Chapter 5

THE FOUR-HUNDRED-THOUSAND-PEOPLE QUESTION

> *The great masses of the people . . . will more easily fall victims to a great lie than to a small one.*
>
> — Adolph Hitler[1]

> *One of the most startling differences between a cat and a lie is that a cat has only nine lives.*
>
> — Mark Twain[2]

> *I do not mind lying, but I hate inaccuracy.*
>
> — Samuel Butler[3]

IT MAY SEEM EXTREME to lead off a chapter in which I intend to examine the second most outrageous lie that has ever been said about smoking*—that it kills 400,000 (or more) Americans a year—with a quotation from one of the worst murderers of truth, as well as of human beings, who ever polluted the earth (although Hitler was also an avid hater of tobacco). Because a lie is a *deliberate* falsehood, it may also seem unfair to the many nonsmokers who in all sincerity repeat what they believe is the truth. But as for the more prominent leaders of the antismoking movement who ought to know better, one can only conclude that either they are capable of infinite self-persuasion about the perils of smoking or that much of their propaganda does indeed consistof intentional lies, or what I have called "pious falsehoods." By virtue of their promulgating and operating upon those lies, it is not without

*In terms of its baleful effects on human social intercourse in late 20th-century America, the Number One outrageous lie is the one about the danger of secondhand smoke, which is the subject of the next three chapters.

basis that they have been called "health fascists." In fact, if we believe the numbers of people they claim have been killed, are being killed and will eventually be killed by tobacco, the toll makes Der Fuehrer look like a chump.

For example, according to Dr. H. Nakajima, M.D., Ph.D., Director-General of the World Health Organization (WHO): "Since the middle of the twentieth century, tobacco products have killed more than 60 million people in developed countries alone. In another three decades, unless the trend changes drastically, we can expect about 10 million people to be killed each year by tobacco products, with 70% of these deaths occurring in developing countries." He adds that "the risks of tobacco use are underestimated[!] by the public, and even by many of those who are responsible for protecting and promoting public health."[4]

If so, maybe a doubling of his numbers, which could readily be done simply by forming one's lips and uttering them, would get more people to pay attention. Sixty million, schmixty million—it's all pulled out of a hat anyway.

In the meantime, according to another authority, "Nearly nine million people, mostly infants and children, die each year from diseases associated with impure water."[5] Even if this figure is also inflated, even if it may be only a few million deaths around the world due to impure water, these are *actual* deaths, not somebody's guess about how many people—adults, not children—might die from smoking three decades from now. But it is smoking that exercises the director-general.

I discuss numerous other lies (or to put it most generously, "inaccuracies") in this book. But the Hitlerian great lie I want to deal with in this chapter, a lie that has become firmly entrenched in the popular mind and is endlessly repeated, is: *"Smoking kills 400,000 Americans a year."* A more popular variation is: *". . . more than 400,000 Americans a year."*

When did this lie first appear? The earliest clipping I have that mentions it dates to 1991, in an article in *The Washington Post*,[6] which stated that according to the Centers for Disease Control and Prevention (CDC), "more than 434,000 Americans died in 1988 from health problems caused by smoking." This was an 11 percent increase over the 1985 total, said the article, and constituted one-fifth of deaths from all causes, including, presumably, old age and simple wearing out.

The article further explained that the 434,000 figure was calculated using 1988 death rates from illnesses "for which smoking is a well-established risk factor" combined with 1988 smoking rates for men and women according to race and age group. The figure included deaths from various cancers, heart disease, high blood pressure, stroke and lung disease, as well as burn deaths and infant deaths allegedly caused by mothers smoking during pregnancy.

It also included (exactly) 3,825 deaths caused by "passive smoking" (secondhand smoke) and would have been higher except that the CDC chose to include only passive-smoking deaths from lung cancer but not from heart disease because "the link between passive smoking and heart disease has been less extensively documented." (As for just how "extensively documented" the link between passive smoking and lung cancer is, see Chapter 6.)

Thus the CDC emphasized that the new figure represented the "minimum" number of deaths caused by smoking. "This is a conservative estimate," said then director William Roper. "We believe the real numbers are higher."

Think about it, he said. "Eleven Marines died in a fight in the [Persian] gulf. [Actually, it was in Somalia—D.O.] That's a terrible tragedy people have on their minds. Think about almost half a million people who died in 1988 due to smoking. These are real people who died needlessly . . . Somehow, we don't seem to make the same connection."[7]

How many "real" people Roper's figure represented I'll look at later. But notice how easily 434,000 is rounded off—upwards—to "almost half a million." And ah, people, especially those in the media, did quickly make the connection. The 400,000 (or whatever) figure was, as I said, to be repeated endlessly in the coming years. Most of the following examples are from *The Atlanta Journal-Constitution* (AJC) because that is the newspaper I read every day, but they could be multiplied by similar examples that could be cited from any of the country's newspapers and news syndicates, not to mention TV and radio news programs and the many antismoking sites on the Internet.

In 1992:

"Tobacco use is blamed for 500,000 annual premature deaths."[8] (This was from a report by the Associated Press, which did not give its source for that figure, so I don't know who is responsible for improving on Roper's "almost" 500,000.)

In 1993:

"Smoking caused more than 400,000 deaths in 1990, according to the Centers for Disease Control and Prevention."[9]

In 1995:

". . . smoking-related illnesses that kill more than 400,000 people in this country annually."[10]

Now the tempo begins to step up (or maybe it's just that I was becoming more conscientious about collecting newspaper stories and Internet downloads).

In 1996:

"Smoking is directly linked to over 400,000 deaths due to cancer, stroke and cardiovascular disease every year in the U.S."[11]

"The latest reading of the leaves looks good for those of us who would like to see the wilting of an industry whose product, when used as intended*, kills more than 400,000 Americans each year and harms millions more."*[12] ["Intended" emphasized in original.]

". . . a product that kills an estimated 400,000 Americans per year."[13]

". . . you have tens of millions of people who smoke, you have 400,000 a year who die from it . . . "[14]

"*Some 400,000 Americans die of smoking-related illnesses each year."*[15]

". . . a $50 billion industry . . . causing the deaths of more than 400,000 Americans per year."[16]

"Couldn't somebody make the argument that this [nicotine] *is a drug that doesn't do anybody good, and kills 400,000 people a year, then you must prohibit all sales, outright?"*[17]

". . . an industry whose product kills more than 400,000 Americans a year . . ."[18]

Finally, just one from 1997:

" . . . the tobacco industry kills almost 500,000 Americans each year. This includes more than 50,000 nonsmokers; more than those who are killed by vehicle accidents, all crimes (including guns), AIDS, and illegal drugs."[19]

Five hundred thousand is such a nice round figure, and "almost 500,000" is almost as nice. The last citation is from Action on Smoking and Health (ASH), which gleefully reports, and elaborates on, any bad news (or fabricated bad news) about smoking. Even so, the inclusion

of 50,000 deaths of innocent nonsmokers from "secondhand smoke" is quite an inflation of the CDC's already inflated 3,825. ASH no doubt got it from prominent antismoking activist Stanton Glantz, who is "credited" with the figure of 50,000 second-hand smoke deaths.*

Among the most convinced believers in that 400,000-a-year smoking deaths figure (or somewhere in that ballpark, give or take a few tens of thousands) are those twin sisters of empathy and advice, Abigail Van Buren and Ann Landers. They can be counted on to remind readers of this tragic toll every time they comment on a letter about smoking, and always on the anniversary of the "Great American Smokeout" each November.

In 1993, answering a request from the president of the American Cancer Society to alert her readers that it's Smokeout time again, Abby says, "I'll do it gladly . . . Tobacco claims one life every 13 seconds. An estimated 149,000 will die of lung cancer in 1993 . . . [E]mphysema, chronic bronchitis and heart disease. This year an estimated 424,000 will die from one of these."[21]

One hundred forty-nine thousand smoking-caused deaths from lung cancer plus another 424,000 smoking-caused deaths from emphysema, chronic bronchitis and heart disease add up to 573,000 dead smokers in one year, well over Roper's "almost half a million" and the Associated Press's full half million. That's some ballpark! But something doesn't quite compute. There are 31,536,000 seconds in a year. If one smoker dies every 13 seconds, slightly over 2,425,846 smokers should have died in 1993, which would have been more than the total of deaths from *all* causes that year in the United States. Abby must have been referring to the worldwide smoking death rate, although that is usually given as one death every 10 seconds. Where she came up with one every 13 seconds I have no way of knowing and it's not important except that she doesn't tell her readers that this is the (alleged) smoking

*According to Joe Dawson, Glantz arrived at this figure by starting with the fact that some one million Americans die each year from heart disease. He then "reasoned" that if the fatty arterial buildup claimed by researchers to be attributable to environmental tobacco smoke was only one-20th as thick as that required to cause a heart attack, then it must be producing a 20th of the total heart attacks, or 50,000 of them. "This is like saying that if a million people cross a body of water 10 feet deep and 100,000 of them drown, then 1,000 would drown if the water were an inch deep," comments Dawson.[20]

death rate for *the entire world*, not the United States. (How many people bothered to check her statement with a calculator?) I'm sure she wouldn't intentionally mislead her readers, but it's a rather careless bandying about of statistics, to say the least.

A reader asks Ann: "How can I get my loved ones to stop smoking? We are shocked by a disaster such as the earthquake in Japan or a tragic airline crash. But I cannot understand why, when 419,000 people die each year from smoking, it is accepted as 'inevitable.'" Ann lets the writer's number stand without correction or comment, saying only, "Smoking is an addiction. Some say that tobacco is harder to kick than heroin."[22]

In 1994, answering a request from the president of the Illinois chapter of the American Cancer Society to remind her readers that it's Smokeout time again, Abby, updating her 1993 column, tells us: "An estimated 157,000 people will die of lung cancer in 1995. Tobacco claims one life every 13 seconds . . . [E]mphysema, chronic bronchitis and heart disease. This year, an estimated 435,000 will die from one of these."[23]

Now in only two years we're up to a total of 592,000 dead smokers, an increase of 19,000 over 1993. (I don't know what happened to 1994.) Abby does again use the qualifying word "estimated" and only a cynic would suggest that she's either playing rather fast and loose with numbers or giving little thought to what she's actually saying. But note also that while this is the *total* of estimated deaths that will (allegedly) occur from these diseases in 1995, Abby leaves her readers to infer that each and every one will be due to smoking. She's also still citing that 13 deaths-per-second figure as if it applied to the United States.

