

Emory '75 Medical Alumnus Spearheads Attack on 'Killer Habits'

This new approach to patient education is called DOC (for Doctors Ought to Care) and cigarette advertising is one of its prime targets.

By Alan Blum



Physicians and medical students, members of DOC (Doctors Ought to Care), gather outside Miami Herald building, Miami, Fla., to protest the newspaper's cigarette advertising.

Eat your spinach! Study hard! Drive safely! Add to this list of well-meaning but meaningless motherly imperatives the physician's own favorite: Quit smoking!

So what else is new? Is there a person over toddling age who hasn't heard that cigarettes are "dangerous to your health?"

Although it's widely agreed that immoderate cigarette smoking, excess consumption of alcohol, and poor nutrition account for a huge chunk of the nation's mounting health bills, it's illusory to believe that there exists in this country a major mass media effort specifically designed to engage the public in a true understanding of these major killer

habits. Few techniques beyond personal commitment and concern have been developed to aid the health professional in instilling a lasting awareness among patients of the benefits of maintaining good health.

In the physician's own office, a poster or pamphlet is no match for the dozens of sexy ads for cigarettes in the magazines on the waiting room tables — not to mention the barrage of billboard, bus, taxi, newspaper, and retail store advertising once the patient leaves the office. Of all this unopposed advertising, the promotion for cigarettes is the most disturbing, since it is aimed directly at young people.

To any adolescent who reads *Sports Illustrated*, *Rolling Stone*, *TIME*,

Playboy, *National Lampoon*, *Made-moiselle*, and just about any other magazine or newspaper, the abundance of cigarette advertising clearly suggests that smoking leads to good looks, sexiness, success, and athletic ability.

But bad health? Not on your life.

As emphysema, coronary heart disease, and lung cancer have reached epidemic proportions in this country, so the cigarette industry's economic entrenchment within the journalistic community has reached a distressing level. Physicians — many of whom are being portrayed as malpractitioners and even miscreants by the media — are being deliberately undermined in their role as patient educators by publications which

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Doctors Ought to Care (DOC), a group formed to educate the public and the medical profession about the "killer

habits" such as cigarette-smoking, alcohol abuse, and obesity. He is a frequent contributor to this magazine.

blithely accept cigarette company hand-outs and thus hypocritically acquiesce in the promotion of what the Center for Disease Control has called the single most preventable cause of bad health and premature death.

Cigarette smoking can be viewed as a symbol of frustration for all of patient education. Most public health "experts" seem to believe that the cause of the adolescent cigarette epidemic is too multifactorial a problem to be solved. The cigarette industry heartily agrees. Claiming that it doesn't approve of young people smoking, it offers "peer pressure, parental smoking, and a climate of general rebelliousness among teenagers" as the reason for cigarette abuse.

Yet, unlike even the alcohol distillers,

referred to an editorial in the *Journal of the American Medical Association* of September 14, 1964. "Reduction of cigarette smoking can be achieved only if today's non-smokers never start," noted the editorial, to which I added, "While teenagers on the whole acknowledge cigarette smoking to be a serious health hazard, they are being duped by the continuous flood of advertising without realizing that the diseases caused by smoking CAN actually affect THEM."

My late father, Leon Blum, M.D., a general practitioner for nearly 40 years until his death in 1969, had pointed out the editorial to me. He also suggested that I tape record all those delightful TV jingles for cigarettes, such as "Winston tastes good like a cigarette should" and

and lung cancer, two-thirds of all physicians smoked — the same percentage as the rest of society. So it was that a hard-working 44-year old physician, who smoked two packs of Chesterfields a day, suffered a heart attack. Of course, he never had the benefit of knowing all we do today about cigarette smoking. In fact, a 1958 *CIBA Symposium* doubted that chronic obstructive pulmonary disease could be caused by smoking. *JAMA* continued to carry cigarette advertising until well into the '50's, and *MD* into the 1960's.

Shortly after my father's attack, the first major statistical reports were released in 1954 linking cigarettes with lung cancer. The statistics scared a lot of people — for one reason perhaps because



DOC pickets a cigarette-promotion event in Miami.

the cigarette manufacturers have never taken out a single ad to discourage young people from using their product. To the contrary, they are, in a perverse sense, our leading health educators, with a \$700 million annual advertising campaign via Cheryl Tiegs and friends versus a \$1 million government counter-effort of dull pamphlets.

In the face of such a media blitzkrieg by a single industry, it would seem that physicians are powerless to combat the epidemic of cigarette smoking. It did seem that way until DOC (the letters stand for Doctors Ought to Care) came along. DOC is a group of physicians I've organized who are trying not to overlook the obvious in the practice of medicine. We're mapping the first nationwide campaign led by health professionals to encourage consumers — especially teenagers — to take a good look at advertising for cigarettes, alcohol, junk food, and junk fads.

