



TCL

THE CANCER LETTER

Inside information on cancer
research and drug development

Vol. **46** No. **35**

SEPTEMBER 18, 2020

www.cancerletter.com

COVID-19 THREATENS TO INCREASE CANCER MORTALITY—HERE IS WHAT WE CAN—AND MUST—DO

This January, the American Cancer Society reported the sharpest drop in U.S. cancer mortality ever recorded. Between 2016 and 2017, the death rate from cancer fell 2.2%, continuing the trajectory of a 29% decline in cancer mortality since 1991.

→ PAGE 4

GUEST EDITORIAL
SEEING COVID-19 THROUGH A
CLOUD OF CIGARETTE SMOKE

→ PAGE 7

GUEST EDITORIAL
HOLA COVID-19 STUDY FOCUSES
ON DISRUPTION OF CANCER
CARE IN LATIN AMERICA

→ PAGE 19

CONVERSATION WITH THE CANCER LETTER
BARRY SLECKMAN REFLECTS
ON DIFFICULT MONTHS IN
BIRMINGHAM

→ PAGE 22

CONVERSATION WITH THE CANCER LETTER
JOHN CARPTEN: INAUGURAL
AACR REPORT CALLS FOR
LEGISLATIVE ACTION ON
DISPARATE BURDEN OF CANCER

→ PAGE 33

In this issue

Editor & Publisher

Paul Goldberg

Associate Editor

Matthew Bin Han Ong

Reporter

Alexandria Carolan

Designer

Jacqueline Ong

Illustrator & Operations Manager

Katie Goldberg

Web Developer

David Koh

Editorial, Subscriptions and Customer Service

PO Box 9905 -
Washington, DC 20016

T 202-362-1809

F 202-379-1787

W www.cancerletter.com

Individual subscriptions \$555 per year worldwide. Group subscriptions required for institutional distribution. To subscribe, [click here](#).

ISSN 0096-3917. Published 46 times a year by The Cancer Letter Inc. Other than "fair use" as specified by U.S. copyright law, none of the content of this publication may be reproduced, stored in a retrieval system, or transmitted in any form (electronic, photocopying, or facsimile) without prior written permission of the publisher. Violators risk criminal penalties and damages. Founded Dec. 21, 1973, by Jerry D. Boyd.

© Copyright 2020.
The Cancer Letter Inc.
All rights reserved.

®The Cancer Letter is a
registered trademark.

COVER STORY (GUEST EDITORIAL)

- 4** COVID-19 threatens to increase cancer mortality—Here is what we can—and must—do

GUEST EDITORIAL

- 7** Seeing COVID-19 through a cloud of cigarette smoke
- 19** HOLA COVID-19 study focuses on disruption of cancer care in Latin America

CONVERSATION WITH THE CANCER LETTER

- 22** Barry Sleckman reflects on difficult months in Birmingham
- 33** John Carpten: Inaugural AACR report calls for legislative action on disparate burden of cancer
- 46** Francis Collins: "We've just got to get this done. Because people are dying and time is passing."

IN BRIEF

- 50** Emily Tonorezos named head of NCI's Office of Cancer Survivorship
- 50** Electra Paskett named director of the Alliance Cancer Control Program and PI for the Alliance NCORP Research Base
- 50** ACCC announces 2020 Innovator Award winners
- 51** NCI, NIBIB award contracts to develop innovative digital health technologies for COVID-19

- 52** Lois Travis awarded \$5.7 million from NCI to study chemo-induced hearing loss, toxicities
- 54** Katz, An, Kurian awarded \$3.7 million in Moonshot funds to address genetic testing among families
- 54** YCC receives \$1.2 million NIH grant to fund gene imaging research
- 54** YCC receives \$175k research grant from Breast Cancer Research Foundation
- 55** Five researchers receive shared \$9 million grant from Aligning Science Across Parkinson's initiative

FUNDING OPPORTUNITIES

- 56** Astellas C³ Prize focuses on challenges of COVID-19 for people with cancer

THE CLINICAL CANCER LETTER

CLINICAL ROUNDUP

- 58** Korean study examines the combined impact of aspirin, metformin, and statin's impact on lung cancer risk
- 58** Cigarette smoking associated with worse outcomes for bladder cancer patients after surgery

DRUGS & TARGETS

- 62** Rhenium NanoLiposomes receives Fast Track Designation from FDA for glioblastoma treatment



GUEST EDITORIAL

Seeing COVID-19 through a cloud of cigarette smoke



Alan Blum, MD

*Professor and Endowed Chair in Family Medicine,
Director, The Center for the Study of Tobacco and Society,
University of Alabama School of Medicine, Tuscaloosa*



Eric Solberg, MS

*Vice president, academic & research affairs,
University of Texas Health Science Center at Houston;
Faculty associate, McGovern Center for Humanities and Ethics,
McGovern School of Medicine, Houston*

The unprecedented COVID-19 pandemic makes it possible to compare and contrast the public health and political responses to previous health crises.

The most obvious comparison is to the influenza epidemic of 1918-19, which took the lives of 675,000 Americans in less than two years.

Yet a comparison with cigarette smoking, which has killed untold millions of Americans in the 20th century and continues to take the lives of 500,000 a year, is arguably more illuminating. At first glance, comparing COVID-19 to cigarettes seems illogical. Yes, people who take up smoking do so willingly, although most do so before they reach adulthood. And yes, those who contract COVID-19 do not willingly seek out the virus.

Disease and death from smoking take years, even decades to occur. Deaths from COVID-19 can occur within days or weeks, albeit in less than 2.9% of victims, most of whom have comorbid conditions such as hypertension, obesity, and emphysema.

As we assess the 50-year War on Cancer that was declared when President Richard M. Nixon signed the National Cancer Act of 1971, some parallels and lessons from the past that can be gleaned from anti-smoking campaigns and applied to the efforts against COVID-19.

As defiant and skeptical as President Trump may be of the preventive behavioral measures that all health agencies agree are the first step to contain the spread of the virus, his magical-thinking approach mirrors the playbook of previous presidents to ending the cigarette pandemic, even decades after it was recognized as the nation's leading avoidable cause of death and disease.

Should anyone really be surprised that when it comes to public health and health care, money and politics take precedence over science?

In early April, no sooner had Anthony Fauci, of the White House COVID-19 Task Force, come to the conclusion that

all Americans, not just front-line health workers and patients, needed to wear face masks, practice social distancing, and wash their hands to prevent the spread of COVID-19, President Trump began subverting this message by retweeting Fauci's original assertion in March that mask-wearing by the general public was not yet necessary.

By mid-summer, Trump had rejected the recommendations by the Centers for Disease Control and Prevention on protecting meat processing plant workers, teachers, other school personnel, and children from COVID-19. Trump not only muted, muzzled, and marginalized the CDC, he had also become its de facto spokesperson.