Just one year later, though, the smoking death toll has inexplicably shrunk by no less than 142,000! Asked again by the Illinois ACS to remind her readers that it's Smokeout time again, Abby writes: "An estimated 450,000 Americans will die from smoking-related diseases in 1996. That means tobacco will claim 51 lives every hour in the United States. An estimated 158,700 of them will die from lung cancer."[24]

A decline in smoking-related deaths of 142,000 in one year (subtracting 450,000 in 1996 from 592,000 in 1995) sounds like good news to me, which Abby would have realized if she had bothered to dig up her 1994 column. It's also *fantastically* good news that the smoker death rate is down to only 51 lives every hour—or roughly one death every

seventy seconds—although this still yields the unprovably high figure of 446,760 annual smoking-caused (or "related") deaths in the United States. Abby didn't mention emphysema, chronic bronchitis and heart disease this time, but since lung cancer deaths were predicted to increase by 1,700 over the previous year (158,700 in 1996 vs.157,000 in 1995), that suggests that deaths from these other diseases would be reduced by some 140,300 in 1996. (I get that by taking 592,000 total "smoking-related" deaths in 1995, subtracting 450,000 total "smoking-related" deaths in 1996, then adding 1,700 additional "smoking-related" lung cancer deaths in 1996). Wasn't that more good news?

Incidentally, as for lung cancer deaths, Abby never says whether the figures she cites include nonsmokers. A conservative estimate is that some 10 percent of lung cancers occur in nonsmokers but she leaves the impression that the figures apply to smokers only. I'm sure she doesn't know or even thought to inquire if the estimates also include nonsmokers. If so, she shouldn't be repeating statistics she hasn't looked at closely. (Not that it really matters of course; you can always blame a nonsmoker's lung cancer on secondhand smoke.)

I've picked on Abby and Ann not only because millions of people are faithful readers of their columns but by way of illustrating how ridiculous and meaningless are the smoking-death statistics Americans are bombarded with and how uncritically they are accepted by intelligent people. Abigail Van Buren and Ann Landers may be excused their gullibility; they merely repeat in good faith what the supposed experts tell them, and anyway the actual figures apparently don't matter to them—it's the thought that counts! But even such a knowledgeable writer as Michael Fumento, who has done, and continues to do, yeoman work in exposing the fallacies behind supposed environmental perils as well as the motives of those who promote them, casually repeats the "400,000-a-year" lie.

In his book *Science Under Siege*, which I draw upon in Chapter 11, Fumento refers in one passage to ". . . smoking/tobacco health risks, known to cause several hundred thousand deaths per year . . ."[25] After I read the book I found his e-mail address in *Reason* magazine, to which he contributes frequent and valuable articles, and sent him a message expressing my "disappointment" in that statement, especially since the rest of his book was so well-researched and documented.

He replied: "You're probably right about the 400,000 figure being

very amorphous and too high. Whether it's AIDS infections or cancer deaths from smoking, all of these things are politically influenced. On the other hand, the figure is probably as good as any and the point is made, even were it, say, 250,000."[26]

I e-mailed him again, telling him that I was writing a book about smoking and planned to quote from his reply, italicizing "*the figure is probably as good as any and the point is made, even were it, say, 250,000.*" I asked him if he was happy with that sentence as it stood. I said that it sounded very much like something Marc Lalonde or Stanton Glantz would say to justify the propagation of dubious, if not wholly false, antismoking statistics. Again he was good enough to reply:

> Mr. Oakley: You're right, that last line did come out a bit Glantzish. What I meant was that while the 400,000 [figure] is undoubtedly the highest figure they could possibly justify, a more accurate number—were it ascertainable—would probably be lower. I say this based not on medicine but on knowledge of the way the political process works. That said, I think it is also clear that the number of smoking-related deaths is probably extremely high, with "extremely" probably making it the leading cause of self-induced death. In other words, I don't think there's any policy difference between 250,000 deaths a year and 400,000 in this case. Also, keep in mind that the 250,000 figure is something I pulled out of a hat. I don't want anybody citing me as a source for that being mine or anybody else's estimate.— Mike Fumento[27]

Okay, Mike, I'll emphasize that: you did *not* state as a fact that smoking causes 250,000 deaths a year. You *couldn't* have, for the simple reason that neither you nor I nor anybody else has a clue in the world as to how many people smoking may actually kill.

Fumento was not writing about smoking in *Science Under Siege* and seized on that 400,000 figure only to argue that deaths allegedly caused by poisons in the environment are insignificant in comparison to a real, "proven" peril like smoking. But the unfortunate fact is that most people don't distinguish—indeed, are not aware that there *is* anything to distinguish—between "politically influenced" statistics and truthful statistics, especially in regard to smoking, where they have been primed to accept anything and everything bad that is reported about the "deadly" habit. My wife, for instance, who after smoking heavily for half her life is a very youthful and healthy woman in her 80s, pretty much believes

everything the activists and crusaders say about smoking but is not impressed by the opposing arguments I offer. Most people, however much they may distrust their elected officials, still place great faith in the folks who work in the various government agencies charged with looking out for the general health and welfare. These are, after all, dedicated public servants and not the bought-off minions of deceitful corporations with self-serving axes to grind. The same holds true for those in the medical and healthcare and public-advocacy fields. Why would they ever lie to us?

To most people that 400,000 figure is absolute, gospel truth. But while most people would not see the "policy difference" between that number and any other number that might be tossed up, it *would* be vastly significant to them if a more accurate figure for smoking-caused deaths—"were it ascertainable"—turned out to be 250,000 instead of 400,000. What if it was actually 200,000 or 100,000? What if it was even lower? What if, in fact, it was far, far lower? (One would hope that healthcare professionals at least, if not the policymakers, would also be intensely interested in a more accurate figure but, alas, the hope would be in vain.)

As for making the "point" that smoking is (probably) the leading cause of self-induced death, does that mean that any old figure is justified, so long as it makes people sit up and take notice (because, of course, it's "for their own good")? Shouldn't the "point" be the truth? How do we know that smoking is, or may be, the leading cause of self-induced death if we really *don't know* how many people are actually killed by smoking and not only that, really have *no way* of knowing?

Antismoking activists are not the only ones who inundate the public with frightening pseudostatistics that bear little relation to reality; health activists, in and out of government—yes, even our trusted civil servants—do the same thing. For only one example, in a 1975 broadcast of the CBS Evening News, anchorman Dan Rather informed his millions of viewers that "The news tonight is that the United States is number one in cancer. The National Cancer Institute estimates that if you're living in America your chances of getting cancer are higher than anywhere in the world."[28]

This was nothing but a purely political statement that someone, unidentified, at the NCI had fed to the media. The truth was that the United States was then, and doubtless still is, one of the healthiest

nations in the world in terms of cancer. According to a 1973 study of 35 industrialized nations, which was the best *nonpolitically influenced.* estimate that had been made up to the time of the NCI release, the U.S. ranking was eighth for black Americans and 24th for white Americans.[29] Later estimates by the World Health Organization placed the United States, in 1977, 18th in cancer mortality out of 44 nations, both industrialized and semi-industrialized, and, in 1979, 22nd out of 44 nations.[30] (I don't trust anything WHO says about the "global tobacco epidemic" but in this case it would have no reason to jiggle with cancer statistics to make any particular country look good, or bad.)

This information never made a headline or a news broadcast. It is not the "sexy"—i.e., alarming—kind of story that sells papers or enhances ratings. As for the NCI's motive in publicizing that particular lie, caring bureaucrats apparently believe that their mission is to do everything they can to guard Americans from lulling themselves into a false sense of security with the idea that they are *not* surrounded by and immersed in all kinds of cancer-causing perils and are *not* dropping like flies. If that requires feeding the public unfounded and exaggerated statistics, well, it just has to be done; it is, after all, "in a good cause." (Again, only a cynic would suggest that this kind of numbers game played by the bureaucrats also just happens to magnify their importance and indispensability in guarding the public weal and helps persuade Congress to increase their budgets.)

Rarely do those who disseminate inflated statistics to "make a point" admit to their motives. One exception, however, involved a claim by the Atlanta Task Force for the Homeless that 188 people died in homeless shelters or in hospital emergency rooms or out on the city's streets in 1991. When the Centers for Disease Control and Prevention, which doesn't like anybody else butting into the business of putting out phony figures, looked into the claim, the Task Force could produce only 37 death certificates. A "clarification" by Adam Fuerstein, spokesman for the group, has to be admired for its ingenuousness: "I don't think we ever say for sure that ours is the exact number of homeless deaths. We're doing it mainly as a political statement."[31]

SO JUST WHERE *does* that 400,000 (or whatever) figure come from? The proximate source is the August 27, 1993 Morbidity and Mortality Weekly Report (MMWR) published by the Centers for Disease Control and

Prevention, which compiled statistics for smoking-attributable deaths in the United States in 1990 from data provided by state health departments.* At the time of this writing (1998) it still remains the most recent such report. (I reproduce the table from it on page 246.) But how does the CDC arrive at its calculations from those state reports? At least one enterprising reporter, Nickie McWhirter of *The Detroit News*, tried to find out. Her article was posted on the Internet by the American Smokers Alliance. She wrote:

> I recently read that 435,000 Americans die every year from smoking-related illnesses. That sounds like a rock-hard, irrefutable fact, and pretty scary. How are such statistics determined? I phoned the American Lung Association's Southfield office to find out.
>
> No one there seemed to know. However, a friendly voice said most such numbers come from the National Center for Health Statistics. That's a branch of the National Centers for Disease Control. The friendly voice provided a phone number in New York City.
>
> Wrong number. The New York office collects only morbidity [the rate of occurrence of a disease] data, I was told. I needed mortality data [the death rate].
>
> Several bureaucratically misdirected calls later, I spoke with someone in Statistical Resources at NCHS. He said his office collects mortality based on death certificates. Progress! Data is categorized by race, sex, age, geographic location, he said, but not smoking. Never. No progress.
>
> He suggested I phone the Office of Smoking and Health, Rockville, Md., and provided a number. That phone had been disconnected.
>
> Was I discouraged? No! Ultimately, and several unfruitful phone calls later, I found a government information officer in Washington, D.C., with a relatively new phone directory and a helpful attitude. She found a listing for the elusive Office on Smoking and Health in Atlanta.†

*The MMWRs deal with far more than smoking statistics, of course. For instance, the August 27, 1993 report also included an investigation of toxic effects in three children who ingested tablets of Jin Bu Huan, a Chinese herbal medicine, in Colorado in 1993, and surveillance for cholera in the Department of Cocabamba, Bolivia, from January to June 1992.

†Part of the Centers for Disease Control and Prevention and not to be confused with Action on Smoking and Health (ASH), the antismoking group founded and led by Washington lawyer John F. Banzhaf III.

Bingo! Noel Barith, public information officer, said the 435,000 figure probably came from its computers. S&H generates lots of statistics concerning "smoking-related" stuff, he said. It's all done according to a formula programmed into the computers.

Really? Since I had already determined that no lifestyle data on individual patients and their medical histories is ever collected, how can the computer possibly decide deaths are smoking related? Barith didn't know. Maybe the person who devised this computer program knows. Barith promised to have a computer expert return my call.

The next day, SAMMEC Operations Manager, Richard Lawton, phoned. SAMMEC, I learned, is the name of the computer program. Its initials stand for Smoking Attributed Morbidity, Mortality and Economic Cost.