Emory played an inspirational role in DOC's origins, as I will point out later. DOC is probably derived from the social activism nurtured in the 1960's. Also, the year 1964 was significant in medical history for giving us the first Surgeon General's report on *Smoking and Health*. Dr. Luther Terry and his committee of 10 physicians and scientists (agreed upon by the tobacco industry itself) irrefutably linked cigarette smoking to a variety of diseases.

At that time, as editor of my high school newspaper, I wrote a commentary entitled "Childish Habit," in which I

"Happiness is Kent" which were played over and over each night, even on the news programs.

One day, my father predicted, society will look back on our era of supposedly great scientific advances and laugh: imagine, a race of people who would thus continue to advertise a lethal product and offer tremendous financial incentives to devise new promotional propaganda which would ultimately negate much of the progress the medical profession has accomplished for the world!

When my father had himself become a cigarette smoker — during medical school in the late 1920's — as a means of coping with academic pressures, medical science did not know much about the harmful effects of cigarette smoking. (A report in *The New England Journal of Medicine* in 1928 may have been the first to suspect, and provide some evidence for, a relationship between tobacco and cancer.)

Lung cancer was a rare disease, certainly not something easily associated with the pleasurable practice of smoking — a fad just becoming widespread, after having been introduced in this country in the latter part of the 19th century as a substitute for the tuberculosis-related (sputum-spreading) custom of chewing tobacco. In fact, cigarettes were promoted for their salutary qualities; Old Golds, for instance, couldn't cause a "cough in a carload."

Even by the early '50's, when the first reports were filtering in about the association between cigarette smoking

the cigarette companies had always used statistics of their own to show how safe their brands were. For weeks, sales plummeted.

But it didn't take the cigarette companies long to figure out the answer: the filter, which was invented in the same place as everything else in our culture that's "new and improved" — on Madison Avenue. Some of the filters were even made out of asbestos — now a recognized carcinogen which, when combined with cigarette smoke over a number of years, multiplies the chances of lung cancer by 92 times over that of a non-smoker.

The trend to filter smoking was nurtured by the tobacco industry, which quickly paid back its expensive investment in equipment by passing the cost on to the consumer. In addition, it soon became far less costly to manufacture a filter cigarette, because there is less tobacco and more paper! By the time of the first Surgeon General's report, Winston and Marlboro were nearing the top in sales.

Marlboro, incidentally, had been promoted as a lady's cigarette ("Mild as May"), until its maker, Philip Morris, switched advertising agencies and found an ex-football player to pose on a horse in Staten Island. A back-of-the hand tattoo was another mark of ruggedness inculcated into the mind of the American teenager, thanks to Marlboro.

The Surgeon General's report put a mild damper on cigarette sales, as will any high-publicity news item. But, as

in 1954, things were back to normal for the tobacco industry in just a few months. Advertising expenditures increased until cigarettes became the leading commodity advertised on television. Any major revelation about other harmful aspects of smoking was left up to the printed news medium, which received very few dollars from the industry.

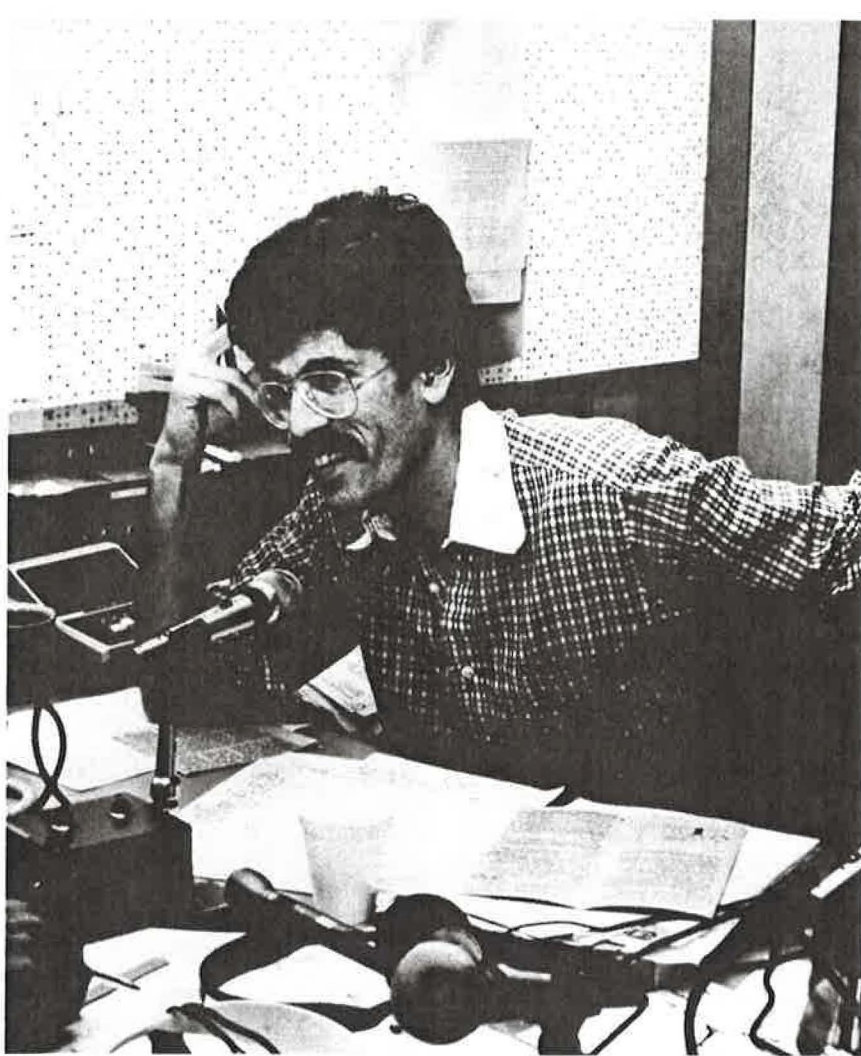
But in 1967, a recent law school graduate named John Banzhaf changed all that. Wondering how it was that television could continue to show only the pro-cigarette side despite the 1964 Surgeon General's report, he petitioned the Federal Communications Commission (FCC) to offer a fair opportunity to tell "the other side." In spite of the overwhelming odds of taking on the several hundred lawyers of both the tobacco and broadcasting industries, Mr. Banzhaf successfully made his case and went on to form ASH (Action on Smoking and Health).

