Journal* is bound to become a powerful reference tool in the hands of private and government agencies trying to deal with an addiction which costs so much in illness, misery, and money all over the world. I am glad that you documented the bad effects that a few "ugly American" corporations are having on the health and economies of other parts of the world. However, I expect that the tobacco industry will continue to spend millions of dollars to tell people that the connection between cigarette smoking and lung cancer, among other things, is far from having been demonstrated. Everyone who works on this must either have a powerful capacity to deny facts, or else have no integrity.

The fact that this publication is by an organization as prestigious as the Medical Society of the State of New York only adds to its authority, but I think the publication in turn increases the prestige of the Society. You wrote that the issue was a year in the preparation, and I can imagine how much effort went into it on the part of many people. I think you are to be greatly congratulated on the product, which will bring us all many dividends in the time to come.

EDITH M. JURKA, MD
116 East 66th Street
New York, NY 10021

Reducing cigarette consumption at the county level

TO THE EDITOR: As President of the New York State Association of County Health Officials, I would like to commend the Medical Society of the State of New York for the strong and positive leadership they have shown in devoting an entire issue of the *New York State Journal of Medicine* to smoking-related health concerns.

County health directors across the state have long recognized the incredibly high levels of morbidity and mortality which could be prevented by even modest reductions in cigarette consumption within our respective communities, but have found it extremely difficult to take any more than limited action at the local level to deal with this issue.

Publication of the information provided in your December 1983 issue should be of substantial value in stimulating increased activities to counter smoking throughout New York State. Levels of morbidity and mortality are

such that even modest success in reducing cigarette consumption can achieve significant health status improvement and health cost reductions.

JOEL L. NITZKIN, MD
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New York State Association
of County Health Officials
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Rochester, NY 14692

Hospital smoking policy: where there's a will . . .

TO THE EDITOR: The December issue was an excellent review of the subject of cigarette smoking. I only regret that publication in whole or in part may not extend into the mass media. Based upon many of the articles, such as Dr. Gitlitz' correspondence with *The New York Times*, one can see why this might not occur.

As a physician specializing in pulmonary disease, I have been interested in smoking and health since my earliest days in practice when I was involved in the care of many young patients with tuberculosis at Glenridge Hospital in Schenectady. I observed that patients who persisted in smoking had more severe symptoms and a slower rate of recovery than those who did not. Consequently, I began strongly advising these patients to discontinue their smoking.

When I became medical director and chief of staff in 1937 (and until my retirement in 1977), I prohibited smoking in both the hospital wards and the business offices. We did permit smoking in the staff lounge; sadly, it was the nurses both then and now who seemed to smoke the most. Overall, with few exceptions patients and personnel cooperated very well with the smoking ban. This made for a much better atmosphere for patients.

JAMES M. BLAKE, MD
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Upbeat magazines

TO THE EDITOR: I very much appreciate the list of publications that do not accept cigarette advertising,¹ and I would like to add the names of three others that make excellent reading material for the office waiting room: *Alaska* (the monthly magazine of "life on the last frontier," \$18); *The Alaska Journal* (a quarterly review of the art, literature

and history of the North Country, \$16); *Alaska Geographic* (official quarterly of the Alaska Geographic Society, included with annual membership of \$30).

All three are available from Alaska Northwest Publishing Company, 130 Second Avenue South, Edmonds, WA 98020.

KATHY WELTZIN
Alaska Council on Prevention
of Alcohol and Drug Abuse
7521 Old Seward Highway
Anchorage, AK 99502

1. Richards JW: A positive health strategy for the office waiting room. *NY State J Med* 1983; 83: 1358-1360.

The Journal welcomes the names of other such publications.

"You gotta die of something"

TO THE EDITOR: It is extremely encouraging to see an entire issue of a reputable medical journal devoted to the subject of cigarette smoking.

As a family physician practicing in a rural area, I have come to despise cigarette smoking and its effects on people's health. I could spend pages recounting stories of patients who have died prematurely as a result of their cigarette addiction. Sad to say, that I at least partially alienate several patients a week because I encourage them to stop smoking cigarettes immediately.

Thanks so much for putting together this December issue. I will certainly keep it in my permanent files.

DONALD F. BRAUTIGAM, MD
193 East Main Street
Westfield, NY 14787

The silence of *The Times*

TO THE EDITOR: George Gitlitz, MD is to be commended for his dedication and persistence in challenging *The New York Times* with respect to the serious issues involved in the *Times'* refusal to discuss publicly its policy of accepting widespread cigarette advertising.

Like so many social evils, tobacco smoking will never be cured so long as the financial rewards remain so great; in this instance, advertising revenues are the smoked glass by which the *Times* cannot see its way clear to apply its vaunted editorial principles.

JOSEPH J. MACDONALD, JD
MacDonald, Ryan & Jaekel
Counsellors at law
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Ridgewood, NJ 07451

Testimonial

TO THE EDITOR: The December 1983 issue of the *New York State Journal of Medicine* on the world cigarette pandemic is the best symposium on the subject that I have ever read. And as a repentant sinner I have read a great deal.