The computer is fed raw data and SAMMEC employs various complex mathematical formulas to determine how many people in various age groups, locations, and heaven knows what other categories are likely to get sick or die from what diseases and how many of these can be assumed to be smoking related.

Assumed? This is all guesswork? Sort of. Lawton confirmed that no real people, living or dead, are studied, no doctors consulted, no environmental factors considered.

Lawton was absolutely lyrical about SAMMEC and its capabilities, however, provided one can feed it appropriate SAFs. What are SAFs?

"That's the smoking attributable fraction for each disease or group of people studied," he said. It sounded like handicapping horses. Lawton began to explain how to arrive at an SAF, using an equation that reminded me of Miss Foster's algebra class.

"Wait a minute!" I commanded. "I don't need to know that. I need to know if the SAFs and all the rest of this procedure yield valid, factual information. To know that we must know if sometime, somewhere, some human being or human beings actually looked at records of other human beings, smokers and nonsmokers, talked to their doctors, gathered enough information from reality to BEGIN to devise a mathematical formula that MIGHT be applied to large groups of people much later, without ever needing to study those people, and could be expected to yield TRUE FACTS within a reasonable margin of error. Who did that? Can you tell me, Mr. SAMMEC expert?" [Caps in original.]

Nice guy, Mr. Lawton, but he didn't have a clue. He said he thought the original work concerning real people, their deaths and evidence of smoking involvement was part of work done by a couple of epidemiologists, A.M. and D.E. Lilienfield. It's all in a book titled *Foundations of Epidemiology*, published about 1980 by

> Oxford University Press, he said. SAMMEC came later, based on the Lilienfield's [*sic*] work. Maybe. He wasn't sure.
>
> I was unable to find the book, or the Lilienfields.
>
> So there you have it. Research shall continue, but so far it has only revealed that no one churning out statistics knows anything about smoking and its relationship, if any, to diseases and death. A computer knows everything, based on mystical formulas of unknown origin, content and reliability. Raw data in, startling statistics out. SAMMEC speaks, truth is revealed! Oh, brave new world.
>
> Are there 435,000 smoking-related deaths per year in America? Maybe. I can tell you this with absolute certainty, however: No human beings are ever studied to find out.[32]

In an editorial in *Modern Pathology*, the official journal of the U.S. and Canadian Academy of Pathology, editor Bernard Wagner, M.D. commented on McWhirter's article:

> I continue to be amazed and amused at the numbers thrown around regarding causes of death. Now that everybody has a computer, the name of the game is "What can we feed it?" The old axion [*sic*] "GIGO"—garbage in, garbage out—seems to be lost as the complexities and wonders of computation overwhelm us. The incredible need to quantify everything in life, from what you think to what you eat, continues to engulf us. Does anyone notice we may be drowning in a sea of quantified nonsense? Well, Nickie McWhirter, a reporter for the Detroit News does, and her experience poses a lesson for those who cherish numbering things.

The editorial then reprinted McWhirter's article in almost its entirety, after which Dr. Wagner concluded:

"Pathologists are constantly quoting statistics as regards cause of death. The next time you do, ask yourself this question, 'Where and how were the numbers obtained?'"[33]

Would that there were more medical mavericks like Dr. Wagner. As for *Foundations of Epidemiology*, by Abraham M. and David E. Lilienfield, it does exist; it is in the Library of Congress Catalog under Call Number RA 651.L54 1980. Whether it would be worth anyone's while to obtain a copy and read it is problematic.

Pending such an endeavor, let's look at the smoking-related diseases Ms. McWhirter learned were the meat that SAMMEC feeds on. The CDC has identified 27 of them. The list below is from the State of Maryland's Tobacco Page on the Internet:[34]

Cancers:

Lip, Oral
Esophagus
Pancreas
Larynx
Trachea, Lung, Bronchus
Uterine Cervix
Urinary Bladder
Kidney, Other Urinary

Cardiovascular Diseases:

Ischemic Heart Disease
Pulmonary Heart Disease
Aetherosclerosis
Aortic Aneurysm
Cerebral Vascular Disease
Pulmonary Heart Disease
Rheumatic Heart Disease
Other Heart Disease
Other Arterial Disease

Respiratory Diseases

Asthma
Respiratory Tuberculosis
Bronchitis/Emphysema
Pneumonia/Influenza
Chronic Airways Obstruction
Respiratory Distress Syndrome
Respiratory Condition Newborn

Other:

SIDS (Sudden Infant Death Syndrome)
Low Birth Weight
Burn Deaths

I have attempted to rationalize the list, which was presented in rather haphazard fashion, by placing the entries in what would seem to be their obvious categories. (For those I put under "Cancers," the source merely named the organs and I have assumed that cancer is the chief disease they are prone to, although I'm sure there are other diseases or infections that qualify as "Urinary Bladder" or "Kidney, Other Urinary." I don't think it really makes much difference for propaganda purposes.) I discuss a number of these "smoking-related" diseases at various places in this book, some of which, it must be admitted, appeal to one's common sense as being possibly caused by or related to or aggravated by smoking. This is especially true of the respiratory diseases. For some of the others, however, such as rheumatic heart diseases, which is caused by a bacterial infection and usually occurs in children, imputing a causative association with smoking requires great imagination combined with a basic prejudice against smoking..

Any way you slice it, this is one hell of a roster of diseases and afflictions (plus one type of accident) that are "related" or "attributable" to smoking. Did the CDC miss any? The terms "*Other* Urinary," "*Other* Heart Disease" and "*Other* Arterial Disease" would seem to cover any possible loopholes.

Is there *any* ailment that human flesh is heir to that *isn't* "smoking-related"? Well, there may be two at least—stomach cancer and gastric ulcers. According to another source:

> Smoking was falsely blamed for ulcers and stomach cancer actually caused by *Helicobacter pylori* infection. Smoking supposedly caused from two to five times greater risk of these diseases, and the anti-smokers concocted theories that smoking increased stomach acid to cause ulcers, and produced supposed "evidence" of this, and invoked carcinogens in cigarette smoke for stomach cancer. But ulcers and stomach cancer were recently ever-so-quietly removed from the Centers for Disease Control's list of so-called "smoking attributable" diseases. They didn't wish to publicly discuss the reasons.[35]

Readers unsympathetic toward smoking may dismiss this because it was published on the World Wide Web by the American Smokers Alliance,* a "smokers' rights" organization. However, there would re-

*Both the ASA and the NSA (National Smokers Alliance) are substantially dependent upon tobacco industry funding, although they are also supported by members' dues. If this renders them suspect, it should be remembered that the antismoking industry is crucially dependent upon a sector that has little say in where its money goes: the public. Antismoking groups like the American Cancer Society and the American Lung Association as well as individual researchers receive tens of millions of dollars in grants from such federal agencies as the Centers for Disease Control and the Environmental Protection Agency, which are themselves of course tax-funded. Stanton Glantz's book, *The Cigarette Papers*, was made possible by a grant to his employer, the University of California. (It should really be called *The Purloined Cigarette Papers* since it consists of stolen internal Brown and Williamson Company documents passed to Glantz by a "Mr. Butts.") In California and Massachusetts, smokers pay for the very propaganda that is used against them in the form of a surtax on cigarettes, which raises millions of dollars that various antismoking groups scramble for. Every other smokers' rights group I know of is entirely supported by private individuals, including some nonsmokers who distrust Big Brother more than they dislike smoking.

main the question of why stomach cancer and ulcers are *not* on the CDC's list when just about everything else imaginable is. (Of course, antismokers can still argue that smoking "probably" encourages and assists this bug in its work.)

For a long time the medical establishment pooh-poohed the idea that ulcers were caused by a bacterium. Today *Helicobacter pylori* is recognized as "the leading cause of chronic gastritis and peptic ulcer disease and a primary risk factor for gastric adenocarcinoma" and "is one of the most prevalent infections of humankind."[36] As noted in Chapter 3, it is now implicated in heart disease as well.

As for those diseases, ailments, afflictions and one accident still on the CDC's list, the Maryland Tobacco Page explains that each of them has a risk relative to smoking called, appropriately, the relative risk, or RR. An RR is the ratio at which smokers and former smokers allegedly die from a smoking-related disease compared to those who never smoked. RR estimates applied to smoking prevalence (smoking rates, wherever they are derived from) result in the smoking attributable fraction, or SAF. Then, as Ms. McWhirter was told, the SAFs are used by SAMMEC to calculate mortality, mortality costs, years of potential life lost (YPLL), morbidity costs and healthcare costs (the latter which you, the innocent nonsmoking taxpayer, are forced to shoulder because smokers are getting a free ride—never mind the billions in tobacco taxes they pay, never mind the personal health insurance premiums they pay, never mind the money they save Medicare and social security by dying early, as the medical profession says they do, and never mind that nonsmokers also sometimes get sick).

But now the question is: where do the relative risks—the RRs—come from? Which brings us back to the CDC's August 27, 1993 Morbidity and Mortality Weekly Report. (Apparently the SAMs—Smoking Attributable Mortality figures—are what SAMMEC regurgitates after it's fed the SAFs—Smoking Attributable Fractions.)

I have reproduced the MMWR on the next page in reduced size. For those who may be interested, this MMWR, as well as others dating back to 1993, are available for viewing or downloading in Adobe Acrobat Portable Document File (PDF) full-page format at the CDC's Website at www.cdc.gov/epo/mmwr/mmwr.html.

In an Internet posting by San Francisco-based FORCES, Martha Perkse, examined this MMWR and made the following comments:

Cigarette Smoking — Continued

TABLE 1. Relative risks* (RR) for death attributed to smoking and smoking-attributable mortality (SAM) for current and former smokers, by disease category and sex — United States, 1990

