

# THE "PUBLIC HEALTH" ANTISMOKING SCAM: A PAPER OF DISSENT

## A Manifesto for a Time of Change

### INTRODUCTION

The most recent attack on private individuals and the tobacco industry by representatives of the World Health Organisation is another demonstration of the fragility of their arguments. A close look at "Junking Science to Promote Tobacco" by Derek Yach and Stella Aguinaga Bialous<sup>[1]</sup> (Derek Yach is with the World Health Organisation, Geneva, Switzerland. Stella Aguinaga Bialous is a public health policy consultant in San Francisco, Calif.) shows that the parameters of scientific, moral and political evaluation adopted by "public health" are the same distorted ones that the tobacco industry is accused of using.

The main accusation of the WHO and international public health against the tobacco industry is that the industry has distorted science to deflect the impact of primary and passive smoke on human health. Furthermore, the tobacco industry stands accused of hiring prominent scientists to question the validity of the assertions of "public health" (with the not-so-subtle implication that this amounts to scientific corruption). We neither dispute that experts have been hired by that industry to argue with the technicalities of "public health" assertions, nor do we dispute that such scientists have been paid fees for their consulting; that is, in fact, the normal way professionals earn their living.

That common practice, used by private industry to dispute and argue points of contention, should not be the concern of governments and of the citizens that they represent. Rather, the concern is that Public Health – an institution which, by definition, should be unbiased and solely concerned with policies based on solid scientific grounds -- uses the *identical practices* of the tobacco

industry, while pocketing lavish public funding.

The deep enmeshment of today's international "public health" with the interests of pharmaceutical multinationals is well-documented.<sup>[2][3][4][5]</sup> It is curious that Mr. Yach, in his paper, states: "*The debate over conflict of interest between academia and private commercial interests is gaining visibility. In a recent article in the Journal of the American Medical Association, the dean of the Harvard medical school stated that more safeguards against conflict of interest are necessary.*" Shortly thereafter, he adds: "*How this debate will influence future tobacco industry funding of*

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*academia remains to be seen. Even more important is how academia is going to respond to offers from the tobacco industry.*" Mr. Yach ignores that the debate over conflicts of interest mainly concerns the influence of the pharmaceutical giants – **not** the tobacco industry -- on academia and scientific journals.<sup>[6][7][8][9]</sup> Nor does he mention *his own* potential conflict. He is a consultant to pharmaceutical manufacturers.<sup>[10]</sup> He is also a professional anti-tobacco activist, paid by the WHO, which in turn is deeply enmeshed with the interests of the pharmaceutical multinationals, its "official partners."<sup>[11]</sup>

Academia has always been in need of patronage and sponsorship to

finance its work. Today's "public health" tactics of denigrating the outcome of studies in function of their sponsorship represents a danger for the advancement of science, as it tends to eliminate "politically incorrect" sponsors from patronage, thus weakening the output and forcing one view at the expense of another. Furthermore, freedom of speech is guaranteed by the constitution of many countries, and the WHO is not supposed to have KGB-like privileges. **The issue is not who brings the message, but rather whether or not the message is true.**

In the case of the epidemiology of multifactorial diseases, for example, it is useful to quote Doll and Peto: "*[E]pidemiological observations... have serious disadvantages... [T]hey can seldom be made according to the strict requirements of experimental science and therefore may be open to a variety of interpretations. A particular factor may be associated with some disease merely because of its association with some other factor that causes the disease, or the association may be an artifact due to some systematic bias in the information collection...[T]hese disadvantages limit the value of observations in humans, but ... until we know exactly how cancer is caused and how some factors are able to modify the effects of others, the need to observe imaginatively what actually happens to various different categories of people will remain.*"<sup>[12]</sup> But speculative "imagination" should not be a determining factor of public policies in free democracies.

However, if funding (or the lack of it) is to be accepted as the main meter of objectivity and credibility in scientific research, then that meter is to be universally applicable. Therefore it should be applied to antitobacco studies funded directly or indirectly by the pharmaceutical

industry as well as those studies that are funded by the state under antitobacco programs. The purpose of science is to find out, prove and quantify the truth – not to justify social engineering programs and foregone political conclusions.