Only after he had won was he joined by the American Cancer Society and other organizations whose aid he had sought. These groups jumped at the opportunity to receive free public service air time. Nonetheless, their campaign was inspiring. William Talman, who portrayed the district attorney on "Perry Mason," appeared in an American Cancer Society commercial to say simply, "I used to play the loser. Now I am one. I've got lung cancer. I smoked cigarettes." The American Heart Association produced a brilliant advertisement with a child reaching for his daddy's cigarette. The caption: "Like father, like son."

Even though these positive health commercials were shown in off-hours and in a ratio of only about one for every 20 prime-time cigarette ads, consumption of cigarettes dropped dramatically — by as much as 25 percent in three years. The trouble was, the only ones who saw just how successful this campaign was were the cigarette salesmen, whose marketing surveys forecast the roof caving in on the tobacco business. It seems that appealing up to people — calling attention to their good health in a non-lecturing manner — worked far better than the cigarette commercials.

The biggest myth about cigarette advertising is the one that says, "Oh, the government banned it from TV, and people still smoke as much as ever. Obviously, they'll smoke no matter what." In fact, it was the cigarette companies themselves who asked to remove their own advertising from TV and radio. Only the broadcasting industry, fearful of lost revenue, opposed the ban.

Why would the tobacco people elect to pull out? They simply saw the writing on the wall. They knew that restrictions on their TV advertising would come anyway, such as by having to include a spoken warning. They also knew that the pro-health commercials were working far out of proportion to the number of times they were shown. By taking themselves off the air, they knew that broadcasters would no longer be obligated to show the counter ads.



Dr. Alan Blum spreads word by radio on good health habits.

And they were right. When Congress dutifully acceded to the wishes of the cigarette companies, the cigarette ads were dropped in 1970, and the counter ads nearly dropped out of sight. Thus the cigarette companies succeeded in halting the first successful positive health advertising strategy in this country.

Today the so-called anti-smoking ads (why aren't the cigarette companies called "anti-health?") might not average one showing a week on most stations — and even then, probably at sign-off time. The ads are also geared to promote the name of the sponsoring agency for fundraising purposes as much as they are aimed toward discouraging smoking.

Once safely off the air, the cigarette companies hit on new marketing concepts. Philip Morris, for instance, tried a cover-girl concept, with Cheryl Tiegs (for Virginia Slims) becoming a symbol of women's liberation — and eventually a legitimate TV personality and *TIME* magazine cover-girl. In addition to shifting into print so that they are now the top advertisers in *TIME*, *Newsweek*, *U.S. News and World Report*, *TV Guide*, and almost every other major news, sports, women's and men's magazine, the cigarette companies began sponsoring various entertainment and sports events such as the Kool Jazz Festival and the Virginia Slims Tennis Circuit.

This method got the product back on TV, with some decided advantages over conventional advertising. It was less expensive, for one thing, since the companies were able to attach a cigarette brand name onto a legitimate sports event, and it was more effective by virtue of the many mentions of the brand name (ostensibly in a non-commercial sense) and camera shots of advertising billboards in the background. Today most major sports stadiums carry billboard advertising for Marlboro in yet another effort to associate rugged athletes with cigarette smoking.

Most persons don't fully equate magazine, newspaper, billboard, or retail store display advertising with television commercials. In other words, although the cigarette companies are spending three times more on advertising now than when their commercials were shown overtly on TV, the public does not perceive that non-TV advertising has much of an effect. Would the heads of the tobacco industry spend \$700 million a year on advertising if it weren't working?

Forgotten in all the arguments over the effectiveness of the counter-advertisements is the fact that although the cigarette companies are specifically denied access to TV and radio, there is nothing to prevent anyone from purchasing broadcast time to promote the healthful benefits of "kicking the cigs" or even encouraging moderation. DOC's

'Killer Habits'

idea is to bring back and expand upon the very positive health values successfully promoted in the 1967-69 counter-advertising campaign.