Even as he has publicly played down the ease of spread and the adverse health consequences of COVID-19, last week we listened to the recording of his February interview by reporter Bob Woodward, in which Trump acknowledged the ferocity of the new virus.

This called to mind the response by another president to the efforts by the top health official in his administration to launch the federal government's first anti-smoking campaign. In January 1978, U.S. Secretary of Health Education and Welfare Joseph A. Califano, Jr., announced that HEW would "place the weight of its scientific authority behind programs to inform the public—especially the young—about why they should not smoke and how they can quit if they wish. As the chief health officer of government, I have the duty to see that we do just that."

Within weeks, Califano's efforts were being undermined by President Jimmy Carter, who traveled to North Carolina to assure tobacco farmers that the government would make cigarette smoking "even safer than it is today." As Califano's campaign continued to gain momentum, and after HEW published the most comprehensive indictment yet of ciga-

rette smoking in its 1979 Surgeon General's Report, Carter fired Califano. There was little doubt that the main reason was his fervent anti-smoking stance.

“

Should anyone really be surprised that when it comes to public health and health care, money and politics take precedence over science?

”

The present-day Republican-led opposition to state and local ordinances mandating the wearing of face masks in public places is akin to the vocal opposition in 1964 to federal legislation to require an understated warning on the side of cigarette packs ("Caution: Cigarette Smoking May Be Hazardous to Your Health").

The staunchest opponents of the warning were not just the cigarette manufacturers and tobacco state congressmen, but also the American Medical Association, which claimed that the public was already well informed about the dangers of smoking.

In those days, Republican Sen. Jesse Helms were beating back anti-smoking bills introduced by Democratic Sens. Ted Kennedy and Dick Durbin and Reps. Henry Waxman and Ron Wyden. Today, we can take in the spectacle of Republican Sen. Rand Paul (a physician) and Republican House Members Matt Goetz, Luis Gohmert, and Mark Meadows deriding the recommendation to wear face masks.

All four contracted COVID-19, with Cohmert blaming his infection on having to wear a mask.

At his nationally televised town meeting on Sept. 15, in which he claimed that “herd mentality” could make the virus “disappear,” Trump also claimed that the repeated putting on and taking off a mask could increase the chances of becoming infected with COVID-19.

The other two physicians in the Senate, Republicans John Barrasso and Bill Cassidy, have stood behind Trump every step of the pandemic. In May, Barrasso, an orthopedic surgeon until he was appointed to the Senate in 2007, cited his medical background to support Trump’s call to end COVID-19 containment shutdowns and echoed Trump’s comment that “we cannot allow the cure to be worse than the disease.”

Granted, oversimplifying the comparison between the response to COVID-19 and the fight against smoking risks reducing it to a body count competition. Yet, that is just what Stanford historian Robert Proctor did in a book review in the July 7 issue of *JAMA*:

“It all seems so February. Cigarettes remain the leading preventable cause of death, but that morbid fact is easily lost in more pressing pandemics. It is worth keeping in mind that even if the novel coronavirus 2019 (COVID-19) ends up killing 200,000 people in the U.S., that number will not be even half the annual toll from cigarettes, which still kill half a million Americans every year.”

Such a comment is as simplistic and cold-hearted as any of Trump’s unempathetic pronouncements downplaying the catastrophic impact of COVID-19. One hears echoes of the claim that the virus “will just disappear,” but smoking will remain.

The bigger killer

Sadly, this is the same narrative that all too many individuals who work in the field of “tobacco control” have used for other emerging health crises such as the rapid rise in obesity, namely that smoking is always the bigger killer.

They seem to see other health issues as a threat to their turf. Proctor calls the assertion that his smoking dog is bigger than your COVID dog an “enduring constancy” and insists that “scholars need to pay more attention to cigarettes, even in these distressing days of plague.

“Any focus on disease that ignores the cigarette or the cigarette industry is like pretending to have an interest in malaria while paying no attention to mosquitoes or swamps. Nicotine addiction is likely to outlive coronavirus, shackling millions in chains that lead to suffering and death. The havoc wreaked on human health is worse than any virus.”

Nathan Schachtman, an attorney and lecturer at Columbia Law School who has written on tobacco litigation, is appalled by Proctor’s claim. “This type of comparison between COVID-19 and smoking is inapposite,” he says. “COVID puts me at risk from even a brief encounter with an infected person. I have no control as an individual over the risk of this infectious disease; it absolutely requires coordinated action by government. We can all agree that both smoking and COVID are public health problems, while refraining from making inane comparisons. The thing about COVID-19 is that a pandemic ensures that there will be innocent victims—people who did not assume the risk, but had the risk of death and disability foisted upon them by fellow citizens.”

Two hundred thousand deaths—in addition to hundreds of thousands of potential “long-haulers” suffering from crushing fatigue, lung and heart dam-

age, and other problems—caused by a single pathogen in just six months extrapolates to 300,000 deaths this year, plus a lingering morbidity comparable to that caused by cigarette smoking. And there is no cure in sight, but rather false promises by the president of a breakthrough vaccine “just around the corner” ... before Election Day.

“Instead of trying to make the case that smoking is worse than COVID-19, we should instead be applying the lessons we’ve learned from anti-smoking efforts to reduce the toll of COVID-19,” argues Michael Siegel, professor of community health sciences at Boston University School of Public Health. “Most obviously, the chronic conditions of emphysema and cardiovascular disease that help COVID take hold are frequently due to smoking. The successes and failures of the past five decades of anti-smoking actions are playing out now in the daily COVID-19 death tallies.”

Writing in *Financial Times* on Aug. 4, Sir Richard Feachem, who served as under-secretary-general of the United Nations and founding executive director of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, warns that counting on a COVID-19 vaccine to come to our rescue soon is “not only unlikely but is a dangerous assumption on which to plan the overall response to the pandemic.”

Politicians and vaccine developers have incentives to reinforce this assumption, he notes, in spite of the long odds against a vaccine with high efficacy, a protracted duration of protection, a convenient dosing schedule, and the ability to administer billions of doses.

Is this not reminiscent of the never-ending quest for the Holy Grail of the safe cigarette? Can anyone doubt that the biggest failure in the history of the National Cancer Institute is not to have dispelled the myth that filtered cigarettes can prevent lung cancer?

The Tobacco Observer

1875 I STREET, NORTHWEST, SUITE 800, WASHINGTON, D. C. 20006 • (202) 457-4873

Copyright © 1982, The Tobacco Institute, Inc. All rights reserved.
Volume Seven, Number Three, April 1982

New Health Warnings Unneeded

WASHINGTON, D. C.—Legislation being considered in the House and the Senate to require new health warnings on cigarette packages is unnecessary and ill-conceived, Edward A. Horrigan Jr., chairman and chief executive officer of R. J. Reynolds Tobacco Co., has told Congress.