### THE FLAWED METHODOLOGIES

One of the tactics of the WHO in its effort to disinform governments and citizens about the health hazards of tobacco smoke is to mention mortality rates, and to project the use of tobacco as a social problem and a disease. “*Four million deaths per year, 1.2 billion smokers in the world today*”, Yach and Bialous flatly state. It is interesting to note that, according to the WHO's own 1997 World Health Report, the deaths were 3 million. A mere two years later, WHO's 1999 World Health Report states that there were 4 million deaths. That's an increase of 33% more dead smokers in only two years – a number they say that will increase to *10 million* in 19 years from now. To impress people more emphatically, predictions are based on predictions, which are based on estimates and projected estimates.<sup>[13]</sup>

The statistical models used by the WHO are fundamentally flawed,<sup>[14]</sup> and the methodology to enumerate the data is deeply corrupt.<sup>[15] [16]</sup> “Public health” is quick to dismiss as “tobacco paid” any opposition to what basically amounts to fraudulent information if the opposition comes from experts who have had any dealing whatsoever with the tobacco industry. On the other hand, independent, “non-expert” critiques, no matter how acute and to the point, are dismissed as incompetent, thus not worthy of attention. In fact, only antismoking activists and doctors – *doctors who embrace antitobacco* – are admitted to this exclusive “debate.” This “debate,” however, profoundly affects the pockets and the liberties of billions of smokers. Those smokers are expected to just blindly believe and obey public health's directives and accept its disinformation, without the opportunity, let alone the *right*, to

have any say about policies and taxation launched against them.

However, it does not take a general practitioner to understand that all the diseases attributed to tobacco are multifactorial, often with hundreds – if not thousands -- of concomitant causes which interact differently in every single human in function of hundreds of ever-changing variables.<sup>[17]</sup> Another complication is that *all* the diseases attributed to tobacco also occur in non smokers. It is therefore clear that it is *impossible* for multifactorial epidemiology to confidently isolate single co-factors such as primary or passive tobacco smoke exposure; thus, it is impossible to quantify the contribution (if any at all) of tobacco in a death or disease. From that fundamental concept alone it follows that the WHO's figures concerning tobacco-related mortality and morbidity are *invalid* as policy-making tools, and can only be relegated to the role – if any – of a

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rough indicator for speculative assumptions and/or further investigation. That is because those figures are based on *impossible quantification* – although a very complex, abstract, and highly technical set of parameters, methodologies, assumptions and terminology are used to impress unskilled media and political targets. This is done to project the impression of a highly sophisticated (thus *reliable*) statistical technology,

which is then presented by doctors and academicians to add the essential ingredient of credibility to the antismoking saga. Governments and institutions are then induced, in turn, to move legally and politically

against the tobacco industry and its 1.2 billion customers. But there is no magic in multifactorial epidemiology: beyond the smokescreen, the WHO cannot prove, even for one single subject, that a direct cause-effect relationship (that is, *single etiological causality*) exists beyond any reasonable doubt. Yet, Yach states: “*The causal relationship between tobacco use and death and disease has been demonstrated in countless epidemiological studies over the last 50 years.*”<sup>[18]</sup> Projecting absolute certainty, without the humility and the doubt that good science always expresses, is one of the well established strategies of “modern public health.”

In simple words, let us consider the enormous magnitude of the WHO's claims: four million-plus deaths per year “attributed” to smoking. With such a massive background of “fatalities,” there should be no problem at all in presenting **one single death** that can be **proven** to be caused uniquely by primary or passive smoking, and **beyond any scientific objection**. At least, the WHO should be able to firmly quantify the percentage contribution of tobacco to that one death. But in no case can the WHO, or any other entity or individual, make such a claim; and if all the apocalyptic documentation of the WHO is read analytically, one sees that that claim is made **nowhere**.

### IGNORING REAL SOLUTIONS FOR AN ARTIFICIAL PROBLEM?

Ironically, the same “public health” establishment that claims that so much death and disease is caused by primary and passive smoke wilfully ignores or smears any alternative in connection with smoking other than the unrealistic, and at any rate very long term, total elimination of smoking. Yet antismoking “education” is a credible cause of the dramatic increase in youth smoking,<sup>[19]</sup> for which tobacco advertisement is instead blamed,<sup>[20]</sup> even in those countries (such as Italy) where it has been forbidden for nearly four decades.