Moderation is a frightening word to the cigarette industry. Last year a confidential memorandum circulated among tobacco executives during the debate on California's Proposition 5 (an ordinance to encourage clean air in public places) noted that if cigarette smokers were to cut their consumption by only one cigarette per day, R.J. Reynolds alone would lose \$92 million each year. Small wonder, then, that the tobacco companies poured more money into the election than all the gubernatorial candidates combined. They barely defeated the Proposition. (In Miami, the companies supplied \$500,000 to defeat a much weaker ordinance which was backed by a \$2,000 bumper sticker campaign.)

Social activism of the late '60's took on a more political bent. Medicine's answer was to set up free clinics, women's centers, neighborhood health screening programs, and drug counseling services. Emory's own medical student-led Plunkettown Clinic was an outgrowth of this enthusiasm.

To me, Emory was special in other ways. The medical school admissions interview, known for its unique group process involving faculty, medical students, and three applicants (any or all of whom could be admitted or not admitted), offered a promising glimpse of a medical school which obviously was looking for criteria other than just the ability to get high grades and to score well on the Medical College Admission Tests. The variety of beliefs of the interviewers drew forth the applicants' opinions on subjects beyond book-learned knowledge.

Dr. Hugh Wood, dean emeritus, was impressed by the fact that I'd been an English major, but I was stumped by his question about why I read Shakespeare. "I'll tell you why," he mercifully interjected as I stammered for an answer, "To learn more about people, that's why."

Dr. Harry Williams, the late professor of pharmacology, gave his view, too: he was looking for radical spirits — not just those who would shake their little red books of Mao and shout down the traditional lecturers, but rather people who would offer viable new ideas to replace some of the staid conventions around which the medical community revolved. Dr. Williams and I carried on our dialogue for an hour after the interview, as I made notes in my . . . little red notebook.

Other evidence of Emory's encouragement of creativity was its medical student newspaper, *ANLAGE*, one of only a handful in the country at the time. When Doug Ross, then a third-year student, called for a new sports editor and feature writer, my classmate Harry Morse and I volunteered. After trying vainly to find out just who our fellow editors were, we were informed that "we were they." I am indebted to Dr. Ross for this experience — an oasis for me — but while trying to crawl through the biochemistry desert, I was not so appreciative of having bitten off more than I could chew.

However, *ANLAGE*, which means the earliest recognizable embryo, struggled on, nearly bankrupting a special student activities account of a tolerant Dean Richardson in the process. It offered me the opportunity to look at the medical student's role in society and community. That medical students were self-centered was obvious. But it also became apparent to me that we were offered few stimuli for



DOC lampoons cigarette ads.

looking at the larger problems facing society. We were still competing for high grades — for ourselves, in essence, and, by the second year already starting to compete for choice residency positions.

I saw, too, that government decision-makers and the so-called scholars didn't necessarily have appropriate priorities or even any good solutions for the problems they considered most important. In an article for *Medicine at Emory* in 1973, entitled, "Medical Curricula: Relevant to Yesterday or Tomorrow," I remarked about the Carnegie Commission's Report on Medical Education:

No self-respecting report on health care in the '70's should get by without mentioning the drug problem, cigarette smoking, automobile injuries, violent crime, and environmental health, but this one did. One gets winded just reading over and over again that the main solution to a worsening health-care crisis is the churning out of more M.D.'s more rapidly.

The basic science faculty did care. Dr. John Lyon artfully tried to make relevant and palatable a new goulash entitled Cell Biology and Biochemistry, ably aided by Drs. Wilhelmi, Binkley, and others. Dr. Bill Marine offered a taste of the real world with snippets of epidemiology and a longitudinal patient project. The first patient to whom I was assigned suffered from peptic ulcer disease — a 40 year old stressed telephone company executive who drank alcohol and coffee to excess and smoked three packs a day of cigarettes.

I heard some truly great lecturers at Emory: Dr. Mark Silverman, Dr. Kalidas Nandy, Dr. Barry Rosenbaum, Dr. Reginald Hudson, Dr. John Stone, Dr. Ernest Lewis, and Dr. Willis Hurst, to name a few. And I am indebted to the pathology department for its three-ring slide shows, as well as to the microbiology department for its vivid lectures in virology and parasitology. But the most exciting lecture was given by Dr. Brigitte Nahmias.

It was perhaps the only lecture I'd ever heard in all my schooling which laid out the facts of a subject, emphysema, in such a way as to raise a serious social issue as well — namely, the continued sale and promotion of its principal causative factor. She juxtaposed the glories of Madison Avenue alongside the agonies of patients referred to the regional Emphysema Clinic. One slide showed an advertisement in which a handsome young man was building a log cabin in the woods. The caption read, "Spend a milder moment with Raleigh." "This same strong male outdoor type," seethed Dr. Nahmias, "will show up 30 years later as a pulmonary cripple."