Horrigan, in separate testimony before committees in the House and Senate, noted that proponents of the bills say their purpose is to inform the public of the dangers of smoking.

"In fact," Horrigan said, "virtually everyone is aware of the claimed dangers of smoking." He cited a 1981 Gallup survey that found that "90 percent of the population agrees that cigarette smoking is harmful."

Horrigan emphasized that the level of awareness about smoking and health far exceeds public awareness of perhaps all major contemporary issues facing this country.

For example, he said, less than 25 percent of the public knows what the First Amendment is or what it deals with. One-third do not know whether the Federal budget is balanced, Horrigan said, and 36 percent are not aware that the U. S. must import oil to meet energy needs.

"The facts clearly show that the public has been made aware of the so-called health hazards of smoking, and that people are in a position to make a



Edward A. Horrigan Jr., chairman of R. J. Reynolds Tobacco Co., spoke for the cigarette industry in calling unnecessary and ill-conceived a bill to substitute the health warning on cigarette packages with a rotational system involving up to seven different warnings. Horrigan termed the legislation an unwarranted intervention into the private lives of citizens.

free and informed choice on whether or not to smoke," said Horrigan.

He called the bills punitive measures "directed against the manufacturers of a lawful product." They appear "designed to lead toward the prohibition of smoking," RJR's chairman testified.

Free Choice

Horrigan, who as chairman of the executive committee of The Tobacco Institute is the cigarette industry's chief

spokesman, had philosophical problems with the health warning measures.

They seriously erode the principle of free choice in a democratic society, Horrigan said. In effect, they say that if you don't conform, you are uninformed, and that the government must take corrective action, he said.

"In denying a person's right to reject 'official' information, the bill betrays its fundamental prohibitionist motives," Horrigan said. Such legislation is "a thinly veiled effort further to harass and ultimately eliminate an important American industry."

Four Hearing Days

The bills in question were introduced in the House by Rep. Henry A. Waxman (D-Calif.) and in the Senate by Republican Sens. Orrin G. Hatch (Utah) and Bob Packwood (Ore.). They call for the current health warning to be replaced by a rotational system of up to seven warnings, speaking about cigarette smoking and heart disease, cancer, emphysema, and pregnancy outcome.

Other sections of the bills would establish the government's Office on Smoking and Health by statute (it has been threatened by budget cuts); force cigarette manufacturers to place warnings on exported cigarettes; and, in the House version, legislate that all ingredients used in cigarette manufacture be listed on the pack.

Three TV stars—Amanda Blake, John Forsythe, and Bob Keeshan—and a panel representing voluntary health organizations that support the bill began the testimony on the first day of hearings in the House by Waxman's Subcommittee on Health and the Environment.

Witnesses for the Administration emphasized their assessment of the health dangers of smoking on the second day of House hearings and at the one day Senate hearing. They said that the Reagan Administration is still studying the bills. Another Senate hearing is expected.

Tobacco industry spokesman Horrigan testified on day three of the House hearings and at the Senate hearing. Congressional participation in the hearings has been light.

Rep. Harold Rogers (R-Ky.), who attended one day of the hearings, said the Waxman bill is "overreaching in constitutional aspects." It would, he said, set up a "brainwashing operation to sway free people on what they should or should not do."

Rep. Thomas J. Bliley (R-Va.), who attended all three days of House hearings, emphasized that no market research exists to show that the new warnings will cut consumption. "Shouldn't we get evidence" first, he asked?

Additional Stories Pages 2, 6, 7 & 8

Additional evidence is needed to prove that the current warning label is not adequate, Rep. William E. Dannemeyer (R-Calif.) said at a hearing. At the Senate hearing, Sen. John P. East (R-N.C.) called the legislation a "bad bill." He said, "We are a little weary of being punching bags for those who look on this as the only health issue in the U. S."

Other Congressmen who have spoken out against the legislation include Sen. Jesse A. Helms (R-N.C.) and Reps. W. Eugene Johnston III (R-N.C.) and L. H. Fountain (D-N.C.). Sen. Walter D. Huddleston (D-Ky.) issued a statement saying the bill should be set aside "as an unwarranted and untested intrusion."

Swedish Experience

"There is also strong evidence from the standpoint of behavioral science," Horrigan said, that the new system of legal warnings might "erode awareness" of the claims against smoking.

He cited the example in Sweden, where five years ago the government began a rotating warning system that is the model for the bills being considered in the U. S. Congress. "The fact is, that according to the Swedish government, cigarette consumption has risen each year since the new system was implemented there in 1977," Horrigan said. "Why substitute a novel and unproven system for the present law?" Horrigan asked.

Continued on Page Two

TI, Tax Unit Joined

WASHINGTON, D. C.—Stressing the need to increase unity, efficiency, and effectiveness, The Tobacco Institute in the nation's capital and the Tobacco Tax Council, in Richmond, Va., have been amalgamated.

The announcement of the combining of the two national associations was made in a joint statement by Horace R. Kornegay, chairman, and Samuel D. Chilkote Jr., president, of TI and William O'Flaherty, Tax Council president.

Formal announcement of amalgamation came after a series of preliminary discussions by board members of both organizations. Staffs of the two associations will be combined in the coming months, the executives said.

"This is an evolving process, moving ahead gradually so that continuing programs are not disturbed, while building a new or-

ganization which is certain to bring greater unity, efficiency, and effectiveness," the announcement said.

Thirty-five industry leaders, members of the Tax Council board of directors and TI's executive committee, representing agriculture, manufacturing, distribution, and retailing, worked out final details of the amalgamation.

Board members of the Tax Council will become directors of a new organization, the National Tobacco Council. NTC is being designed as an allied tobacco organization counterpart to TI's board of directors, which is comprised of manufacturers.

O'Flaherty will become counselor to the new combined industry association and will be a member of the NTC. He will maintain offices in Richmond and Washington.

Following the release of the 1964 Surgeon General's Report, there was a dramatic increase in advertising claims by the tobacco companies implying that filtered cigarettes were safer than non-filtered ones.

This campaign extended to Hollywood, where TV and movie heroes and heroines smoked filtered brands while the crooks and tramps smoked non-filters. Alas, the history of the filter is at the heart of why the reduction in smoking has been so slow.

Beginning in the early-1950s, when the devastating reports of the impact of smoking on health were making front-page news and beginning to drive down cigarette sales, the tobacco industry took the upper hand by proclaiming in full-page newspaper advertisements across the U.S. that it would fund research to identify and remove any harmful ingredients from cigarette smoke.

By the late 1960s and throughout the 1970s, the National Cancer Institute's research efforts on smoking were almost entirely directed toward finding a safer cigarette. This dead-end research didn't get the ax until 1980, when Vincent DeVita became director of NCI and began shifting the focus of smoking research to getting heavy smokers to quit.

