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National Assoc. of Broadcasters*

Mr. Stockton Helffrich
Director of Code Authority
The Code Authority
National Association of Broadcasters
485 Madison Avenue
New York, New York 10022

Dear Mr. Helffrich:

It has recently come to my attention that the "antismoking" radio announcements attached (numbered, for convenience, "1", "2", "3" and "4") have been broadcast or approved for broadcast. The program, station, date and reported source of the material are set out for the first three. The fourth announcement, I understand, has been approved for broadcast by the National Association of Broadcasters, but I do not know if it actually has been used on the air.

These announcements are false, misleading and deceptive. They purport to be based on fact when this is not the case and are examples of the lengths to which anti-tobacco forces have gone in substituting propaganda for research.

Announcement No. 1

Announcement No. 1 states that between the 1900's and the 1960's per capita consumption of cigarettes increased from 49 cigarettes a year to 4,200 cigarettes a year "and death rates have increased accordingly." That statement is false. Death rates in the United States have not increased at all since the 1900's. They have decreased from 17.2 per 1,000 in 1900 to 9.4 per 1,000 in 1965. (Statistical Abstract of the United States, 1967, attached "A".) Thus, Announcement No. 1 is not only patently false but misleads the listener into believing that death rates have increased in proportion to the increase in cigarette smoking when just the opposite is true.

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Announcement No. 2

Announcement No. 2 asserts that a "simple solution" to greatly reduce the risk of emphysema is to quit smoking. It states directly that "all too often the result" of smoking is emphysema. Since this was reported to be a U. S. Public Health Service announcement, it seemed reasonable to test its accuracy by comparing it with a statement in a contemporaneous Public Health Service review called The Health Consequences of Smoking. This document, issued in 1967 and revised in January of 1968, states (enclosure "B"-p. 110):

"This crucial question must be answered affirmatively before an inference can be made that smoking directly causes pulmonary emphysema: Does inhaled tobacco smoke have a direct toxic effect on the alveolar tissue in the lung parenchyma which is important in the pathogenesis of pulmonary emphysema? At present, it cannot be answered."
(Emphasis supplied.)

I am also enclosing some extracts ("C"-p. 154, "D"-p. 718) from this year's hearings before a Subcommittee of the Committee on Appropriations, House of Representatives. These are taken from special reports on emphysema submitted to the Subcommittee and placed in the record, at one point following testimony by the Surgeon General and, at another, by Dr. Dorland J. Davis, Director of the National Institute of Allergy and Infectious Diseases. These reports by the Public Health Service state, "The cause or causes of emphysema are not now known."

Announcement No. 2 claims that there is a "simple solution" to reducing the risk of emphysema and that emphysema is the "result" of smoking. The cause or causes of this disease are unknown and it is false and misleading to state or imply otherwise.

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Announcement No. 3

Announcement No. 3 conveys, as its message, that smoking has been proved to cause emphysema, heart disease and lung cancer. This Heart Association announcement is directly at odds with Congressional testimony by the Surgeon General in March of this year (copy enclosed "C"-p. 79) that cigarette smoking has not been proved to cause heart disease:

"[W]e have never said there was definitive proof of a cause-and-effect relationship between coronary heart disease and cigarette smoking."

With respect to a question as to whether he agreed or disagreed with a writer who stated that it is not known if there is a causal connection between cigarette smoking and coronary heart disease, the Surgeon General said ("C"-p. 100):

"On the fact that we cannot establish cause and effect between cigarette smoking and coronary disease, I think we agree."

During the same testimony Dr. Stewart also agreed (see attachment "C"-p. 80) that it had not been proved that cigarette smoking is the cause of pulmonary emphysema.

Announcement No. 3, on the basis of the foregoing, is misleading and deceptive.

Announcement No. 4

Announcement No. 4 implies that lung cancer is a disease developed only by smokers. Such a claim is false, misleading and deceptive: nonsmokers do develop lung cancer. The 1964 Advisory Committee to the Surgeon General reported in Smoking and Health that 10 to 20 percent of

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lung cancer cases are estimated to occur in nonsmokers (see attached "E"-p. 193).

The direct implication in Announcement No. 4 that lung cancer occurs only in smokers is completely false and dangerously misleading.

Some persons seem to feel that it is justifiable to mislead people with regard to smoking and health issues on the theory that it is "for their own good" or what is conceived to be their own good. I know this would not be your philosophy, however, and I am most hopeful that you will agree that the enclosed announcements are not fair and factual. This letter may be considered a formal complaint under the NAB Radio Code of Good Practices. Should some further action on my part be necessary, I would appreciate your letting me know.

Sincerely,

Earle C. Clements, President
The Tobacco Institute

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