In "Smoke Gets in Your Lives," an article I asked Dr. Nahmias to write for *ANLAGE*, she ruefully reported the fact that "chronic obstructive bronchopulmonary disease is now the second most common reason for Social Security Disability payments in the United States" and "although initially the rise in mortality (due to COPD) was a problem affecting men, recently this same rise has begun among women."

Dr. Nahmias had taught me something, but how was I to engage the medical student and physician in a more meaningful dialogue with the patient and the public on this woefully overlooked subject? One helpful experience was a summer job under the guidance of Dr. Robert Priest of the Department of Pathology and Dr. Mike Adams of the National Medical Audiovisual Center (NMAC), in which I was introduced to the deceptively difficult art of designing educational aids for medical students. My assignment was to develop self-instructional slide presentations in cystic fibrosis and diseases of the pancreas. I learned the value of listing learning objectives — clearly stated at the outset of any educational material — as well as techniques for keeping the slides interesting and informative.

In the fall of 1974, Mr. Tom Sellers, managing editor of *Medicine at Em-*

ory, was working up ideas for a television series of the same name and thought it would be intriguing to do a show entitled, "The Killer Habits: Smoking, Drinking, Over-eating." I volunteered to provide background material and asked Dr. William Matthews of the Department of Pathology to join me. We divvied up the segments, he handling the problems of alcohol abuse and obesity while I tackled cigarettes. I showed the usual shocking slides of lung cancer, emphysema, and coronary artery disease, but I also brought along some old cigarette ads I'd found at a flea market.

These ads, including several which had appeared in medical journals, illustrated how cigarettes had been promoted as a *healthful* commodity. In the 1920's and '30's, *TIME* and other magazines carried ads stating that cigarettes were good for clearer sinuses (Listerine cigarettes), healthy nerves and relief of fatigue (Camels), throat protection and a slender figure (Lucky Strikes) and even "mouth happiness." Cigarettes were advertised in the Sunday funnies; athletes like Lou Gherig could say about Camels, "They don't get my wind, and I can smoke as many as I please."

How did the industry respond to the early reports which associated cigarette smoking with a variety of lethal ailments? "More Doctors Smoke Camels Than Any Other Cigarette," "Many Leading Nose and Throat Specialists Suggest Change to Philip Morris," "More Scientists and Educators Smoke Kent," and "L & M, Just What the Doctor Ordered." These messages appeared not just in print but in every major radio and television program. What was being sold was not just cigarettes but also the social acceptability of smoking.

Over the next several years I continued to collect old cigarette ads from flea markets and friends' attics and began to keep a close watch on current advertising methods. (I'm making a similar study of pharmaceutical advertising and the methods used to influence prescribing habits of physicians.)

I also became increasingly concerned about the way the popular news media were mis-educating my patients. To the public, half of the medical profession is coming up with miracle drugs, the other half coming down with malpractice suits. An inveterate letters-to-the-editor writer, I sought an opportunity to redress a few of the wrongs which newspapers commit in running stories about new cancer cures and in implying that "research" is the only answer to man's ills.

I saw, however, that most of the letters which appeared in the newspapers were altered from the way I'd written them — almost always with a key paragraph dropped and in one instance with the opposite meaning from the one I'd intended. I had written to *The Miami Herald* to commend it on its editorial opposition to tobacco subsidies, but also to suggest that they practice what they preach by limiting some of their own "tobacco subsidies," namely the millions of dollars in cigarette advertising the

paper accepts each year. Only the portion commending the newspaper was published.

Early in my second year of residency training in family medicine at the University of Miami, a patient asked me to come by his drug rehabilitation program and "lead a rap" with about 50 participants in the program. I answered questions about drugs, sex, and other medical issues. One fellow asked me how dangerous cigarettes really were.

While discussing the addictive and other adverse health aspects, I noticed a stack of magazines and began asking the group to look at the various ads and study them. Everyone began to realize — for what seemed to me the first time in many of their lives — that what was being sold was not a product but an image. We didn't just hone in on smoking — for the cigarette brands I added a few parody comments like "Emphysema Slims" and "Benson & Heart Attack," and the group enjoyed the humor.



At the end of the presentation, not a single person was smoking, by the way, though most had been doing so earlier. They also asked me to return.

In the spring of 1977, I was listening to the radio one evening and heard a guest on a talk show describing the pleasures and safety of cigarettes — "a simple hobby," he called it. He also went on about "freedom of choice" and bemoaned the problem of all the "anti-smokers" trying to interfere with people's private lifestyles. As it turned out, this man was more instrumental in the establishment of DOC than anyone else.

He was William Dwyer of the Tobacco Institute, a public relations and lobbying arm of the cigarette manufacturers, which this year lambasted the latest Surgeon General's report even before it was released and which has attempted to debunk the findings contained in a 14-year long AMA study linking cigarette smoking to coronary heart disease, despite the fact the study was funded by the tobacco industry itself.

At the time, two or my patients, both heavy cigarette smokers in their 50's, were dying of lung cancer, and I was constantly involved in the usual frenzy of admissions to the coronary care unit, where almost all the patients smoked.