For some time, the technology has existed to dramatically reduce the risks of smoking – no matter how unquantifiable, and whatever those risks may be – without depriving smokers of their lifestyle preference. The so-called “safer cigarette,” based on halving the amount of untreated tobacco (thus halving pollutants in primary and passive smoke) and increasing the nicotine concentration (whose positive effects on health are widely recognised [21] [22] [23] [24] to the point that the pharmaceutical industry attempts to seize the control of it) has been available for many years, [25] and its merits, even recently, have been independently recognised. [26] The high concentration of nicotine augments the smoker’s feeling of satisfaction, and further reduces the number of cigarettes smoked. But since its inception, the “safer cigarette” has been ignored or even fiercely opposed by the very establishment that often defines cigarette smoking as the “greatest man-made source of preventable disease”.

In fact, the science and technology asserting that safer (more properly: less-hazardous) cigarettes were possible goes back to the Smoking and Health Program of the US National Cancer Institute, a program held jointly with the co-operation of the tobacco industry. Information about this program and the technology resulting from the research was initially made public through the efforts of Dr. James Watson, of DNA and Nobel prize fame. [27] The opposition to a safer cigarette began in 1978 in the US. In 2001 the Institute of Medicine of the US National Academy of Sciences has confirmed that the suppressed 1980 policies for safer cigarettes were sound. [26] It follows that, with its opposition, “public health” by its own count may be responsible for untold millions of premature deaths and avoidable diseases worldwide.

There are only two logical explanations for that opposition:

- “Public health” is aware that its figures for tobacco-related

mortality and morbidity are grossly exaggerated, and at any rate not provable, and is concerned that a wide use of a safer cigarette may prove, in a relatively short time range, that those figures and attributions are false or distorted.

and/or

- “Public health” fears the wide acceptance of a safer cigarette, as it would dramatically curtail the interests of the pharmaceutical giants who use “public health” itself to market their own, poorly effective (and mostly nicotine-based) “cessation therapies”, for such a cigarette would likely halve the risk of smoking without taking away the pleasure of smoking – something that no pharmaceutical nicotine delivery device/substitution drug can do.

**To expect the tobacco industry to raise to a higher standard of scientific proof, ethics and morality than public health institutions are willing to use themselves is unreasonable.**

In their paper, Yach and Bialous state: “*Philip Morris announced that it is following other tobacco companies and intends to launch a*

*‘safer’ cigarette in 2 years. It is noteworthy that recent reports on these ‘safer’ cigarettes address only the carcinogenic properties of tobacco and largely ignore the fact that cancer is but one in a long list of diseases caused by passive and active smoking.*”

Furthermore: “*The burden of proof of reduced harm must rest on the tobacco industry, and the public health community must take the proactive step of developing internationally accepted means of verifying whether any tobacco product can truly be labeled safer*

*than another. Tobacco companies will find that the epidemiologic standards they so vigorously opposed (for example, dismissal of studies with odds ratios of less than 2) are the very standards they will need to use to demonstrate whether their new products are indeed safer.*”

The purpose of those who are truly concerned with public health is to reduce harm, not to take abolitionist or moral postures. With that in mind, we can comment as follows on the two statements above.

1. As noted earlier, of the “long list of diseases”, no one single etiological causality can be proven for active smoking. There are strong statistical links between active smoking and lung cancer (although, statistically, it occurs at over 70 years of age, when the probabilities of cancer in general are much higher), which justify attributions of causality. But there is a fundamental difference between attribution and *proof*, as the former indicates a deductive extrapolation from indirect and often randomly occurring phenomena, and the latter an incontrovertible, predictably occurring phenomenon that removes all doubt. That fundamental distinction has been shamefully blurred for public consumption by “public health” in its crusade against smokers and the tobacco industry, and for the purpose of prohibition, taxation and behaviour control – and so has the use of the word “*cause.*” Given that this is the case, how is it possible that the tobacco companies could ever demonstrate to the satisfaction of antismokers that less toxic cigarettes are safer, since the only acceptable level of risk seems to be zero?
2. Keep in mind that these crusaders tell us that “there is no safe level of exposure to passive smoke.” Yet, passive smoking has **not** been proven to cause any disease, and the certainty expressed by the authors of the paper that passive smoke is a danger has long been the key to stimulating the social rejection of

smokers – a use of science that is an insult to ethics and science itself, and to those who hold its integrity in high regard. As to the integrity of Environmental Tobacco Smoke “science,” we refer readers, for example, to the Osteen decision against the Environmental Protection Agency<sup>[32]</sup> for documentation of what passes for scientific evidence in the antismoking movement. The point has been made that one does not have to be a specialist to understand that the EPA claims in this case were false. Again, it is difficult to see how the likes of Yach and Bialous could come to accept any cigarette as safer in the context of passive smoke. How can one prove that something is less risky than something else which has never been proven to be risky?