Disease category (ICD-9 code)†	Male RR Current smokers	Male RR Former smokers	Male SAM	Female RR Current smokers	Female RR Former smokers	Female SAM	Total SAM
Adult diseases (persons aged ≥35 yrs)							
Neoplasms							
Lip, oral cavity, pharynx (140–149)	27.5	8.8	5,033	5.6	2.9	1,442	**6,475**
Esophagus (150)	7.6	5.8	5,668	10.3	3.2	1,616	**7,284**
Pancreas (157)	2.1	1.1	2,667	2.3	1.8	3,447	**6,114**
Larynx (161)	10.5	5.2	2,379	17.8	11.9	611	**2,990**
Trachea, lung, bronchus (162)	22.4	9.4	81,179	11.9	4.7	35,741	**116,920**
Cervix uteri (180)	NA§	NA	NA	2.1	1.9	1,294	**1,294**
Urinary bladder (188)	2.9	1.9	3,046	2.6	1.9	980	**4,026**
Kidney, other urinary (189)	3.0	2.0	2,866	1.4	1.2	353	**3,219**
Cardiovascular diseases							
Hypertension (401–404)	1.9	1.3	3,299	1.7	1.2	2,151	**5,450**
Ischemic heart disease (410–414)							
Persons aged 35–64 yrs	2.8	1.8	26,431	3.0	1.4	7,701	**34,132**
Persons aged ≥65 yrs	1.6	1.3	38,918	1.6	1.3	25,871	**64,789**
Other heart diseases (390–398, 415–417, 420–429)	1.9	1.3	23,295	1.7	1.2	12,019	**35,314**
Cerebrovascular diseases (430–438)							
Persons aged 35–64 yrs	3.7	1.4	4,557	4.8	1.4	4,114	**8,671**
Persons aged ≥65 yrs	1.9	1.3	10,421	1.5	1.0	4,189	**14,610**
Atherosclerosis (440)	4.1	2.3	3,737	3.0	1.3	2,675	**6,412**
Aortic aneurysm (441)	4.1	2.3	5,913	3.0	1.3	1,382	**7,295**
Other arterial disease (442–448)	4.1	2.3	2,032	3.0	1.3	1,115	**3,147**
Respiratory diseases							
Pneumonia and influenza (480–487)	2.0	1.6	11,292	2.2	1.4	7,881	**19,173**
Bronchitis, emphysema (491–492)	9.7	8.8	9,324	10.5	7.0	5,541	**14,865**
Chronic airway obstruction (496)	9.7	8.8	30,385	10.5	7.0	18,597	**48,982**
Other respiratory diseases (010–012, 493)	2.0	1.6	787	2.2	1.4	668	**1,455**
Pediatric diseases (persons aged <1 yr)							
Short gestation, low birth weight (765)	1.8		285	1.8		222	**507**
Respiratory distress syndrome (769)	1.8		219	1.8		141	**360**
Other respiratory conditions of newborn (770)	1.8		214	1.8		160	**374**
Sudden infant death syndrome (798)	1.5		288	1.5		182	**470**
Burn deaths¶			863			499	**1,362**
Environmental tobacco smoke deaths**			1,055			1,945	**3,000**
Total			**276,153**			**142,537**	**418,690**

*Relative to never smokers.
†*International Classification of Diseases, Ninth Revision.*
§Not applicable.
¶Source: National Fire Protection Association, 1993 (*6*).
**Deaths among nonsmokers from lung cancer attributable to environmental tobacco smoke (Environmental Protection Agency, 1992 [*7*]).

(1) The relative risks in the MMWR are based on smoking-related data from an unpublished American Cancer Society study called "Cancer Prevention Study-II" (CPS-II).*

(2) The diseases listed in the MMWR are "known to be caused by or associated with smoking in adults." But "associated with" means "occurs with." It does not imply causality. For instance, according to the Sudden Infant Death Syndrome Alliance, SIDS is associated with being born twins or triplets. This does not mean that being born twins or triplets *causes* SIDS. Likewise, just because some of the diseases listed on the MMWR are associated with smoking (e.g., pneumonia and influenza) does not mean that smoking caused the reported deaths from those diseases.

(3) Almost half the relative risks reported by the MMWR are less than 2. For example, the RRs for Ischemic Heart Disease for persons 65 or older are 1.6 for male current smokers, 1.3 for male former smokers and ditto for female current and former smokers.

(4) CPS-II did not consider confounding factors such as diet, alcohol, occupation, socioeconomic status, etc. The MMWR itself stated that the estimates "in this report are not adjusted for confounders (e.g., alcohol), which may lower the estimates for laryngeal and certain upper gastrointestinal cancers." In other words, if confounders had been considered, the estimates would no doubt have been lower.

Perske quotes Dr. Ernst Wynder of the American Health Foundation, who points out that smokers have a lower intake of fresh fruits and vegetables than nonsmokers, consume more fat and more red meat and have a higher serum cholesterol because of the high fat intake. "[You have] clearly got to think about fat as a confounder to tobacco consumption," he says.

*In its introduction to the MMWR, the CDC says that estimates for adults and infants were based on 1990 mortality data, the 1990 prevalence of smoking among adults, 1989 data on smoking prevalence among pregnant women from the CDC's National Center for Health Statistics, and from "unpublished data." I asked Mrs. Perske about CPS-II. It is a massive ongoing study involving about 1.2 million selected volunteers. According to epidemiologists T. D. Sterling, W. L. Rosenbaum and J. J. Weinkam, the study's participants are unrepresentative of the general population and its figures of lives lost due to smoking are "an illusion."[37] Perske says she has found it impossible to obtain information about the data base used in CPS-II, either from the American Cancer Society or the CDC.[38]

She also quotes Dr. Michael Siegel of the CDC's Office on Smoking and Health, who says that one of the most important things to consider in lung cancer risk is diet.

Finally, she quotes CDC epidemiologist Ann Malarcher, who says that "many factors . . . are causally related to cardiovascular disease . . . They include, but are not limited to, cigarette smoking, hypertension, elevated serum cholesterol, obesity, genetics, diabetes, physical inactivity, socioeconomic status and diet."

"If 'many factors' are causally related to cardiovascular disease, why did the CDC examine just one: smoking?" Perske asks. "And if diet is one of the most important things to consider in lung cancer risk, as Dr. Michael Siegel and others say it is, why did the CDC not consider it? How does the CDC know smoking caused 1,294 deaths from cervical cancer if other factors such as early and frequent intercourse, multiple sexual partners, pregnancy at an early age, and the presence of sexually transmitted diseases (to name a few) were not considered?"[39]

Well, of course, the answer is that the CDC is "making a point," so why confound the public's understanding with "other factors"?

IF NOBODY KNOWS **how** many, if any, people are being killed by smoking, there is documented evidence that at least one person has been killed by smoking *research*. In 1996, a college student taking part in a study on the effects of smoking and air pollution on the lungs died from an overdose of the anesthetic lidocaine. Hoiyan Wan, a 19-year-old sophomore from New York City had undergone a bronchoscopy at the University of Rochester Medical Center. This is a procedure in which a tube is inserted down the throat and wind pipe to retrieve or study lung cells. "Obviously too much lidocaine was given" to suppress the young woman's cough reflex, said Dr. Jay H. Stein, the medical center's provost for health affairs. An investigation showed twice the acceptable amount of lidocaine in her blood stream.[40]

That unfortunate accident really has nothing to do with the subject of this book or this chapter, of course, but the following, from *The Atlanta Journal-Constitution*'s "Q&A on the News" feature, is more than a little pertinent.

A reader asked: "Why do the Japanese smoke more than Americans, yet have lower rates of lung cancer?" The AJC replied:

> This is but one instance in which commonly held medical advice concerning cause and effect does not hold true statistically in other countries. And there are many studies under way and numerous theories as to why these disparities exist. It has been theorized, for instance, that wine consumption by the French may be why they, despite a diet loaded with saturated fat and serum cholesterol, have a lower rate of heart disease than Americans.
>
> Tea consumption has been called a possible reason for the lower lung cancer rate in Japan. Rutgers University researchers found that drinking green tea at concentrations normally consumed by people blocked up to 87 percent of skin cancers, 58 percent of stomach cancers and 56 percent of lung cancers in mice.
>
> Garlic may also play a part. The largest garlic consumption is in Japan, China and Korea, and studies show they have an entirely different cancer susceptibility than Americans and do not suffer from colon, breast and lung cancer to the extent that Americans do.[41]

In other words, any explanation will do as long as it doesn't exonerate smoking. My explanation as to why smoking is not the "killer" in certain other nations that it is in this country is that these other nations have not (yet) developed the kind of powerful antismoking movement we Americans enjoy. Only in those nations which *do* have strong antismoking movements—chiefly Canada, Great Britain and Australia—is the "havoc" wrought by smoking on a par with that in the United States.

The AJC's answer to the question was reasonably straightforward and factual. Yet in its frequent reiterations of the 400,000 deaths-from-smoking figure, the newspaper has never mentioned the existence of possible confounding factors. As far as its readers are told, all these deaths are due to smoking, and smoking alone. The media as a whole not only accept without critical examination every new allegation or "finding" against smoking but almost never report dissenting views or other research that contradicts or questions these revelations. This is not because of any antismoking conspiracy, I'm sure, but simply because belief in the evils of tobacco has been so ingrained in the media's thinking, as it has in the public's, that any evidence to the contrary is simply not taken seriously. (Also, bad news sells better than good news.)

An example of how quickly antismoking claims become part of the received wisdom was the announcement in late 1996 that scientists had at long last found the "smoking gun"—the precise physical mechanism by which smoking causes lung cancer. (I examined this claim in

Chapter 2.) This immediately became established truth. To quote from the AJC again, in an editorial about new air-quality standards proposed by the Environmental Protection Agency it wrote:

> [Scientists] disagree about how low the standards ought to be because there is no clear line that separates the safe from the unsafe. Scientists are also wary of claiming certainty about the link between pollution and health problems because they don't know how the damage occurs. In a similar case, scientists did not learn until last year exactly how cigarette smoke caused cancer. So for decades, tobacco lobbyists used that loophole to claim that the link between smoking and cancer had not been proved.[42]

Thus did another piece of antismoking propaganda become "common knowledge." The paper's readers have never been informed that the "smoking gun" turned out to be not so hot after all and that the "loophole" remains unfilled.

To digress further, what are we to make of the U.S. surgeon general's 1996 report, *Physical Activity and Health*, which, echoing the warnings on cigarette packages, stated that "Lack of physical activity is detrimental to your health"? The report estimated that 250,000 Americans die prematurely each year due to lack of physical activity. In fact, a sedentary lifestyle, it claimed, was as bad as smoking a pack of cigarettes a day. According to then Acting Surgeon General Audrey F. Manley, M.D., "This report is nothing less than a national call to action. Physical inactivity is a serious nationwide public health problem, but active and healthful lifestyles are well within the grasp of everyone."[43]

Perhaps unbeknownst to Dr. Manley, a couple of concerned academics, both economists, had already called for "action." In their opinion:

> It is somewhat ironic that the government discourages smoking and drinking through taxation, yet when it comes to the major cause of death—heart disease—and its spiraling health-care costs, politicians let us eat with impunity . . .
>
> [W]e should have a progressive tax on the saturated-fat content of food . . .[W]e believe it is time to rethink the extent to which we allow people to impose their negative behavior on those of us who watch our weight, exercise, and try to be as healthy as possible.[44]

Shame, shame, I say, on those politicians who "let us eat with impunity." What do they think we send them to Washington for?

Just how the acting SG knew that inactivity ever killed any one person, let alone is killing a quarter of a million persons every year, is a good question. Because I'm an exercise freak myself, however, this is one case—the *only* case—where I think a surgeon general has talked sense, notwithstanding a certainty that that 250,000 inactivity-deaths figure was plucked out of the same thin air as its 400,000 smoking-deaths counterpart.

This too immediately became established truth and was very quickly buttressed by scientific studies, one of which, published in the *Journal. of the American Medical Association* (JAMA), found that "low fitness is a risk factor on the same order as smoking."[45] Men who were most fit—even though they had high blood pressure and high cholesterol and *even though they smoked*—had a 15 percent survival advantage over the least fit who *didn't* smoke. But heaven forbid, this finding should by no means be construed as a license for those who exercise to smoke or eat fatty foods, the study's authors cautioned.