When I sought the chance to respond to Mr. Dwyer, I had a rough time getting it. "We have doctors on the program all the time, so we don't have to give you any time to respond," said the producer. But the station reluctantly offered air time, with one catch — that I would debate Mr. Dwyer.

Foolishly, I accepted. After a few weeks of reading every article on cigarettes I could find in the major medical journals — to my astonishment, I learned that there have been 30,000 written on the subject, most since 1964 — I went to the station along with a fellow physician who has led the effort to bring more education about cigarettes into the schools in Miami. But Mr. Dwyer had a secret weapon of his own, a former deputy surgeon general of the Navy, who seemed all too willing to answer, "We just don't have all the answers," to every question concerning cigarettes' harmful effects.

I learned the painful feeling of badly losing a debate. While I proselytized and sermonized on the evil weed, spouting esoteric statistics no listener other than a physician could have possibly understood, Mr. Dwyer was cool, calm, and collected, with praise for the radio audience and kudos to the other two doctors. He referred to me as an inexperienced young intern trying to deprive people of their pleasures in life. When I tried to shift the conversation to the workings of the Tobacco Institute, I was curtly cut off by the chain-smoking moderator.

Invitations to appear on other talk shows did follow, however. The local Lung Association was enthusiastic enough about my early involvement in the smoking issue to bill me as "David taking on Goliath" in its newsletter. The local Heart Association didn't wish to take me up on my offer to set up a preventive medicine committee. "All our efforts are going into CPR," I was told. I also sought contact with the cancer society, and in June of 1977, I was invited to address the American Cancer Society's National Commission on Smoking and Public Policy regional forum in Atlanta.

In preparation, I reviewed my cigarette ad collection and selected a few for a presentation entitled, "A Few Hacks at the Cigarette Industry." Expecting other speakers to emphasize the health aspects and to take a finger-wagging approach, I chose instead to engage the audience in an awareness of just how effective propaganda can be. Several of the commission members told me that it represented the most innovative approach from among 250 speakers from throughout the country. Mr. Dwyer was there, and I thought he acted distinctly less friendly after my presentation. That was a shame, because I owed it all to him.

I began giving a similar talk at various grand rounds and physicians' groups in

'Killer Habits'

Miami. Discussions which followed invariably led to the same questions: What are physicians really doing to control medical costs? What are the other major preventable causes of bad health and high medical costs? What are physicians telling their patients about smoking other than "Quit smoking?" What are physicians doing to help prevent smoking among teenagers?

Out of this kind of probing came DOC — Doctors Ought to Care. The "ought" isn't meant to imply that doctors don't care, but rather to emphasize that if anyone should care about doing something to prevent needless diseases, it's we who see the devastation first-hand. The group was founded by three family physicians in the summer of 1977 and incorporated in the State of Florida as a non-profit organization dedicated to educating the public in a refreshing way about the major preventable causes of high medical costs and preventable bad health — especially the killer habits of cigarette smoking, alcohol abuse, and poor nutrition.

Our first step was to try to put our money where our mouth was. Taking a look around our county (Dade, population 1.5 million), we saw billboards at almost every corner, more than 1,800, half of which advertised cigarettes or alcohol. Atop the Chamber of Commerce building was a huge sign for Cutty Sark. Why not try our hand at renting a billboard? Even if it cost a few hundred dollars, the publicity value would get us on our way.

When I called up the local billboard company, the salesman was very enthusiastic. "Doctor, that's a wonderful idea. Never heard of anything like it. A group of doctors wants to put out good health messages on our billboards. This is exciting, and quite a feather in our cap, too. We can give you a very good public service rate of only \$25 a board. By the way, what'd you have in mind, anyway? Seat belt safety? Mental health?"

"These are very important," I agreed, "but right now we are concentrating on the major causes of high hospital costs and bad health in Dade County" — and I named the killer habits. At the mention of "cigarettes," I could practically hear him staring into his telephone. After about a minute, he stammered, "Listen, I'm really tied up. Why don't you call the papers or the radio stations, and maybe they can give some space."

Subsequent attempts to pin down a billboard salesman proved impossible. Suddenly, there was no longer any public service space available. The billboard company would run an ad only if it met their "standards." At the time of my first



Back cover of TIME, June 16, 1947 (ad)

Back cover of TIME, Aug. 19, 1946 (ad)



According to a recent nationwide survey **MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE**



Doctors of every generation are in agreement... **YOUR "I-SOBS" WILL TELL YOU**

CAMELS *Castler Tobacco*



SO MILD YOU CAN SMOKE ALL YOU WANT! **Camels** *CASTLER TOBACCO*

From TIME, May 27, 1935 (ad)

call, the monthly rental fee for a single billboard was \$210. The more I persisted, the higher the price became — till the figure was more than double! With printing, that meant that three billboards would cost nearly \$2,000 for one month. The cigarette companies can put up about 20 billboards for the same amount — month after month.