Even then, a far more heavily funded NCI research project in the 1980s was "chemoprevention," which aimed to reduce lung cancer in smokers with large doses of vitamin A. The highly promoted study was halted when it was found that this caused an increase in lung cancer.

The unequivocal conclusion of the landmark 1964 U.S. Surgeon General's report on smoking and health that cigarettes cause lung cancer and other diseases was to have ended a debate that had raged for decades.

Instead, the tobacco industry made a preemptive strike by funneling a total of \$18 million over 14 years to the American Medical Association—the only major health organization to withhold its endorsement of the report—in a research program to identify and remove any possible harmful components of cigarette smoke.

Unholy alliances

Why did the AMA choose not to campaign against smoking, but rather to conduct the same kind of research that the report had already found sufficient for its indictment of smoking?

It did so in order to remain in the good graces of tobacco state senators, whom it counted on to help prevent the creation of Medicare by Congress. This, in turn, leads to another villain that has gone unnoticed: the insurance industry, which never lifted a finger to fight smoking, even long after a small Massachusetts insurer, State Mutual Life Assurance Company, offered the first non-smoker discount after the SG report came out in 1964.

Because the anti-smoking narrative has been revised as a great victory instead of an abject failure, the rogues' gallery is endless. One of the genuine leaders was the fearless Sen. Maureen Neuberger, who castigated not just the tobacco companies but also the see-no-evil, hear-no-evil, speak-no-evil AMA in her 1964 book *Smoke Screen: Tobacco and the Public Welfare*.

The AMA/tobacco industry collaboration distributed research funds to dozens of universities to keep scientists in their laboratories and not out testifying to the need to end smoking now. Columbia University, although not a participant as an institution with the AMA program, went so far as to market a patented "super-filter" that it claimed

would remove the cancer-causing "tar" and prevent lung cancer. It didn't.

“

Essentially the same kind of players that fought efforts to pass clean indoor air legislation or bills to ban or restrict cigarette advertising and promotion are at it again with COVID-19.

”

The filter con endures to the present day. Ninety-nine percent of cigarettes sold are filtered brands, in spite of the fact that filters likely increase the risk of death and disease from smoking by virtue of the smoker needing to inhale more deeply—and by fostering complacency about the dangers of smoking.

Essentially the same kind of players that fought efforts to pass clean indoor air legislation or bills to ban or restrict cigarette advertising and promotion are at it again with COVID-19. The cigarette companies' filter and low-tar hucksterism is not unlike the touting by Trump of oleander, hydroxychloroquine, zinc, bleach, Lysol, and UV light for the prevention of COVID infections.

Meanwhile, Trump's COVID-19 advisers include individuals untrained in infectious disease, notably retired Stanford radiologist Scott Atlas. In a scathing op-ed in the *Los Angeles Times* on Sept. 10 by Stanford epidemiologists Steven Goodman and Melissa Bondy, co-signed by all of their epidemiology colleagues

at the university, the authors castigate Atlas for recommending less COVID-19 testing and less mask-wearing in indoor public spaces, as well as for downplaying the nonfatal health risks of the virus and its transmissibility by children.

The Washington Post and *The New York Times* were criticized by an editorialist at *The Wall Street Journal* for questioning Atlas' fitness and credentials, even though Atlas got the job after espousing his unconventional views on Fox News. Both the *Journal* and Fox News are controlled by the pro-Trump Murdoch family, whose patriarch Rupert Murdoch served on the board of Philip Morris from 1989 to 1998; Philip Morris executives in turn have served on the board of Murdoch's News Corp.

To think that in 1854, fully 40 years before Robert Koch discovered the bacterium that causes cholera, a lone London obstetrician named John Snow identified the source of a cholera outbreak with pencil, paper, and shoe leather.

By interviewing surviving family members of many of the more than 500 victims, he realized that the fatalities were clustered around a single water pump in Broad Street, from which most of the victims had obtained their household supply.

Countless lives were saved when the pump was ordered shut, over the objections of the water companies, which blamed the cholera epidemic on "bad air," or miasma. Religious zealots blamed divine intervention.

Ironically, it was a minister, Rev. Henry Whitehead, who at first contended that the outbreak was not caused by tainted water but by God's will, who surprised himself to discover that the cause was a soiled diaper emptied into a leaky cesspool near the pump.

More than half a century after the causes of the epidemic of lung cancer and emphysema became known through

epidemiologic studies, the tobacco industry, like the water companies of Snow's London, insisted that their product was not to blame. They were backed up by administration after administration as the cigarette—and its tax revenues—became a mainstay of the economy.

Arguably the best single summary of government policy on smoking came from the United Kingdom's Royal College of Physicians in the 1971 sequel *Smoking and Health Now* to its pioneering report on smoking and health in 1962: Castigating the government for spending little to educate the public about the dangers of smoking—a tenth of the amount spent on traffic safety.

The report dryly observes, "It seems that Ministers, while accepting the evidence that cigarette smoking is dangerous to health, are guided in their actions by the view that the risks are regrettable but inevitable consequences of a habit which they believe to be an essential source of revenue."

"Liberate Michigan"

The economy-over-lives approach to COVID-19 by the current president is reminiscent of other administrations' approach to curbing smoking.

"College football, get out there and play football," Trump said on Aug. 11, when the only major universities left whose officials had given the season a green light—in the Atlantic Coast and Southeastern conferences—are located in the very region with the least adherence to personal COVID-19 health precautions and a steady rise in the number of cases.

By his masks-be-damned rallies and his tweets to "Liberate Michigan!" and other battleground states with Democratic governors from the inconvenience of wearing a mask and washing hands, Trump has become a 21st cen-

tury Typhoid Mary, a super-spreader of COVID-19 through his crowded campaign rallies.

By stoking the embers of anti-scientific thinking for years in regard to the safest and most effective vaccines, by mocking the wearing of masks and social distancing, and by claiming that there is a COVID-19 vaccine just around the corner, Trump has undermined confidence in the safety and efficacy of any such rushed-out vaccine by those who would normally support vaccination.

In addition, HHS and FDA have been corrupted by political pressure to approve hydroxychloroquine and convalescent plasma as treatments for COVID-19 in spite of the absence of safety data. Fauci has been told to refrain from stating that children can transmit COVID-19. And CDC has been forced to walk back recommendations on school reopening and contact tracing, and its venerable publication, *MMWR* has been censored by the administration.

On June 23, *Financial Times* published the marvelously understated headline, "Resistance is low at U.S. disease-control body." This week we finally learned that the source of this chaos and the sharp decline in the public's and health professionals' confidence in the CDC has been a troubled Trump appointee, Michael Caputo, a far-right conspiracy-monger and protégé of convicted felon Roger Stone.