The JAMA article was duly editorialized upon by *The Atlanta Journal-Constitution*, although only in a mildly admonishing tone. It encouraged the potatoes to get up off their couches, but did not call for a national campaign to stigmatize or ostracize them or demand that the makers of snack foods fork over billions of dollars to the states to make up for the medical costs the consumers of their products impose on all us fit people. The surgeon general's report was also seized upon by at least one chain of exercise centers. "Living Without Exercise Is Like Smoking A Pack of Cigarettes A Day," said an ad for Australian Body Works in *Atlanta Sports and Fitness Magazine,*[46] using smoking as a health benchmark again.

A quarter million Americans (another nice round figure) die from lack of exercise? Why aren't we alarmed about this? Why is there no organized anticouch-potato movement? I for one am tired of paying their doctors' bills. Why has not the government launched a massive "intervention" effort or "remedial" actions to get these nonsmoking lazybones off their duffs? Why has not the medical community heeded former Surgeon General C. Everett Koop's impassioned plea that "Physicians can no longer sit on the sidelines as America's obesity epidemic reaches crisis levels"?[47]

It's not as if his is a voice crying in the wilderness of American dietary self-indulgence. At the annual meeting of the American Asso-

ciation for the Advancement of Science in Philadelphia in February 1998, president-elect M.R.C. Greenwood stated that "With as much as 30 percent of the adult population considered to be obese, obesity has, in recent years, become as big a public health hazard as nicotine and smoking." (There they go again.)

He was seconded by Judith Stern, a nutritionist at the University of California-Davis: "We are in the midst of an obesity epidemic that costs us upwards of $100 billion a year, and the toll is increasing. With 5.4 million children now considered to be obese, this should be considered a national emergency." [48]

And no doubt Greenwood was thirded and fourthed by others.

Lazy, overweight nonsmokers: sneer while you can at us socially outcast smokers. Your time is coming.

Interestingly enough, though, a few weeks before the AAAS meeting, an editorial in the prestigious *New England Journal of Medicine* had cautioned that "Although some claim that every year 300,000 deaths in the United States are caused by obesity, that figure is by no means well established. Not only is it derived from weak or incomplete data, but it is also called into question by the methodologic difficulties of determining which of many factors contribute to premature death . . . *The medical campaign against obesity may have to do with a tendency to medicalize behavior we do not approve of.*" [49] [Emphasis added.]

It has never occurred to the editors of the NEJM that the same kind of skepticism might possibly be useful in regard to that other medical campaign that claims that smoking causes "more than 400,000" deaths in the United States every year.

The JAMA article calls to mind a 20-year study started in 1975 by the U.S. Public Health Service—the Multiple Risk Factor Intervention Trial (MRFIT), nicknamed "Mister Fit." More than 12,000 men between the ages of 35 and 57 who were thought to be at risk of heart disease because of their rate of cigarette smoking, cholesterol consumption and their blood pressure were divided into two groups. Those in the "intervention" group were encouraged to stop smoking and eat less fat and were given drugs for their blood pressure. Those in the "control" group were left alone.

After seven years those who did not do any of the "healthy" things had a death rate of 40.4 per 1,000. The death rate among the intervention group stood at 41.2 per 1,000. Death rates from heart disease and

other illnesses, including lung cancer, were no different in either of the groups. For cancers other than of the lung, the intervention group had 60 deaths compared to 48 in the control group.[50]

In 1990, the MRFIT study produced another report on the same two groups. It turned out that there were more deaths from ischemic heart disease in the intervention group, or what Lauren Colby calls the "nagged" group, than in the control group—96 vs. 86 deaths. Moreover, there were more deaths from cancer of the respiratory and intrathoracic organs in the "nagged" group than in the control group—66 vs. 55.[51]

Because the men in both groups had a history of smoking, I'm not sure just what this study proved, except that there are limits to what well-meaning people can accomplish by "intervening" in other people's lifestyle choices.

If you add laziness-caused deaths to smoking-caused deaths you're accounting for a sizable percentage of all deaths in the United States each year. Let's imagine that we could magically eliminate the accumulated damage today's smokers have done to themselves and put them on a health par with nonsmokers. Let's further imagine we could transform the couch potatoes into clones of Richard Simmons and Jane Fonda. Let's also assume that it is true that smoking shaves 20 years off a person's life, and that the same is true of inactivity. That would mean that by saving 650,000 lives a year, 20 years from now there would be 13 million extra Americans hanging around who wouldn't otherwise have been there. Obviously they wouldn't live forever (it would just seem like they had). I can see the 21st-century headlines:

DEATH TOLL AMONG ELDERLY RISES TO HIGHEST LEVEL IN HISTORY, CDC REPORTS

OLD AGE NOW LEADING CAUSE OF MORTALITY IN U.S.

CITING CRISIS, SURGEON GENERAL CALLS FOR ACTION

On the other hand, it's possible to "prove" that smoking adds to a person's life. Epidemiologist Theodore Sterling and his colleagues took the mortality rate for smokers in the American Cancer Society's CPS-II study and applied it to the entire U.S. population in 1986. They came up with 1,675,123 deaths. This was 277,621 fewer deaths than the 1,952,744 deaths from all causes that actually occurred that year.[52] Does anyone

believe that if every American smoked we'd *prevent* more than a quarter million deaths a year?

You can have a lot of fun with statistics.

BACK TO SAMMEC. One of the most outspoken critics of SAMMEC is Rosalind B. Marimont, described in an article posted on the Internet in 1996 by FORCES USA as "a retired mathematician and scientist who did research and development for the National Bureau of Standards, now the NIST [National Institute of Standards and Technology], for 18 years until 1960, and at the National Institutes of Health for another 19 years. She retired in 1970. She started in electronics defense work during World War II at the NBS, then went on to the logical design of the early computers during the fifties. In 1960, she moved to the NIH, and there studied and published papers on human vision, speech, and other biomathematical subjects. Since her retirement she has been active in health policy issues—first, the treatment of chronic pain by integrated mind/body methods, and second, the dishonest war on smoking which has corrupted scientific research and gravely distorted the nation's health priorities."[53]

I don't know if Ms. Marimont is a smoker, ex-smoker or never-smoker, but she makes no bones about her low opinion of SAMMEC and its uses:

> That smoking causes 400,000 deaths annually is now widely promoted as a statistical truth. The recent campaign against teenage smoking asserted that one out of three teenagers who smoked would be killed by this habit. These numbers are a gross misinterpretation of the CDC SAMMEC results, and a gross overestimate of the importance of smoking as a cause of death. Another mantra of the Anti-Smoking Partisans (ASPs) is that smoking kills more people than alcohol and drugs combined. This latter piece of disinformation has been used to justify neglect of the shocking rise in teenage binge drinking and driving.* Neither candidate for president [in 1996] has even mentioned teenage drinking, and the Clintons have hardly mentioned drugs until the Republicans made an issue of it.
>
> The 400,000 plus estimate is the result of logical and epidemiological blunders and a lack of scientific integrity by the anti-

*An excellent point. I return to it later in this chapter.

> smoking lobby. The CDC estimate is described as the number of deaths *associated* with smoking, not *caused* by it. [Emphases hers.] This is not a semantic distinction, because a death can be associated with many factors. Among risk factors for heart disease, for example, are hypertension, high serum cholesterol, obesity, sedentary life style, smoking, and genetic factors. If we ran SAMMEC computations for each of these factors, we could estimate the number of heart disease deaths associated with each of these factors. But suppose that John Smith, who died of heart disease, had all of these factors. He would have contributed 6 deaths to the total associated deaths. So that when we sum up these results to arrive at the total deaths, we find that our total is *much larger than the number of people who actually died of the disease.* [Emphasis mine.]

This kind of overcounting is not the only problem with the SAMMEC system, she says. In estimated risk ratios that compare deaths of smokers to those of nonsmokers, the ratios would be true estimates of the risks of smoking only if the two groups were identical in all other respects than smoking. This is of course not true since the measurement is done without controls. For this reason epidemiologists rarely take seriously risk ratios of less than 3. But, she points out:

> In the SAMMEC report, of the 102 risk ratios of smoking for various diseases, only 40 are greater than 3. If we consider only risk ratios equal to or greater than 3, the number of deaths is cut in half, to about 200,000. Even if we reject only those less than 2, the number is cut by about one third, to about 270,000. And these corrections still leave a number of serious confounders.

(I don't know what SAMMEC report she's referring to here. I count only 82 relative risks, or risk ratios, for current and former smokers, male and female, in the August 27, 1993 MMWR, of which 28 are greater than 3. Her essential point remains valid, however.)

One of the most serious confounders in smoking studies, she points out, is the inverse correlation of smoking with socio-economic status (SES). An abundance of studies have found that low SES is one of the best predictors of disease and early death.

And finally, no attention is paid to the benefits of smoking. For some conditions, such as obesity, the risk ratio of smoking is less than 1, since smokers are less likely than nonsmokers to be obese. Also, smokers are less likely to have ulcerative colitis. "It is of course heresy to suggest that smoking can have any good effects, but like caffeine,

nicotine is known to improve alertness, and allay depression and anxiety. There is recent evidence that smoking may provide some protection against Alzheimer's disease and Parkinson's. [See Chapter 4 in this book.—D.O.] These good effects are rarely mentioned for fear of being branded a tool of the tobacco companies." She concludes:

> It has been said that truth is the first causality of war. The deceptions of the war on smoking have done incalculable harm to the nation. The grossly overstated dangers of smoking to health have distorted the nation's health priorities. To equate smoking with alcohol or drugs as teenage dangers is obviously absurd, and would never have happened if the health dangers of smoking had been accurately reported. The war on smoking has become a crusade of good against evil, and logic and science have been prostituted to attain its objective.[54]

In my opinion, the most telling argument against SAMMEC is, as Ms. McWhirter learned, that the raw figures fed into the CDC's computers are based on death certificates from state sources and the cause of death listed on a death certificate can itself be subject to physician bias or error or guesswork. I have heard one estimate that 40 percent of death certificates may falsely attribute the cause of death because so few autopsies are conducted. Beyond that, the state figures are unaccompanied by lifestyle data about any *actual* person or persons who died. The relative risks—which, once established, are engraved on stone—are simply applied to the (guesstimated) total of deaths from any given disease to arrive at the smoking-attributable figures.

It would of course be impossible to conduct autopsies on or investigate and compile the medical histories of every person who dies in the United States. Fortunately, since we *know* that smoking is associated with almost every disease, it is infinitely easier to give a computer a bunch of raw numbers and RRs and let it do the work.