Contrary to all advice from the advertising people I spoke with, I played a hunch. Along the streets of Miami (and a few other cities) are bus benches, which are the only advertising medium solely displaying local advertising. Local advertisers no longer can compete for billboard and newspaper space, because the national advertisers have outpriced them. When I visited Atlanta as a child, most billboards advertised bread or other locally manufactured commodities. Today, Atlanta's billboards advertise only a handful of products, mostly cigarettes.

I visited the bus-bench company to present my idea for purchasing space for our as-yet-to-be-designed good health messages. Parodies of cigarette ads could have been a touchy subject. The owner of the company might have feared some kind of lawsuit or public indignation about interfering in personal lifestyles. Instead, the owner seemed delighted.

The cost of the benches was \$24 a piece, and initially we put up a dozen, principally around the hospital but also at various strategic locations. Opposite the huge downtown billboard which said, "Come to Marlboro Country," we put up one which said, "Country Fresh Arsenic." In front of the Veteran's Administration Hospital, we pointed out, "Ten Year Supply only \$7,000." In front of another hospital, we asked, "What Caused that \$65,000 Clinic Fire? One Cigarette" and reminded at a nearby location that "Hospitals and Smoking Don't Mix." Other bench messages included, "Full-Bodied Cyanide" and, in front of a local cancer research institute a blowup of a prescription on which was written the international no-smoking symbol and the words, "with love, DOC." Far from being supportive, the hospital administration succeeded in removing the benches — which had stood there for years — on the grounds of "aesthetics."

But the local television stations all picked up on this upbeat effort. And when one of the local newspapers carried a photograph of a bench, we grew a bit more bold. At Christmastime, we put up, " 'Tis the Season to Love Breathin' — Don't Give Cigarettes" in front of department stores. We put up benches saying, "A Real R.I.P. Off," which could also be a play on the brand Real, then being distributed on street corners all over town. And as long as one brand could be advertised as "DECADE, the taste that took ten years to make," we said, "EMPHYSEMA, the disease that takes only a decade to make."

Medical students and resident physicians became interested, and in September of 1977, DOC organized a group of



40 persons to march in front of a movie theater opposite the University of Miami. The occasion was the heavily promoted, Philip Morris-sponsored Benson & Hedges Film Series of great old movies, the first of which was "A Streetcar Named Desire." In ads for the series, there was no mention of the fact that commercials for Benson & Hedges would be shown in the theater and that cigarettes would be given away. So subtle was the Benson & Hedges logo placed in the ads that, had I not read in the *Village Voice* about this promotion, which had been making the rounds of other cities, including Atlanta, I probably would have raced to see the movies for the menial admission fee of a dollar.

None of us grinding medical types had ever had any real experience on picket lines, so we called it a "good-health line." We explained to passers-by, many of whom opted not to see the movie, that we were making a house call. "PHILIP MORRIS TAKES YOUR BREATH AWAY," said one placard. "MIAMI DOESN'T NEED TOBACCO SUBSIDIES," heralded another. Others included "BENSON & HEDGES DESTROYS HEALTHY BODIES 12 WAYS," "BUY NOW, PAY LATER,"

"WHAT THE HELL, I'VE GOT BLUE CROSS," and "A STREETCAR NAMED EMPHYSEMA." The story hit the front page of the *Miami News*, along with two follow-up articles by the entertainment editor, who seemed as outraged by this misrepresentation of films as we were.

With the aid of a lawyer from the National Emergency Civil Liberties Committee, we wrote to the U.S. Attorney General to challenge the running of such promotions for cigarettes, which we felt constituted an end-running of the law banning cigarette ads from certain media. A similar challenge was sent in regard to the Marlboro Cup horse race, shown on national television, and the Virginia Slims affair, televised locally. We don't know that our telegrams and letters led to specific action, but the film series, which was supposed to run for 10 years, hasn't returned.

Just two months later, the Virginia Slims Tennis Circuit bounced into town, and our group was even more enthusiastic. Cigarettes were given out at this event, but we passed out a bit of background information on Philip Morris. "YES, VIRGINIA, THERE IS A

'Killer Habits'

CANCER" was written on a placard carried by a new member of DOC, the president of the Florida Laryngectomy Association. "VISIT THE VIRGINIA SLIMS WARD AT YOUR LOCAL HOSPITAL," "SACCHARIN 400 . . . CIGARETTES 300,000," "TRACY AUSTIN, YOU'RE TOO OLD TO SMOKE," "NIXED DOUBLES," and "DR. RICHARDS, YOU OUGHT TO KNOW BETTER" were some of the other placards carried by the group. "YOU'VE COUGHED UP LONG ENOUGH, BABY" became DOC's theme. Monitoring the event on television, we counted more than 60 mentions or visual plugs for Virginia Slims in just 30 minutes.

In spite of its offbeat approach, DOC found its credibility increasing. For the first time, private physicians asked to help out and display any patient education materials we might develop. Several doctors helped join one final demonstration, billed as "the last house call in Miami" — at the *Miami Herald*.