It is déjà vu all over again. In 1987, one of us (AB) would be told upon assuming a faculty position at Baylor College of Medicine that he could not use his academic affiliation when speaking publicly on smoking and that he should "consider getting into something more socially acceptable, like cocaine."

This meant, of course, that studying illicit drugs—not cigarettes—was where the grant funding was—and don't you keep messing with the folks at the to-

bacco companies who have influence over Capitol Hill and the NIH!

One year later, he would be offered the editorship of the journal of the American Academy of Family Physicians, *American Family Physician*—contingent on his not speaking publicly on the subject of smoking.

The AAFP was a recipient of advertising revenue from food subsidiaries of RJ Reynolds and Philip Morris. AB turned down the job.

Politics, money— and COVID-19

What is the fairest way to compare strategies to contain the virus with the efforts to reduce cigarette smoking? Why not begin with those who are made ill by a known agent through no fault of their own, as well as through willfully misleading directives by elected officials?

The turning point in the effort to reduce cigarette smoking came in the early 1980s, when studies in Japan and Greece found that long-term exposure to cigarette smoke could cause lung cancer in a person who did not smoke.

Certainly, those individuals who were involuntarily exposed to cigarette smoke over many years at the workplace and who developed terminal lung cancer or emphysema would be unequivocal innocent victims of smoking.

What about those who contract COVID-19?

The only ones in this population who aren't unequivocally innocent victims are those who refuse to wear masks, practice physical distancing, wash hands frequently, and refrain from participating in social gatherings, political rallies, or protest demonstrations.

Another way to look at smoking-related deaths is through the number of those who had chosen to continue to smoke in spite of knowing that it could kill them.

One could argue that nicotine addiction is too powerful to overcome, and that, therefore, all of the blame must be laid at the feet of tobacco industry executives and the leaders of allied businesses that have engaged in the promotion of cigarettes in spite of the dangers.

But what about the accountability of public health agencies, which are tasked both with curbing infectious outbreaks and improving the health of the entire population? If a commissioner of health were found to have failed to allocate funds to mosquito control after an outbreak of West Nile, dengue, St. Louis encephalitis, or zika, then that individual would be held partially responsible for the cases that resulted—and criminally negligent if the funds were deliberately withheld because the commissioner didn't believe that mosquitoes were the vector, or if he or she pocketed the money.

Analogously, why shouldn't a health commissioner or health agency that chooses not to allocate funding to discourage smoking be held accountable for a failure to reduce tobacco-related deaths and diseases and/or cigarette consumption? Fanciful? But if the number one avoidable cause of death and disease in the health district doesn't receive sufficient funding, then why shouldn't there be accountability?

Although Surgeon General Luther Terry called for appropriate remedial action on smoking in 1964, it would be fully 25 years before every state had even a single individual assigned to reduce smoking.

Nor were health department commissioners permitted to endorse efforts to pass clean indoor air regulations to protect nonsmokers.

And what about academia, organized medicine, and the voluntary health organizations, such as the American Cancer Society? What did they do as the battles over restrictions on cigarette advertising heated up in the 1980s? Most were nowhere to be found.

“We were duped”

Individual tobacco product liability lawsuits brought against the tobacco industry beginning in 1983 by New Jersey attorney Mark Edell (*Cipollone v Liggett Tobacco Group Inc.*), followed by class action suits brought by several state attorneys general in the mid-1990s, began to expose the myth of organized medicine as an enemy of Big Tobacco.

In a TV interview in 1996, the president of the American Medical Association, Lonnie Bristow, famously claimed, “We were duped.”

This is in spite of the AMA having accepted cigarette ads in its journal from the early-1930s to the mid-1950s, the same time period when the epidemiological and pathological research showing the association between smoking and disease was being published.

This was also in spite of the publication of the Surgeon General's Report in 1964, following which the AMA, as noted here, spent 14 years conducting research funded by the tobacco industry in lieu of taking action or even calling for action against smoking, apart from advising the public not to smoke in bed.

Since the 1980s, product liability litigation brought against the tobacco industry has been based on when the industry first knew that cigarettes were harmful and what it then did to deceive the public.

Even though everyone and his uncle is now aware of the lethal dangers of smoking and its toll on society, the ques-

tion that is not taught in public health schools or acknowledged by public health organizations, is, “When did the medical and public health communities learn about the harmfulness of cigarettes and what did they do about it?”

The much-avoided answer is that the public health community knew no later than the 1930s through the epidemiologic work of Raymond Pearl at Johns Hopkins and the clinical reports of Alton Ochner at Tulane.

Beginning in 1942, the Federal Trade Commission even held hearings on deceptive health claims in cigarette advertising.

But did the American Medical Association, the American Public Health Association, medical schools, schools of public health, the American Cancer Society, or federal public health agencies launch anti-smoking efforts? An emphatic no.

This failure to own up to the health community’s failure in the mid-20th century has been willfully ignored by the professional field known as “tobacco control” that emerged in the 1990s.

Tobacco control devotes most of its efforts to research, the bulk of which is aimed at providing the basis for regulatory or legislative approaches to reduce tobacco use and exposure to tobacco smoke, something called “tobacco regulatory science” by inside-the-Beltway bureaucrats.

Touting the public health achievement of reducing the prevalence of cigarette smoking among adults from 42.7% in 1964 to 18.1% 50 years later, the authors of an editorial in *JAMA* on Jan. 8, 2014, claim that “much of the progress stems from the rigorous development of evidence-based tobacco control policies that now serve as a robust foundation for public health action.” Come again?

In fact, much of the progress in tobacco control, most notably in protecting

the public from exposure to others’ smoke by the passage of clean indoor air laws, occurred in the 1970s, 1980s, and 1990s—long before the creation in 2014 of 14 mostly university-based “centers of excellence in tobacco regulatory science,” each given \$20 million by the FDA.

It is anathema, we realize, to suggest that allocating more money to attack a health problem is not the answer, but when it comes to ending the smoking pandemic the overwhelming preponderance of funds has gone into research, not action.

The public health community, including schools of public health, government health agencies, and organizations of state and territorial health officials only joined the efforts against smoking in the mid-1990s, as public opinion of the tobacco industry became increasingly unfavorable.

Yet these groups have perpetuated a false narrative wherein giant-killing heroes in public health triumphed over a rogue industry, which for most of the 20th century kept the truth about the addictive, debilitating, and lethal consequences of cigarettes away from the public.

The current generation of workers in tobacco control, predominantly those with master’s degrees in public health who work for health departments, has been led to believe that anti-smoking efforts began with the creation of The Truth campaign in the late-1990s as the result of the Master Settlement Agreement (MSA) between the state attorneys general and the tobacco industry that gives money to the states each year to fight smoking.