REPUTABLE PEOPLE willing to speak out publicly against the misuse of science in the service of antitobaccoism are regrettably few and far between and their voices seldom heard, except on a few prosmoking sites on the Internet. Thus I must again turn to Rosalind Marimont and a somewhat intemperate letter she fired off to Steve Lapham, editor of *Science*, the magazine of the American Association for the Advance-

ment of Science (AAAS). The letter, posted by FORCES Canada, is dated June 19, 1996:

> Dear Mr. Lapham: Part of the American scientific community is excommunicating a group of its members—ostensibly those who accept research money from tobacco companies ([Special] Report, "Tobacco Money Lights up a Debate," Jon Cohen, Science, 26 April, 1996). The anti-smoking crusaders (ASC), led by Stanton Glantz, have won again. In a long and brilliantly effective campaign, the ASC have transformed the discussion of a public health issue into a holy war against smoking. To do this they have established 3 major dicta.
>
> (1) Smoking kills 440,000 Americans annually.
>
> (2) Environmental tobacco smoke (ETS) kills 50,000 Americans annually.
>
> (3) Anyone who questions the validity of (1) or (2) is a tool of the tobacco industry.
>
> Dictum (3) is necessary because serious scientists recognize that (1) is questionable and (2) preposterous.
>
> Good scientists encourage criticism of their results. By honest give and take they refine their theories and advance knowledge. The ACSs, unable to defend their often shoddy science, have changed the subject to attacking the tobacco industry and impugning the motives of scientists who accept its funding. The real or alleged evildoing of the tobacco industry is irrelevant to the public policy of the dangers of smoking. No money will corrupt an honest scientist, and Federal money (Stanton Glantz' specialty) will corrupt a dishonest scientist as thoroughly as tobacco money.
>
> The war on smoking has obviously become part of political correctness, or the American form of Lysenkoism. Lysenkoism, the subjugation of science to ideology, is named for Trofim Lysenko,* Stalin's favorite scientist, who suppressed all genetic research in the Soviet Union and damaged Soviet science and agriculture for decades. It is easy to see why genetic research should be anathema to Stalinists, but can anyone enlighten me as to why smoking is the abomination of the politically correct?
>
> . . . Defaming one's critics is a durable technique of crusaders, from Lysenko in the USSR to our own Salem witch hunters,

*Trofim Denisovitch Lysenko (1898-1976) was a Soviet agronomist who maintained that acquired characteristics could be inheritable. Josef Stalin found this congenial to Communist philosopy because it meant that the traits of the "new Soviet man" would be passed on to succeeding generations. Scientists dissenting from this dogma were ruthlessly suppressed.

> Senator Joe McCarthy, and now Stanton Glantz and his fellow ACS.
>
> If Glantz' lucrative and effective propaganda has been able to harm the career of so distinguished an epidemiologist as Theodor[e] [T.] Sterling,* I can see why young scientists are afraid to protest. But where are the leaders of the AAAS, or other retirees, like me, who are free to speak out? For 37 years I was proud to be [a] Federal government scientist . . .
>
> The 1993 EPA [Environmental Protection Agency] report [on environmental tobacco smoke] was merely embarrassing, but the current surrender to Lysenkoism is shameful and frightening.
>
> —Rosiland Marimont.[55]

Actually, there were five Special Reports by Jon Cohen in the April 26, 1996 issue of *Science*, Vol. 272, No. 5261, on pages 488, 489, 490, 492 and 494, all dealing with the subject of tobacco industry funding of scientific research.

In one, Cohen reported that funds from tobacco companies are a major and growing source of support for academic biomedical research in the United States and that this has set off a big debate in the scientific community. On the one hand, many researchers believe there is nothing wrong with this as long as the recipients are entirely free to conduct and publish their research. They also argue that tobacco money can be a key source of support for important work at a time when traditional funds are scarce. On the other hand, critics charge that the industry uses the fact that it is supporting prominent researchers "to sow doubts about the health hazards of smoking." (Your old "smoke screen" again.)

Another report said that Philip Morris was funding a new institute in La Jolla, California, "focused on the hot topic of cell signaling" to the tune of $15 million a year for 15 years. The institute is headed by famed molecular biologist Sydney Brenner, who said that Philip Morris

*Professor emeritus of computational epidemiology at Simon Fraser University in Burnaby, British Columbia, who claimed that the methods used by the U.S. surgeon general, the U.S. Office of Technology Assessment and the World Health Organization to estimate deaths from tobacco use are based on faulty assumptions contained in two American Cancer Society Studies, CPS-I and CPS-II (see Note 37 to this chapter.) According to FORCES Canada he was attacked for this by the "politically-correct-on-tobacco establishment" and has since remained silent.

would have no say in research decisions. Again, however, some critics found this source of support "unacceptable." As a result of such flack, in February 1996, the institute's name was changed from the "Philip Morris Institute for Molecular Sciences" to the "Molecular Sciences Institute."

In another report, Cohen said that a number of institutions are debating whether to accept tobacco industry money because of growing opposition to this source. Again on the one hand, some institutions, such as Harvard Medical School, have decided that it would be an infringement of academic freedom to bar tobacco funds. Others, such as Massachusetts General Hospital and the M. D. Anderson Cancer Center at the University of Texas, have decided to spurn such funds on the grounds that tobacco companies can cite their support of academic researchers as proof that they are still seeking evidence that smoking causes diseases. (More "smoke screen.")

The debate's also going on among scientific journals, Cohen reported. In December 1995, two journals published by the American Thoracic Society, an affiliate of the American Lung Association, began refusing to review papers that resulted from work sponsored by the tobacco industry. Again, some researchers argue that the quality of the work is the only thing that matters and the source of support is irrelevant. At least one highly respected journal, the *British Medical Journal*, attacked the society's decision.

Finally, we learn that the Council for Tobacco Research, which is the chief source of tobacco industry funds for individual researchers, has sponsored some 139 special projects that were selected by tobacco companies and their lawyers, even though the council "prides itself on supporting only peer-reviewed, independent research." Here the critics charge that the projects involved "sensitive topics related to smoking and health" and that the companies have sometimes tried to prevent their disclosure under the guise of "attorney-client privilege." Cohen notes that at least one judge (at the time hearing Mississippi's suit to recoup medical expenditures for alleged smoking-caused illnesses, to which the tobacco industry eventually capitulated, see Chapter 12) has agreed with the critics.

As I state elsewhere in this book, it's a shame that the American scientific community is apparently so strapped for funds that it cannot conduct its own independent research into "sensitive topics relating to

smoking and health" but must rely on the tobacco industry for financing, and then must take the companies into court to learn the results of their "secret" research. It is perhaps an even greater shame that tobacco has become so stigmatized that in the minds of many the merest whiff of it taints scientific research that may have nothing to do with smoking and health simply because it might make the industry look good.

In any case, *Science* never published Rosiland Marimont's letter. At least I couldn't find it in the table of contents of issues from June through December 1996. Since Cohen didn't mention Stanton Glantz and nobody was defamed, it was probably a wise editorial decision. *Science* didn't publish a letter from anybody else on this subject either. I don't think this particular case is an indication that "politically incorrect" people are being silenced but rather that this respected journal has a more important function than to serve as a forum for endless and useless debate.

WHEN I FIRST BEGAN researching for this chapter and learned that the famous 400,000-deaths-from-smoking figure originated in a Centers for Disease Control and Prevention "Morbidity and Mortality Weekly Report," that of August 27, 1993, I assumed that these figures were updated regularly. But in viewing every MMWR available on the CDC's Website, from January 7, 1993 through March 21, 1997, a total of 215 of them, I discovered to my surprise that, although there are many MMWRs dealing with various aspects of smoking, not only is that of August 27, 1993 the most recent report on *total* smoking-caused deaths in the United States broken down by diseases but that it was based on 1989 and 1990 data. Whether feeding more current data into SAMMEC would result in a figure somewhat higher or somewhat lower than 418,690 is probably of little consequence though. "The point" is the important thing, and it really doesn't matter how long ago it was first made.

In my search of the MMWRs, however, I did find substantiation for Rosiland Marimont's complaint that, in it is obsession with teenage smoking, the medical establishment is ignoring the problems of teenage drinking and driving. Between the dates mentioned above, out of the 215 MMWRs I found only 17 dealing with alcohol in some way. These 17 MMWRs contained 25 separate entries, the majority reporting statistics of alcohol involvement in fatal motor vehicle crashes. There

was but one entry concerning alcohol and youths and young adults, and this too had to do with traffic crashes and fatalities, not binge drinking.

In contrast, in 31 of the 215 MMWRs there were 43 entries on the subjects of smoking and tobacco, of which no less than 12 were specifically concerned with young people. The subjects included: the accessibility of minors to tobacco products in several states, exposure of persons greater than 4 years of age to tobacco smoke, reasons for the use of tobacco and symptoms of nicotine withdrawal among adolescents and high school students and young adults, and projected smoking-related deaths among youths in the United States.

(There were two other entries I have not included in the count: the ingestion of cigarettes and cigarette butts by children in Rhode Island between January 1994 and July 1996 and the prevalence of cigarette smoking among secondary students in Budapest, Hungary, in 1995. But the fact that the CDC considers the last two worthy of inclusion in an MMWR is further evidence of what its major preoccupation is.)

This is a score of at least *twelve* MMWRs in a period of four years devoted to various aspects of smoking and youths, *one* on drinking and youth (motor vehicle accidents) *zero* on binge drinking and youths (which is a serious problem at many colleges and universities) and *zero* on marijuana or hard drugs and youths (even as illicit drug usage has soared).

The CDC devotes an MMWR or part of it to observance of "The Great American Smokeout" each November and "World No-Tobacco Day" each May, where it recites progress made in eliminating smoking since the surgeon general's 1964 report, re-emphasizes the toll of human life, potential years lost and monetary cost due to smoking, and exhorts the necessity for continuing efforts to end this plague. There is no "Great American Drinkout," no "Great American Drugout." There is no "World No-Alcohol Day," no "World No-Drugs Day." Does this say something about priorities?

I am certainly not against the reasonable, pleasurable use of alcohol; I imbibe some of the stuff every day. Nor would I wish to see the alcohol industry villainized the way the tobacco industry is. But the young people who kill or injure themselves in automobile accidents because of drinking (or drug use, not to mention others they may kill or injure, not to mention property damage); the young people who die of alcohol poisoning from binge drinking (not to mention the young

women who are sexually abused in an intoxicated state)—these are *real* people, not numbers manufactured by a computer. They have names. They had hopes and dreams. They had their whole lives ahead of them.

Consider also that:

- Ethyl alcohol is the number one cause of death for American youth 15 to 24 years of age.
- The use of alcoholic beverages is the leading cause of preventable birth defects in the United States and one of the foremost causes of mental retardation in the Western world.
- Nearly one and a half times as many American school-age children begin using alcoholic beverages each day than begin cigarette use.
- Alcohol use in the United States causes 20 percent more loss of potential life before age 65 than does the use of tobacco.
- The use of alcoholic beverages is the most common factor associated with violence, crime and family sociopathy in the United States.[56]

Why don't we see a slew of MMWRs on these subjects? Maybe it's because we are constantly reminded that "tobacco is the only substance which, when used as intended, is harmful to the health," while there is evidence that moderate amounts of alcohol are beneficial to the heart. (But Alcoholics Anonymous tells us that there is no such thing as the moderate or "normal" use of alcohol for the alcoholic or recovering alcoholic. In fact, many substances, when "used as intended," can be harmful to some people—sugar and diabetics, for example.) Maybe it's simply because people who smoke in the United States today are far outnumbered by people who drink. "Everybody" is against smoking but most people like a little nip now and then. No doubt many members of the staff of the Centers for Disease Control and Prevention do. Many reporters, editors, health activists, officials of the lung and cancer societies and directors of federal health agencies probably do.