More than 70 physicians and other health professionals gathered at midday, February 8, 1978, to suggest that this newspaper, part of the Knight-Ridder chain, consider its own "journalistic malpractice" for failing to scrutinize its lucrative and deceptive cigarette advertising. Counting all the copies, this newspaper distributes more than 360 million ads for cigarettes each year to the community!

We asked that the *Herald* make a study of the cost of cigarette smoking to Dade taxpayers and of the chemical additives used in cigarettes; that they publish a regular health supplement staffed comparably to the paper's television section; and that they make space available on the opinion page to local contributors, not just the syndicated columnists, including members of the medical profession. We noted that we were not seeking a ban on cigarette advertising but closer scrutiny on ads which are misleading, such as those which claim that low tar, filter cigarettes are safer.

The editor wasn't pleased. Although the news section practically ignored the house call (it had been a lead story on several of the television and radio stations), the editor tried to mock the effort of members of the mercenary medical profession. His diatribe merely wound up reading as a defense of a newspaper's right to make money at the expense of a free press. He proved the thesis that a newspaper is basically a profit-making corporation designed to sell products first, and offer its version of the news second.

Meanwhile, the first official support came from the Dade County Medical Examiner, Dr. Joseph Davis, who agreed to become honorary chairman of DOC's

Board of Trustees. Having collected many death certificates on which he and other physicians had listed cigarette smoking as a cause of death, he has also written an article in the Florida Medical Association Journal urging physicians to remember this factor on death certificates.

The Physician's Housestaff Association gave DOC \$500 to help defray the cost of the bus benches, and a second lawyer donated his time to aid us in receiving a tax-exempt status. The Dade County Medical Association and the local Academy of Family Physicians endorsed DOC and awarded contributions. In his drive for more answers on smoking's relationship to disease, the 14-year old winner of the Dade County Youth Fair science competition asked if I'd help him develop a project.



From *Journal of the American Medical Association*, March 12, 1949 (ad)

In addition to encouraging him in his basic research with rats, I asked what we could do together to get more reverse peer pressure going to prevent students from taking up cigarettes. Thus began SuperHealth '79, which culminated in a conference, funded by a \$2,000 grant from the Housestaff Association, attended by 150 junior high school students from 23 schools.

They turned the tables on the media by "leaping tall buildings at a single bound" — the buildings on Madison Avenue, that is, from which come advertising techniques designed to influence teenagers to adopt less than healthy lifestyles. The conference also brought together bankers, a state senator, nurses, teachers, dentists, medical students, and parents. Three main panel discussions started the day: Advertising and the Teenage Consumer — The Legislative Link; The Family — Madison Avenue's Version Versus Reality; and Preventing High Costs (and the Killer Habits) in Our Community.

Following a SuperHealth lunch of tuna fish, fruit, yogurt, juices, and other distinctly non-hot dog fare, the students themselves met in small groups to start developing strategies of their own. They returned to their schools and have continued projects such as surveying attitudes of their peers, monitoring the

kinds of advertising directed at teenagers, and developing teaching approaches to elementary school children on the killer habits. A local foundation has awarded DOC \$5,000 for the purchase of videotape equipment to start producing counter-advertising.

As a result of presentations at the National Conference of Family Practice Residents in Kansas City and the annual meeting of the American Medical Association's Resident Physician Section, many professional groups around the country began writing for more information on setting up local DOC chapters. The South Carolina Family Practice Residents Association launched the second chapter of DOC under the leadership of Dr. Rick Richards. The South Carolina DOC employs a slightly different patient education approach. Its linchpin is a speaker's bureau which extends statewide to high schools, civic groups, and radio and TV programs. It has also developed a series of engaging radio commercials on such topics as nutrition, venereal disease, smoking, and teenage pregnancy.

Other states in which I've spoken and which look promising for DOC groups are Georgia, Colorado, California, Iowa, Indiana, Ohio, Illinois, and Missouri. Dr. Richards and I have been joined by Dr. Stephen Dresnick, chairman of the AMA-RPS, in planning the future of DOC. The ultimate goal of DOC is to have its protocol used in mounting a full-scale national program on patient education.

In addition to a mass media campaign, DOC is also developing an office waiting room strategy for the physician, as well as cost-saving and health-saving ideas for corporations, to be put into action at the workplace. There is also a column, "What's Up DOC" in the *U.S. Journal of Drug and Alcohol Dependence*, which reaches a national audience.

And along the way, since April, 1978, I have hosted a weekly three-hour call-in radio program, "The Doctor Show," which was awarded first place in the radio talk show division of the annual American Medical Association Speakers Competition. The program has extended to a daily SuperHealth '79 radio health commentary and a three-times-a-week television commentary, which reaches more than 100,000 persons each time. Having become known as "Channel Four's Family Doctor," I am finding that my association with DOC is enhancing the credibility of our organization in the community.

There is a pressing need for ethical, accurate, de-sensationalized health information. Effective use of the mass media is the best way to motivate people toward better health. More than 500 physicians and other health professionals from around the country have written me to offer their assistance toward this aim.

The effort has only just begun. **e**