In reality, the \$256 billion-MSA was a pennies-on-the-dollar back tax. More tragically, today just 1.9% of MSA funds go to address tobacco problems, and much of that is for salaries. Ominously,

the MSA actually assures a dependence by the states on tobacco industry money in perpetuity, and only an infinitesimally small amount of it has gone to fight smoking.

There is scant paid mass media advertising against smoking or vaping. Only a few states have passed legislation that dedicates a portion of cigarette taxes to reduce cigarette smoking and other forms of nicotine addiction.

“A Frank Statement”

It is this background that one needs to keep in mind to understand the public health efforts to counter cigarette smoking and its promotion today, as well as how it has begun to tackle COVID-19.

Finding the solution to ending either the smoking pandemic or the COVID-19 pandemic is not a moonshot for which one simply pours money into academic research and health department data collection.

The smoking and health issue has been settled for nearly 60 years, yet 37 million Americans still smoke and they’re younger on average than ever. That’s partly because funding media messages to enhance knowledge and change attitudes that lead to improvements in health behaviors isn’t happening.

The government itself only began running paid mass media messages in 2012 for its TIPS for Smokers quit-smoking campaign—by all accounts a successful one—with a budget that only permits a few months of TV messages per year.

One gets the sense that those in public health don’t trust any information on the history of the smoking pandemic that does not come from the tobacco industry documents, as if the very same public exposés of the tobacco industry’s disingenuous denial of smoking’s

'Lung Cancer Remains A Mystery'

Nine eminent physicians and scientists submitted testimony to Congress stressing that cigarette smoking is not the proven cause of lung cancer.

"Lung cancer, like many other human cancers, remains a biological mystery," said Sheldon C. Sommers, M.D., a prominent New York pathologist who was one of two of the nine to testify. The others submitted statements.

Sommers, scientific director of the Council for Tobacco Research in New York City, told a U. S. House of Representatives subcommittee that "epidemiologic studies report a statistical association between cigarette smoking and lung cancer." But, Sommers stressed, "the biomedical experimentation does not support the smoking causation hypothesis."

Sommers testified at a hearing considering replacing the current cigarette health warning with seven different warnings.

Dr. Arthur Furst, a University of San Francisco researcher, consultant to the World Health Organization and lecturer for the American Cancer Society, told the subcommittee that he has tried for years "to induce lung cancer in animals with cigarette smoke, with no success."

"Every other investigator" has also failed, Furst said.

Controversy Remains Unresolved

A former surgeon and surgical consultant for the Veterans Administration, Dr. Jack Matthews Farris stated, in submitted testimony, "I believe that, when we learn how and what causes cancer, we might well find that cigarette smoking has little or nothing to do with the genesis of carcinoma of the lung."

"It is clear that the smoking and health controversy has not been resolved," Farris said. He stressed that the "problem won't be solved by legislating the cause of disease."

Genetics may determine who gets lung cancer and who doesn't, Henry Rothschild, M.D., a specialist in genetics, said in his statement.

"If such genes can be isolated, "it will be a major step forward in unraveling the mystery of lung cancer causation," Rothschild said.

A former medical director of the U. S. Public Health Service, Dr. Katherine McDermott Herrold, said in her statement that any claims that smoking causes lung cancer must remain only theory.

Herrold, who participated as a pathologist in one of the original large population studies on smoking and health, said her data showed no correlation between various lung cancer cell types and the amount smoked.

Also, she said she found no relation between the age of death from lung cancer and when smoking began, the number of years of smoking, or the number of cigarettes smoked per day.

These findings are contrary to claims that there is a dose response relationship between smoking and lung cancer—that the greater the number of cigarettes smoked, the higher the risk of

developing lung cancer.

More research is needed in the field of smoking and lung cancer, Herrold said.

A North Carolina biostatistician, Dr. Lawrence L. Kupper, said he does not believe a causal relationship between smoking and lung cancer has been scientifically established. He called for "one study free from all bias," saying



Dr. Sheldon C. Sommers, M.D., was one of more than 30 scientists and physicians who testified or submitted reports to Congress in opposition to proposed new cigarette health warnings. "Lung cancer, like many other human cancers, remains a major biological mystery," Sommers, a noted pathologist, said.

that would be "worth more than a thousand biased studies, all of which provide the same distorted estimate of the true association."

Animal Experiments

Dr. Victor Buhler, a Kansas City, Mo., pathologist, also emphasized in his submitted testimony that in animal experiments "no inhalation studies have shown that tobacco smoke inhalation causes lung cancer."

"Pressure to find causes and cures of cancer "creates great temptation to seize upon easy answers," Buhler said. However, he cautioned that the cause or causes of lung cancer are unknown

Smoking/Pregnancy Charges Unproven

The medical director of the largest ongoing U. S. study of smoking and pregnancy outcome has told Congress that this research "did not indicate an increased risk of abortion and stillbirths among smoking pregnant women."

Bea J. van den Berg, M.D., director of Child Health and Development Studies at the School of Public Health, University of California at Berkeley, told a Congressional subcommittee that the studies are not "supportive of the stated increased risk of birth defects" among babies of women who smoke.

A bill being considered by the sub-

committee, to "strengthen" cigarette warning labels, would advise that smoking may result in birth defects or spontaneous abortion.

Her research does not support that statement, van den Berg said.

and "a Congressional finding to the contrary does not alter that situation." Eleanor Macdonald, a professor emerita of epidemiology, also warned the Congressmen not to try to "legislate scientific fact."

Scientists Doubt Ads Cause Smokers To Start

"It is becoming increasingly clear that there is no single, simplistic answer to the question of what causes respiratory cancer," Macdonald said. "It is hardly in the best interest of either science or government to create the illusion that an attack on a single

lifestyle factor will provide the solution for such a complex problem." Hiram T. Langston, a thoracic surgeon, summed up the written statements by saying, "I believe very strongly that we do not know the cause or causes of cancer of the lung. "Charges that smoking causes lung cancer are so familiar that very few people may realize that there is strong evidence to the contrary. I find that evidence to be persuasive," Langston said.

Cigarette advertising ranks at or near the bottom of factors playing a role in determining smoking behavior, according to written testimony submitted to a House subcommittee considering new cigarette warning labels.

California psychopharmacologist Barbara Brown told the Subcommittee on Health and the Environment that smoking behavior involves the interaction of several influences. She believes the reasons people decide to smoke has to do with a person's constitutional makeup.

However, she stressed, "Congress must understand that even the so-called experts just don't know enough about why people behave the way they do... and how that behavior relates to the individual's health."

Charles D. Spielberger, University of South Florida psychologist, wrote that his studies of smoking behavior of college students rank advertising at or near the bottom of a listing of 10 factors involved in initiation of smoking. Peer group pressures and the smoking of family members are the most important factors, he said.