All right, that was a cheap shot. Yet it just seems to me that alcohol and drug use among young people ought to occupy a level of concern in the national consciousness at least *approaching* that of tobacco use among young people.

In fairness to the CDC, however, I hasten to add that it published 19 other MMWRs in this four-year period containing articles dealing in general with health and behavioral risks to the nation's youths. Items included sexual behaviors and drug use, adolescent homicide, suicide and attempted suicide; also teenage pregnancy and birth rates and the prevalence of overweight among adolescents. Also available to the healthcare community are periodically published CDC "Surveillance Summaries" which track such youthful behavioral risks as alcohol and other drug use, sexual behaviors, fighting, carrying of weapons, unhealthy dietary behaviors and physical inactivity, as well as smoking and smokeless tobacco use.

In one of these 19 MMWRs, dated June 18, 1993, an entry entitled "Mortality Trends and Leading Causes of Death Among Adolescents and Young Adults" reported on alcohol use and drug use among young people, along with seat belt and helmet use or nonuse, and fighting (as well as, needless to say, smoking).

What interested me was that in this report the CDC stated that nearly 15,000 persons between the ages of 10 and 24 are killed in motor vehicle accidents every year. Not all these deaths, or even most, are due to somebody's drinking, of course. But if it is true—as we are told again and again—that 3,000 young people take up smoking every day and 1,000 of them will die because of it maybe 20 or 30 or 40 years later, it seems safe to say that *no* persons between the ages of 10 and 24 die from smoking in *any* year. Aren't 15,000 *actual* deaths a year a little higher than *zero* deaths a year and of more immediate import than X number of *guess*timated deaths a generation in the future?

And what about this? According to Carol Statuto, a spokesman for the National Council for Adoption, 2,000 children die every year at the hands of their own parents or other care-givers.[57] Again, alcohol or drugs are not always involved in these tragedies, but these victims too are actual people, with names. I'm not aware of any surveillance by the CDC of this national tragedy, nor the similar one of spousal abuse.

LEST ANYONE BE left with the impression that I have been attempting to impugn or denigrate an institution which, *when pursuing its original function*, has contributed enormously to the nation's health and well-being, I'll end this chapter by quoting extensively from one more MMWR which I think should be of interest to everyone. It was pub-

lished June 28, 1996 on the occasion of the CDC's 50th anniversary:

> The Centers for Disease Control and Prevention—CDC—traces its roots to an organization established in the southeastern United States during World War II to prevent malaria among personnel training on U.S. military bases. On July 1, 1996, CDC formally celebrates its 50th anniversary as a federal agency dedicated to ensuring the public's health through close cooperation with state and local health departments and with other organizations committed to improving health in the United States and throughout the world.
>
> . . . The Communicable Disease Center was organized in Atlanta, Georgia on July 1, 1946; its founder, Dr. Joseph W. Mountin, was a visionary public health leader who had high hopes for this small and comparatively insignificant branch of the Public Health Service (PHS). It occupied only one floor of the Volunteer Building on Peachtree Street and had fewer than 400 employees, most of whom were engineers and entomologists. [As of 1997 the CDC had some 6,000 employees.—D.O.] Until the previous day, they had worked for Malaria Control in War Areas, the predecessor of CDC, which had successfully kept the southeastern states malaria-free during World War II and, for approximately one year, from murine typhus fever. The new institution would expand its interests to include all communicable diseases and would be the servant of the states, providing practical help whenever called.
>
> Distinguished scientists soon filled CDC's laboratories, and many states and foreign countries sent their public health staffs to Atlanta for training. Any tropical disease with an insect vector and all those of zoological origin came within its purview. Dr. Mountin was not satisfied with this progress, and he impatiently pushed the staff to do more. He reminded them that except for tuberculosis and venereal disease, which had separate units in Washington, D.C., CDC was responsible for any communicable disease. To survive, it had to become a center for epidemiology. Medical epidemiologists were scarce, and it was not until 1949 that Dr. Alexander Langmuir arrived to head the epidemiology branch. He saw CDC as "the promised land," full of possibilities. Within months, he launched the first-ever disease surveillance program, which confirmed his suspicion that malaria, on which CDC spent the largest portion of its budget, had long since disappeared. Subsequently, disease surveillance became the cornerstone on which CDC's mission of service to the states was built and, in time, changed the practice of public health.
>
> The outbreak of the Korean War in 1950 was the impetus for

> creating CDC's Epidemic Intelligence Service (EIS). The threat of biological warfare loomed, and Dr. Langmuir, the most knowledgeable person in PHS about this arcane subject, saw an opportunity to train epidemiologists who would guard against ordinary threats to public health while watching out for alien germs. The first class of EIS officers arrived in Atlanta for training in 1951 and pledged to go wherever they were called for the next 2 years. These "disease detectives" quickly gained fame for "shoe-leather epidemiology" through which they ferreted out the cause of disease outbreaks.
>
> The survival of CDC as an institution was not at all certain in the 1950s. In 1947, Emory University gave land on Clifton Road for a headquarters, but construction did not begin for more than a decade. PHS was so intent on research and the rapid growth of the National Institutes of Health that it showed little interest in what happened in Atlanta. Congress, despite the long delay in appropriating money for new buildings, was much more receptive to CDC's pleas for support than either PHS or the Bureau of the Budget.
>
> Two major health crises in the mid-1950s established CDC's credibility and ensured its survival. In 1955, when poliomyelitis appeared in children who had received the recently approved Salk vaccine, the national inoculation program was stopped. The cases were traced to contaminated vaccine from a laboratory in California; the problem was corrected, and the inoculation program, at least for 6- and 7-year olds, was resumed . . . Two years later, surveillance was again used to trace the course of a massive influenza epidemic. From the data gathered in 1957 and subsequent years, the national guidelines for influenza vaccine were developed.
>
> CDC grew by acquisition . . . When CCD joined the international malaria-eradication program and accepted responsibility for protecting the earth from moon germs and vice versa, CDC's mission stretched overseas and into space.
>
> CDC played a key role in one of the greatest triumphs of public health: the [worldwide] eradication of smallpox . . . CDC also achieved notable success at home tracking new and mysterious disease outbreaks. In the mid-1970s and early 1980s, it found the cause of Legionnaires [*sic*] disease and toxic-shock syndrome. A fatal disease, subsequently named acquired immunodeficiency syndrome (AIDS), was first mentioned in the June 5, 1981 issue of MMWR.

This is a proud and admirable record by the "disease detectives," whose adventures have inspired at least a couple novels and movies I can think of (scary and farfetched though they are). To it should be

added the CDC's tracing of an outbreak of disease in the southwestern United States to the hantavirus in 1993. Also admirable is the candor exhibited in the following paragraph from the same MMWR:

> Although CDC succeeded more often than it failed, it did not escape criticism. For example, television and press reports about the Tuskegee study on long-term effects of untreated syphilis in black men created a storm of protest in 1972. This study had been initiated by PHS and other organizations in 1932 and was transferred to CDC in 1957. Although the effectiveness of penicillin as a therapy for syphilis had been established during the late 1940s, participants in the study remained untreated until the study was brought to public attention.* CDC also was criticized because of the 1976 effort to vaccinate the U.S. population against swine flu, the infamous killer of 1918-19. When some vaccinees developed Guillain-Barré syndrome, the campaign was stopped immediately; the epidemic never occurred.

To conclude:

> As the scope of CDC's activities expanded beyond communicable diseases, its name had to be changed. In 1970 it became the Center for Disease Control, and in 1981, after extensive reorganization, Center became Centers. The words "and Prevention" were added in 1992, but, by law, the well-known three-letter acronym was retained. In health emergencies CDC means an answer to SOS calls from anywhere in the world, such as the recent one from Zaire where Ebola fever raged.
>
> Fifty years ago CDC's agenda was noncontroversial (hardly anyone objected to the pursuit of germs), and Atlanta was a backwater. In 1996, CDC's programs are often tied to economic, political, and social issues, and Atlanta is as near Washington as the tap of a keyboard.

Unfortunately, perhaps sometimes a little too often and too closely tied to those economic, political and, especially, "social" issues, and too near Washington. As noted in my Introduction, only one of the CDC's seven centers is still involved in the original—and, to repeat, admirably performed—mission of tracking down and eradicating infectious-

*On May 16, 1997, President Clinton formally apologized on behalf of the United States to the survivors of this "deeply, profoundly, morally wrong" experiment.

eases, and that center accounts for only about 10 percent of the CDC's budget. Thanks to its success in that mission, the agency has had to look for other "public health" areas to enter to justify its existence and, as a consequence, today seems itself to be infected by a "disease" which, to borrow from Chapter 2, I'll call "antitobaccosis." The "shoe-leather epidemiologists" are wearing out a different article of clothing these days: not their shoes but the seats of their pants from prolonged sessions at computers.

In the same month as it celebrated its 50th anniversary, and upon the unanimous recommendation of the Council of State and Territorial Epidemiologists (CSTE), which is the Centers' primary collaborator for determining what diseases or conditions the states report, the prevalence of cigarette smoking was added to the list of conditions designated as reportable to the CDC. It was the first time that a risk *behavior*, rather than a disease or illness, had been included. Such is the overarching importance of the tobacco menace.

But while the CDC has escaped criticism for its obsession with smoking, the agency has been forced to back off from two other "epidemics" it attempted to inspire crusades against. One was the role of guns in violent deaths; the other was AIDS. Both issues happened to come to a head in the CDC's golden anniversary year.

In the 1980s, noting that injuries were killing more young people than some diseases, the CDC's National Center for Injury Prevention and Control (NCIPC) began awarding grants for research into this problem, including a number of major gun studies. In 1987, NCIPC director Mark Rosenberg claimed that 8,600 homicides and (exactly) 5,370 suicides could be avoided each year if all guns were confiscated from the general population. (As if people determined to kill themselves or someone else wouldn't find other means.) In 1994 he told *The Washington Post*, "We need to revolutionize the way we look at guns, like what we did with cigarettes. Now it [smoking] is dirty, deadly, and banned."[58]

One CDC study in particular aroused the wrath of the powerful National Rifle Association, as well as some physicians. The study, conducted by Dr. Arthur Kellerman, director of Emory University's Center for Injury Control and published in *The New England Journal of Medicine*, claimed that homes with guns were five times more likely to be the scene of suicides and three times more likely to be the scene of homicides than homes without guns. Calling the NCIPC "politically biassed,"

the NRA said Kellerman's study was flawed because it didn't take into account people who have defended themselves against injury and death because they had a gun in the house.