ABRAM J. ABELOFF, MD
130 East 77 St.
New York, NY 10021

Call for Translators

TO THE EDITOR: A Spanish edition, or abstract, if either is available, will be very much appreciated.

The highly important health problem of cigarette smoking, so well presented in this edition, prompts my request in behalf of our many non-English speaking Hispanics in this area.

M. F. WIENER, MD
3850 Galt Ocean Drive
Fort Lauderdale, FL 33308

No pussyfooting

TO THE EDITOR: Let me join the chorus who probably have already voiced their admiration for the splendid December 1983 issue of the *New York State Journal of Medicine*. It is a *tour de force*.

I have already ordered additional copies of that issue and plan to provide each of our county legislators with a copy. The Suffolk County Legislature is in the process of considering a Clean Indoor Air Act which would place restrictions on smoking in public places. Your issue on smoking and health should impel the men and women of the county legislature to take action.

DAVID HARRIS, MD, MPH
Commissioner
County of Suffolk
Department of Health Services
225 Rabro Drive East
Hauppauge, NY 11788

The measure passed, 13-5, on March 27.

For an ongoing campaign

TO THE EDITOR: I reviewed with interest the December 1983 issue of the *New York State Journal of Medicine*. I believe that devoting the entire issue to the subject of cigarette smoking was entirely appropriate. I urge the *Journal*

to continue on this campaign and to do similar things in other areas (such as drunken driving) in the future.

JOHN H. MORTON, MD
Professor of Surgery
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Rochester, NY 14642

Wider distribution urged

TO THE EDITOR: I wish to express my admiration for the comprehensive manner in which you researched the subject of smoking and the injuries it causes as reported by investigators worldwide.

Using the entire December 1983 issue of the *Journal* for that single subject

must be a first in the annals of medical publications.

I would suggest that, since the articles are understandable by laymen, a copy should find its way to the desks of lawmakers throughout the world.

DAVID MEZZ, MD
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STOP PRESS: President urges stepped up effort to counter smoking at the workplace

On March 13 the Health Insurance Association of America produced a video teleconference, "Wellness at the Worksite," viewed by corporate executives and representatives of the mass media in major cities across the country.

One of the featured speakers was President Ronald Reagan whose acknowledgment of the physical and economic toll taken by cigarette smoking was one of the strongest statements against smoking made by an American president in this century.

Yet few if any radio or television stations or newspapers reported on his comments.

Following is the text of his statement:

I'd like to commend the insurance industry for the creativity, diligence, and foresight they've demonstrated in organizing this event. I appreciate being given an opportunity to contribute to your totally worthwhile

endeavor.

Disease prevention and health promotion is in all of our interests, not only for people in the insurance business, but for employees and employers throughout the wide spectrum of American enterprise. I don't need to tell you employers that the illness of your employees is a costly proposition. A healthier workforce means higher productivity, reduced absenteeism, and less overtime. In the long run, it also means a reduction in the cost for employee health benefits.

Today we've conquered the old killers like smallpox, diphtheria, and polio. We understand that how each of us chooses to live will, more than anything else, determine our health.

Executives are in a position to provide leadership in this area, because working people spend about half their waking hours at work. With little or no financial investment, the employer can influence his or her employees to change some bad habits that heavily affect one's health.

Cigarette smoking is, perhaps, the best example. We all know how harmful it is. Well, the illness resulting from smoking is costly to both the smoker and his or her boss. A helping hand to assist employees to break the habit might be a wise investment.

Good eating and exercise habits are another area employers could use their influence. We are all aware of the fitness programs in Japanese companies. It's something you might think about.

I'm certain that this teleconference will provide enough ideas. The question now is whether you're willing to take the steps necessary to make a difference. Those of you who take this to heart have my sincere thanks.

America can only be as strong and healthy as its people, and, as in all things, the only lasting change that takes place comes when each of us does his part to make our country the good and decent place we want it to be. Thanks for letting me do my part. God bless you.

Ethics of *The New York Times* under scrutiny

Many readers have expressed disbelief and anger over the failure of the publisher and editors of *The Times* to address their own role in the promotion of disease and high medical costs through the publication of cigarette advertising. A promise by the manager of advertising acceptability for *The Times* to seek answers to a number of questions about the newspaper corporation's acquiescence in promotion of cigarette smoking led to the following letter.



NEW YORK STATE JOURNAL OF MEDICINE

420 Lathville Road, P.O. Box 5404, Lake Success, N.Y. 11042 • (516) 488-4100 • (212) 895-2380

Editor: Alan Blum, M.D.

February 10, 1984

Mr. Robert P. Smith
Manager
Advertising Acceptability
The New York Times
229 West 43rd Street
New York, NY 10036

Dear Mr. Smith:

At your suggestion, I am following up on our telephone discussion about advertising policies of *The New York Times*. In light of the ongoing response from readers in regard to the issue of the *Journal* on "The world cigarette pandemic," I am preparing an editorial sequel that will focus on the article entitled "Cigarette advertising in *The New York Times*: An ethical issue that's unfit to print?" I appreciate your offer to provide written replies to questions on this subject.