Once smokers have been warned of the alleged health consequences of smoking—and his studies showed no tendency in smokers to "reject the idea," he said—they engage in a risk assessment system to determine their future smoking behavior, behavioral researcher Sherwin J. Feinhandler testified.

Smaller Babies

In other testimony, a British pediatrician engaged in the study of infant birth weights, questioned the claim that cigarette smoking by pregnant women causes smaller babies.

Oliver G. Brooke, M.D., said that cigarette smoking may have little or no influence on birth weight. "It is pos-

sible that smokers eat less or worse than nonsmokers, and that this is the cause of the association between smoking and reduced birth size," Brooke said.

L. G. S. Rao, Ph.D., a Scottish researcher, also stressed in his testimony that poor nutrition, and not smoking, might be the key to why mothers in poorer social groups have smaller babies.

Finally, Prof. Jean D. Gibbons argued that the scientific evidence is inadequate to claim that women who take birth control pills and smoke are more likely to suffer heart damage than nonsmokers.

'God-Given Right'

The fact that people continue to smoke despite the prevalence of health warnings does not mean they do not understand the warnings, John E. O'Tool, chairman of the board of Foote, Cone & Belding Communications, Inc., the fourth largest U. S. advertising agency, wrote.

"I'm a consumer and I resent government officials wondering what to do with me next if I understand but choose to ignore a disclaimer they've forced an advertiser to put in his ad," he said. "It's my God-given right to ignore any information any salesman presents me with—and an ad, remember, is a salesman."

Boston University sociologist Peter L. Berger's testimony linked the continuing efforts to regulate smoking behavior with the "long-term campaign of stigmatizing and even criminalizing smoking."

dangers—by muckraking journalist George Seldes in the 1940s; writer Roy Norr in *The Christian Herald* and *The Reader's Digest* and Harvard University Medical School's Daniel Rutstein in *The Atlantic Monthly* in the 1950s; and Sen. Maurine Neuberger on the floor of the U.S. Senate and *New Yorker* writer Thomas Whiteside in the 1960s—were chopped liver.

So, it has always been in getting to the bottom of the tobacco tragedy. By 1963, when the Surgeon General's advisory committee was reviewing the world's literature on smoking, there were 7,000 articles in scientific journals.

But Luther Terry's call upon the release of the Surgeon General's report smoking and health on Jan. 11, 1964 for "appropriate remedial action" to begin reducing smoking in the U.S. went largely unheeded by the federal government until Surgeon General Jesse Steinfeld issued a Non-Smokers Bill of Rights in 1971 (after HEW Secretary Elliott Richardson had tried to block him from doing so), and then not until 1978, when Califano launched his crusade.

Meanwhile, the NCI's safer cigarette research program fit the tobacco industry's agenda, first described and disseminated in a full-page advertisement in newspapers across the country in 1954 after cigarette sales flattened on the heels of growing evidence that smoking caused lung cancer. Headlined "A Frank Statement," the ad from the newly formed Tobacco Industry Research Committee downplayed the experiments on mice that "have given wide publicity to a theory that cigarette smoking is in some way linked with lung cancer in human beings."

The committee wrote that "we feel it in the public interest to call attention to the fact that eminent doctors and research scientists have publicly questioned the significance of these experiments.

"Distinguished authorities point out:

- "That medical research of recent years indicates many possible causes of cancer.
- "That there is no agreement among the authorities regarding what the cause is.
- "That there is no proof that cigarette smoking is one of the causes."

Asserting, "We accept an interest in people's health as a basic responsibility, paramount to every other consideration in our business," the committee pledged "aid and assistance to the research effort into all phases of tobacco use and health."

In addition, the industry lured cancer researcher Clarence Cook Little, a long-time managing director of the American Cancer Society, to become the committee's director and the industry's scientific face.

The industry's stated aim for the next half century would be to eliminate any possible harmful ingredients in tobacco smoke.

Meanwhile, as millions would die from cigarette smoking, the industry introduced a plethora of filters, low "tar" products, "reduced emission" cigarettes, and "mild," "light," and "ultra-light" brands, none of which made smoking safer.

Indeed, on Aug. 17, 2006, Federal Judge Gladys Kessler found the cigarette companies had violated civil racketeering laws over a 50-year period by deceiving the public about the dangers of smoking by manipulating the design of cigarettes and suppressing research.

The more visible and vocal face of the tobacco industry throughout that time was the Washington, D.C. public relations and lobbying operation The Tobacco Institute (TI), the two longest-serving

heads of which were a former four-term House Member from North Carolina and a former governor of Kentucky.

Among the TI's most infamous claims in its pamphlets published in the 1970s and 1980s came in response to the growing evidence that mothers who smoked during pregnancy were twice as likely to have low-birthweight babies. The Institute insisted that many women preferred to give birth to lighter babies because they were easier to deliver.

"We need more research"

By the late-1970s, the Tobacco Institute had a team of spokespersons who fanned out across the country seeking debates on TV and radio stations with local physicians about the validity of claims about the dangers of smoking.

One such spokesperson was Charles Waite, a former assistant surgeon general of the U.S. Navy.

On May 12, 1977, in a three-hour match-up with one of us (AB) on a Miami radio show hosted by chain-smoking Larry King, Waite kept repeating variations of the same mantra, "We just don't know that cigarette smoking causes lung cancer and other diseases. We wish we did know. We need more research."

King agreed with him.

By the early-1980s, the industry was at it again, having invented an array of "smokers' rights" groups, which in effect spoke for the *last rites* of the very people the industry's products were killing.

Not long after C. Everett Koop became Surgeon General in 1982, he felt it necessary to point to the body of irrefutable evidence that smoking caused death and disease—compelled, because of the Tobacco Institute's never-ending theme song, "we need more research."

“When you survey the biomedical literature of the past 30 years, you have to be impressed with the extraordinary amount of evidence that has been generated to prove the causal relationship between cigarette smoking and some two dozen disease conditions,” Koop said, “The medical literature holds an inventory of more than 50,000 studies regarding smoking and health. The overwhelming majority of them clearly implicates cigarette smoking either as a contributing cause or the primary cause of illness and death.

“Now these are facts. They are part of the case built by medical researchers here and the world over for the past three decades, a case that is scientifically conclusive, and the verdict is clear: Smoking is the leading preventable cause of disease and death in this country.”

But by the late-1980s, the facts were still not enough to deter a new breed of abrasive radio and TV talk show hosts from stoking resentment over the abrogation of Americans’ freedom to smoke. Even as the airline smoking ban of 1988 became one of the most popular pieces of legislation ever passed by Congress, shock jocks Morton Downey, Jr. and Rush Limbaugh mocked “anti-smokers” and boasted about their love of smoking. Both men were later diagnosed with lung cancer.