One physician, Dr. Miguel Faria, clinical professor of neurosurgery at Mercer University School of Medicine in Macon, was asked to resign as editor of *The Journal of the Medical Association of Georgia* after he published editorials and articles challenging the premise that guns are a health threat.[59]

CDC director David Satcher (who became U.S. surgeon general in 1998) underwent grilling from gun ownership supporters on Capitol Hill at a House subcommittee hearing on the CDC's $2.2-billion budget request for fiscal 1997, during which it was suggested that his agency was using research into violent death and injury as a pretext for a campaign to make firearms socially unacceptable in America. Shortly thereafter, the CDC quietly announced that it would no longer seek new firearms-related research proposals, saying that the decision "reflects new priorities."[60]

(This is far from the end of that issue, however. Inspired by the success of the states in plundering the tobacco industry [see Chapter 12], several cities, including Philadelphia, Chicago, New Orleans and Atlanta, have filed or plan to file suits against the firearms manufacturers to recover the costs of gun-related violence.)

It was also back in the 1980s, specifically 1987, that "federal health officials made the fateful decision to bombard the public with a terrifying message: Anyone could get AIDS," said an article in *The Wall Street Journal* that launched another firestorm against the CDC.[61] The message was highly misleading, said the *Journal*, pointing out that the CDC's own research showed that the risk of contracting AIDS from a single act of sex was smaller than the risk of being hit by lightning. It further charged that the CDC was spending most of its AIDS prevention budget on combating the disease among low-risk groups, such as heterosexual women, rather than those at high risk—homosexuals, bisexual men and intravenous drug users. So successful was the CDC's fear campaign, said the article, that by 1988 69 percent of Americans believed AIDS "was likely" to become an epidemic.

But that rampant and unwarranted fear was not a bad thing, in the opinion of many anti-AIDS activists, who credited it with achieving profamily goals that no amount of moralizing could do. "I don't see

much downside in slightly exaggerating" the risk of AIDS, said John Ward, chief of the CDC branch that tracks AIDS cases.[62]

That statement reminds me of the crusade against tobacco and the pious falsehood syndrome. So there's some "slight" exaggeration about the risk of AIDS. It's in a good cause, isn't it?

The WSJ article moved columnist Marie Gallagher to cry out: "The CDC knows the truth [about AIDS]. Yet this year, its education program is once again aimed at the general population. The ultimate casualty of the CDC's lies will be Americans' faith in public health officials, heretofore generally exempt from our growing mistrust of government."[63]

Somehow, neither Ms. Gallagher nor other antismoking columnists are able to see that the same thing is true for the crusade against smoking but instead swallow the official line without question. And while the Centers for Disease Control and Prevention has toned down its gun-violence and misdirected AIDS campaigns, one is left with only the faint hope that it will someday overcome its terrible addiction to tobacco.

I HAVE WANDERED afar from what started out as a discussion of the 400,000 smoking deaths lie but I think I've made *my* "point" as well as I am able: the figure is a myth, at least as much of a myth as *The Myth of. Heterosexual Aids*, the title of another reality-check book by Michael Fumento. Unfortunately, while he acknowledges that the 400,000 figure is a "political statement," he still believes the true figure ("were it ascertainable") is "probably" somewhere in the hundreds of thousands.

It's time now to take a look at the Number One most outrageous lie against smoking and another federal agency that has done far more to damage the fabric of American society, and far less to benefit it, than anything the CDC could be charged with.

Notes

1,2. *Dictionary of Quotations*, Collected and Arranged and With Comments by Bergen Evans (New York: Delacorte, 1968), p. 387.

3. *The Viking Book of Aphorisms*, A Personal Selection by W. H. Auden and Louis Kronenberger (Dorset, 1966), p. 336.

4. Message from the Director-General of the World Health Organization for "World No-Tobacco Day, 1997." At www.who.ch/programmes/psa/toh/Alert/4-96/E/ta1.htm.

5. Arun Elhance, senior fellow with the International Peace Academy, a nonprofit research group in New York that works closely with the United Nations. Quoted in Bob Davis, "Ted Turner's gift: Despite mogul's donation, U.N.'s money woes remain." *The Atlanta Journal-Constitution*, September 21, 1997, p. A3.

6. Susan Okie, "Smoking-Related Deaths up 11% to 434,000 Yearly, CDC Reports." *The Washington Post*, February 1, 1991, p. A1.

7. Ibid.

8. "Unhealthy habits, violence cost $42.9 billion annually to treat." *The Atlanta Journal-Constitution*, February 23, 1992, p. A1. From the Associated Press.

9. Anne Rochell, "Great Smokeout targets 46 million puffers." *The Atlanta Journal-Constitution*, November 18, 1993, p. B6.

10. Editorial. "It's a good day to be a quitter." *The Atlanta Journal-Constitution*, November 16, 1995, p. A14.

11. Christopher R. Johnson, MS IV, and Mark S. Gold, M.D., "Nicotine Addiction." *The Journal of the Florida Medical Association*, February 1996. From the Internet at www.medone.org/consumer/journal/february.html.

12. John Head, "A smoking gun: Almighty tobacco shows its first weak spot." *The Atlanta Journal-Constitution*, March 22, 1996, p. A16.

13. John Head, "Smoke screen: Tobacco tycoons put a positive spin on death." *The Atlanta Journal-Constitution*, April 5, 1996, p. A14.

(I assume that Mr. Head, who is the AJC's most frequent author of signed columns condemning smoking, and probably its antismoking editorials as well, does not write his own headlines, otherwise one would hope he could have come up with something more original than "a smoking gun" or "smoke screen.")

14. Statement by John Grisham in Katy Kelly, "Grisham's smoking gun: 'Runaway Jury' paints picture of devious tobacco industry." *USA Today*, April 29, 1996, Book Section. (That "smoking gun" again. What would writers do without it?)

15. Anne Rochell, "CDC using state reports to track smoking rates." *The Atlanta Journal-Constitution*, June 28, 1996, p. C6.

16. Editorial. "Tobacco industry's judgment day." *The Atlanta Journal-Constitution*, August 15, 1996, p. A18.

17. Question asked of Food and Drug Administration commissioner David Kessler in a "Q&A" column by Jeff Nesmith. *The Atlanta Journal-*

Constitution, August 30, 1996, p. A2. (Kessler's answer: "Prohibition will not work. It will not be effective. It is not correct to say we would have to do something that would not be effective." But how he must have wished that he *could* outlaw smoking.)

18. Editorial. "Buying friends for tobacco." *The Atlanta Journal-Constitution*, September 11, 1996, p. A10.

19. Action on Smoking and Health (ASH), at http://ash.org/mar97/3-04-97-01.html.

20. Joe Dawson, "Essays on the Anti-Smoking Movement." At www.tezcat.com/~smokers/issues1.html.

21. "Dear Abby." *The Atlanta Journal-Constitution*, November 17, 1993, p. B2.

22. "Ann Landers." *The Atlanta Journal-Constitution*, March 5, 1995. p. B2.

23. "Dear Abby." *The Atlanta Journal-Constitution*, November 15, 1995, p. D12.

24. "Dear Abby." *The Atlanta Journal-Constitution*, November 20, 1996, p. C12.

25. Michael Fumento, *Science Under Siege: How the Environmental Misinformation Campaign Is Affecting Our Laws, Taxes, and Our Daily Life* (New York: William Morrow, 1993), p. 339.

26. Personal communication to author.

27. Personal communication to author.

28. Dan Rather, "The American Way of Death." CBS Evening News, October 15, 1975.

29. Cited in Edith Effron, *The Apocalyptics: Cancer and the Big Lie: How Environmental Politics Controls What We Know About Cancer* (New York: Simon and Schuster, 1984), pp. 449-450.

30. Loc. cit.

31. Anne Rochell, "CDC's homeless-deaths tally far lower than task force's." *The Atlanta Journal-Constitution*, September 24, 1993, p. D4.

32. Nickie McWhirter, "Computer blows out smoking-related death figures with no real human facts." *The Detroit News*, October 18, 1992. From American Smokers Alliance at www.smokers.org/research/articles/10-computer_blows_out.html.

33. Editorial. "The 'Cause of Death' is Dying." *Modern Pathology* 6(3):237 (May 1993).

34. At http://sailor.lib.md.us./docs/tobacco/samexp.htm.

35. Carol Thompson, "Deconstructing the Anti-Smoking Movement." From FORCES Canada, an affiliate of San Francisco-based FORCES (Fight Ordinances & Restrictions to Control & Eliminate Smoking), at www.forces-cdn.com/ca-decon.htm.

36. Thomas P. Monath, M.D. et al., "The Search for Vaccines Against *Helicobacter Pylori*." *Infec Med* 15(8):534-535;539-546, 1988. From Medline at

www.medscape.com/SCP/IIM/1998/v15.n08/m3316.mona-01.html. Also Jerry E. Bishop, "Study Suggests Causes and Cure for Ulcers." *The Wall. Street Journal*, May 1, 1992, p. B1.

37. T. D. Sterling, W. L. Rosenbaum and J. J. Weinkam, "A Non-technical Discussion of 'Risk Attribution and Tobacco Related Deaths.'" An authors' summary for the layman of a paper published in *The American Journal of Epidemiology*, Vol. 138, No. 2, 1993. At www.forces-cdn.com/sterling/theo.htm.

38. Personal communication to author.

39. Martha Perske, "Does Smoking Really Cause Over 400,000 Deaths Per Year in the U.S.?" At www.forces.org/pages/marta2.htm.

40. "Study halted after student volunteer dies." *The Atlanta Journal-Constitution,* April 4, 1996, p. A9. From the Associated Press.

41. *The Atlanta Journal-Constitution*, February 16, 1994, p. A2.

42. Editorial. "New rules to clear the air." *The Atlanta Journal-Constitution*, February 22, 1997, p. A12.

43. "Historic Surgeon General's Report Offers New View of Moderate Physical Activity." Department of Health and Human Services press release, June 11, 1997, at www.cdc.gov.

44. Jack A. Chambliss, professor of economics at Valencia Community College, and Sarah C. McAlister, an economics major at the University of Central Florida, in *The Orlando Sentinel,* December 22, 1996. Quoted in *Reason,* June 1997, p. 16.

45. Susan Gilbert, "Poor fitness may rival smoking as early death risk." *The Atlanta Journal-Constitution*, June 17, 1996, p. A1. From *The New York Times*.

46. *Atlanta Sports and Fitness Magazine*, May 1996, p. 47.

47. "Koop's Kooky Crusade." FORCES Weekly Tobacco News, October 1996, at www.forces.org.

48. Mike Toner, "Obesity called 'a national epidemic.'" *The Atlanta Journal-Constitution*, February 12, 1998, p. D.3

49. The Week That Was, December 29-January 3, 1997, an update from The Science & Environmental Project, at www.junkscience.com/news/singer10.htm.

50. Fact Sheet on Lifestyle Studies. From FOREST (Freedom Organization for the Right to Enjoy Smoking Tobacco) at ftp://ftp.demon.co.uk/FOREST.

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