Since January 1, 1984 there has not been a cigarette advertisement on either the women-oriented *Style* page or the lead daily sports page (Tuesday through Saturday). This is the first time in several years that no cigarette ads from American Brands (Fall Mall, Carlton, Lucky Strike) have appeared on these pages. (The advertisements have continued on the back sports page of *The New York Post*.) Does this absence from *The Times* reflect a change in position on the acceptance of such advertisements or is this a case of a lapsed contract? In light of new findings in Connecticut, Texas, and other states in the past year that among women the rate of lung cancer (attributed to cigarette smoking) has surpassed the rate of breast cancer, has there been new consideration by *The Times* of no longer accepting cigarette advertising in juxtaposition to women-oriented sections such as *Style*? Similarly, in light of the debilitating effect of cigarette smoking on athletic performance, how does *The Times* justify the continuing cigarette advertising in a fitness-oriented section such as the Monday sports pages? Are not the readers of the *Style* and Sports sections younger on average than readers of other sections? How does *The Times* justify promotion of a newspaper with cigarette advertising to students in elementary and junior high schools?

To the best of my knowledge -- and in contrast to editorial comment by *The Times* on advertisements for X-rated movies or Mobil -- there has never been an editorial in *The Times* that has addressed the ethics of the acceptance of advertising for a product that directly results in more than 350,000 deaths each year in the United States. Does *The Times* acknowledge that the small warning combined with the vivid imagery in cigarette advertisements may mislead

Mr. Robert P. Smith
New York, NY

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some readers into a more favorable attitude toward cigarettes and a greater social acceptance of smoking?

Has *The Times* published any article or letter critical of the newspaper's policy of accepting cigarette advertisements?

Why does *The Times* not accept advertising for mail-order weapons or horoscopes? Are there advertisements for other legal products that *The Times* will not publish?

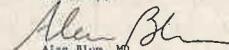
Unlike other corporate advertisements and unlike the advertising campaigns by the Tobacco Institute, the new series of advertisements by R J Reynolds support the use of the company's product and attempt to dissuade the reader from believing that cigarette smoking has been proven to cause harm to the purchaser and user of cigarettes -- or to by-standers, including children and the infirmed. Why did *The Times* not require the manufacturer to comply with the 12-year old Federal Trade Commission agreement that a conspicuous warning be included in such advertising? By not requiring the warning on advertisements that cast doubt on the dangers of smoking, does *The Times* not join its advertiser in suggesting either that cigarette companies have not been given sufficient opportunity to state their case or that there is indeed doubt that smoking is harmful to health?

I regret that Ms. Cunningham, tobacco advertising manager, declined to be interviewed on the subject of tobacco advertising. I intended to ask her -- and now ask you -- who is responsible for the ongoing campaign by *The Times* in the United States Tobacco *Journal* (now the United States Tobacco and *Gandy Journal*) offering tobacco manufacturers the pages of *The Times* and *Gandy Journal* as a credible vehicle for selling cigarettes; does this not acknowledge that *The Times* not only passively "accepts" cigarette ads but actively courts the favor of tobacco companies? Does not the slogan, "Lifestyles are made, not born" reveal that *The Times* is encouraging young people to take up smoking?

As is discussed in the advertising column of the Business section in regard to all manner of ad accounts, how much does *The Times* spend on its campaign to attract cigarette advertisements? One estimate of *The Times*' annual income from cigarette advertising (exclusive of income from advertising for British American Tobacco's Gimbels and Saks Fifth Avenue stores) has been put at \$12 million -- is this a fair estimate?

Again, I appreciate your offer to provide written answers from *The Times* management to these questions, and I look forward to receiving your letter. In the interest of publication deadlines, I would appreciate hearing from you in the next two weeks. Enclosed is an extra copy of the *Journal*.

Sincerely,


Alan Blum, MD
Editor

AB:mm
encl.

Reply from The New York Times Company

THE NEW YORK TIMES COMPANY

229 WEST 43 STREET
NEW YORK, N.Y. 10036

LEONARD R. HARRIS
DIRECTOR, CORPORATE RELATIONS AND PUBLIC AFFAIRS

Alan Blum, M.D.
Editor
New York State Journal of Medicine
420 Lakeville Road
P.O. Box 5404
Lake Success, N.Y. 11042

Dear Dr. Blum,

Robert Smith, manager of the advertising acceptability department of The Times, has shared with me your letter of February 10th.

My recommendation has been that he give up the effort to respond to your many questions, because his answers could really bring us no closer to mutual understanding. There is a fundamental difference in our beliefs.

You believe that the way to eliminate cigarettes and smoking is by eliminating the advertising of cigarettes. We believe that if this is to be achieved it must be done legislatively and with information and education, not by preventing promotion or discussion or advertising.

It is probable that no other publication in the world has carried so much information about the relationships between smoking and health. Just as we believe in fair and comprehensive news coverage, so do we believe in the right of the entrepreneur to advertise.

I hope you will accept this brief statement of our viewpoint as our response to your letter, Dr. Blum. Thank you for giving us the opportunity to respond.

Sincerely,



15 March 1984