Fox News, Sinclair and the anti-mask movement

Listening today to Fox News’ downplaying of the severity of the COVID-19 pandemic and the criticism of face mask mandates and other measures we know can help prevent infections is akin to re-living that era of cowardice.

The even more ardent Trump-supporting Sinclair Broadcast Group of 191 TV stations across the U.S. has one-upped

Fox by promoting a documentary that claims that Anthony Fauci helped manufacture and spread COVID-19.

The political system has made it impossible to put the very obvious and simple preventive measures as the first priority.

Yes, research is good, even essential, but it’s not a substitute for wearing masks.

In his July 2 column in *The New York Times*, Nicholas Kristof wrote that in the face of coronavirus “Americans are acting curiously helpless... We don’t seem willing to assert independence from a virus that in four months has killed more Americans than the Korean, Vietnam, Gulf, Afghanistan and Iraq wars did over 70 years.”

The cost of distribution of free masks, he added, would be negligible, compared to the cost of hospitalizations. Repudiating Trump’s assertion that mask-wearing is simply a “personal choice,” Kristof warns that “in a time of plague, shunning a face mask is, like driving drunk, putting everyone in your path in danger.”

The U.S. has failed with the least educated portion of the population on both smoking and COVID-19. By virtue of its high COVID-19 rate of infection and the virus’ high death toll, has the U.S. become a shithole country?

It would appear that the number of studies it would take to change the minds of “anti-anti-smokers” or anti-maskers verges on infinity. But just how many studies on smoking have been published?

No one knows for certain, though a PubMed search of the terms “smoking,” “cigarettes,” “tobacco,” and “vaping” yields 349,592 references. (A Google Scholar search yields more than 3 million.)

To what extent have the 300,000 additional papers published in the past 40

years—and the enormous amount of funding to conduct them—led to improved health?

It has taken more than 50 years to flatten the mortality curve of lung cancer, in spite of having known all along the best single evidence-based action for entirely preventing lung cancer and other tobaccogenic diseases.

Research by one of us (ES) in the early-1990s found numerous cross-connections among the members of the Surgeon General’s advisory committee for the 1964 report, the AMA’s Education and Research Fund to administer grants from the tobacco industry, and the Tobacco Industry Research Committee (renamed the Council for Tobacco Research in 1964).

The result was to pad the nests of pet institutions and delay any meaningful action for another 14 years while such important-sounding research was going on.

We knew what we needed to do in 1964, and we didn’t do it. Now, incredibly, with COVID-19 we are witnessing the same foot-dragging of politicians, the same payouts to vested interests, and the same fear on the part of academia and organized medicine in speaking truth to power.

The case can be made that most of the legislation to protect public health on smoking, notably clean indoor air laws, had been passed by the 1990s. Where, then, were the public health funding resources for reducing smoking directed through the years? Invariably they were put into more research, and, with the exceptions of California and Massachusetts, not into the purchase of mass media space to promote not smoking.

Signed by President Obama in 2009, the Family Smoking Prevention and Tobacco Control Act gave the FDA regulatory authority over tobacco products—the

first federal legislation on tobacco since the 1988 airline smoking ban.

But far from standing up to Big Tobacco, Congress was doing the bidding of Philip Morris, the biggest champions of the bill.

The measure mainly regulates new and potentially less hazardous tobacco products, but does not apply these same regulatory standards to the most irredeemably harmful form of tobacco, existing cigarettes, which take the lives of upwards of half a million Americans a year.

In other words, Marlboro was grandfathered in. Thus, FDA devotes more effort to attacking e-cigarettes than cigarettes. Incredibly, this agency which regulates cancer drugs and can remove them from the market, now is charged with approving for market the latest variations of cigarettes by Philip Morris and other cigarette manufacturers.

As for other funding to reduce smoking, Bloomberg Philanthropies awarded Johns Hopkins over \$300 million to do more research and to support anti-smoking legislation around the world, as well as more than \$100 million to the D.C.-based Campaign for Tobacco Free Kids for its anti-smoking lobbying and public education efforts.

As with the government, engaging mass media education takes a back seat to the safe sinecure of research.

The MSA-funded Truth campaign (formerly the American Legacy Foundation, established with \$2.5 billion in settlement funds) also spends most of its budget on research, with a modest amount going for paid mass media, but with restrictions on the mention of tobacco company names and cigarette brand names.

Sorely needed: political resolve

We propose a new concept for evaluating the impact of public health interventions. The calculation would include the length of time between when the public health community had sufficient evidence for a specific intervention, the degree of commitment and proportionate allocation of resources for implementing the intervention [as opposed to solely writing policy papers and getting more research grants]; the manpower involved, the buy-in and coordination among health, business, media, academic, and political entities; the proportion of the population that learned about the intervention; the proportion of this group that ignored it; and so forth.

By our estimate, this would put the reduction of smoking as one of the worst failures in public health.

This sad state of affairs is bemoaned by Ed Anselm, an assistant professor of medicine and public health at Icahn Mount Sinai School of Medicine who teaches medical students about smoking.

“Tobacco control advocates often proclaim that the 50% recent reduction in smoking since the first Surgeon General’s Report on Smoking and Health in 1964—from over 40% of the population then to less than 20% today—was a success,” he notes. “Given that over 50 years later the excess deaths attributed to tobacco in the United States still exceeds 500,000 per year, it would be more appropriate to call this a continuing disaster. The various books in recent years about the history of cigarette smoking and efforts to end it may make interesting reading, but they certainly do not offer anything actionable for students new to this troubling story.”

Every single president, Democrat or Republican—Johnson, Nixon, Carter, Reagan, Bush, Clinton, Bush, and Obama—passed the buck on the tobacco pandemic. In stark contrast to the \$2 trillion CARES Act and other allocations to address COVID-19, Congress has never approved any significant funding to fight smoking.

Historians, including Robert Proctor, claim that we need know more about the dirty doings of Big Tobacco, but Anselm suggests instead that “what we really need to know is how to obtain the social and political resolve to change things. At a time when people are proclaiming that ‘Black Lives Matter,’ the truth is that very few lives matter when balanced against profit.”

The cigarette—and COVID-19—is too important, here and now, to be left to historians to write the same old narrative.

And make no mistake, the similarity between Trump’s CDC and the CDC in the 1970s, when Big Tobacco was king of the hill, is chilling. In 1977, the federal government’s information resource on smoking for the public and physicians alike, the National Clearinghouse on Smoking and Health, was located in the basement of a small house near CDC in Atlanta.

When one of us (AB) visited that year with its director, Dan Horn, an epidemiologist who had co-authored landmark studies on smoking and lung cancer in the 1950s, he explained the balancing act he had to perform:

“If we only produce pamphlets and posters, then people will be suspicious. But if we become too visible in raising the alarm about smoking, we’d be shut down in a minute.”

His words were prophetic, but for a different pandemic and a different president.