3. The burden of proof rests indeed with those who make the claim. However, the claims of “public health” about “tobacco-related” diseases have, for the overwhelming majority, failed to prove causality other than with statistical studies. From such “studies” ridiculous associations such as those attributing cavities to passive smoke,<sup>[28]</sup> and mental illness<sup>[29]</sup> or lesbianism<sup>[30]</sup> to smoking and so on have emerged, about which we have heard no public dismissal by “public health”, since those absurdities help its prohibitionist agenda by augmenting public hysteria. It follows that the need for proof has not restrained “public health” from its actions and its disinformative propaganda. To expect the tobacco industry to raise to a higher standard of scientific proof, ethics and morality than public health institutions are willing to use themselves is unreasonable. Risk elevations gravitating around 1.2-1.3 are the best the anti-tobacco industry can produce with existing studies, even after heavy-duty manipulation,<sup>[31][32]</sup> while 80% of the studies on ETS *do not even reach statistical significance*<sup>[33]</sup>.

It is plainly intuitive that maintaining the level of nicotine and reducing by some 50% the

combustible materials in a cigarette holds the promise of halving toxicity, risk, and passive smoke – regardless of impossible disease quantification. An honest Public Health should jump at the possibility of a safer product, and enthusiastically co-operate with the tobacco industry for its research, development and even its advertisement, even if only as a multigenerational transient towards a smokeless society, and put an end to the tobacco wars, which have proven to be economically destructive and socially devastating.

No one in good faith would object to a truly independent, open-minded entity evaluating a safer cigarette. In the current political environment, however, we can unfortunately expect any entity charged with that responsibility to stall, and throw bureaucratic obstacles against a potentially safer product in order to give more time to “public health” to expand its political web against tobacco. For years, the legal, moral, and political cornering of the tobacco industry has prevented that industry from making available a safer cigarette, in fear of both legal entanglements from implicit admissions of “defectiveness” of previous products, and crucifixion from “public health” advocates and their media servants.

### THE RISK ASSESSMENT JUNK SCIENCE AND THE SMEAR CAMPAIGNS

Risk assessment is, for the most part, unreliable science, for it often proceeds from hypotheses and conjectures. And when risk assessment is used to justify and implement predetermined conclusions and policies, it fits the definition of junk science. Nowhere is that more true than for passive smoke, where the quantification of risk elevation is so flimsy, it is absolutely unreliable. It has been argued that relative risk increases of under 2.0 (that is, under 100% relative risk increase) do not justify public intervention because the margin of error in quantification becomes more significant as the risk decreases.

At this point, a clarification on the validity of public intervention on relative risks smaller than 2 becomes necessary, as this issue has been – and still is – the subject of endless arguments among the parties involved in the tobacco control saga. There are, indeed, epidemiological conditions in which extremely small increases can be reliably and precisely measured. The polio vaccine may cause one confirmed case of polio paralysis in five million vaccinated people, that is, a relative risk of 1.0000002. Such minute risk increases *can* be precisely calculated when the outcome is rare, and when what is measured is not subject to the confounders (multifactoriality), and to the biases that are involved in the measurements concerning active and passive smoke. For a study to be scientifically reliable and credible, three fundamental guarantees must apply:

1. To have measured **only** what it intended to measure
2. The variables examined are the **only** differences between the measured phenomenon (case) and what is taken as zero risk sample (control)
3. The results can be reproduced by other laboratories

**None** of the studies on smoking – especially passive smoke – can claim to have met even *one* of those conditions, thus they do not qualify as reliable science – let alone as the basis for propaganda campaigns and public policy making. If the above conditions are not met, the numerical risk elevation (whether it is 1.01 or 10) becomes irrelevant.

However, as we have seen, the WHO and its pharmaceutical partners choose to ignore those fundamental points, to simply overstep well-established scientific practices, and to apply junk science to public policy. In fact, they seize the terminology of those who appropriately use it. In their paper, Yach and Bialous state: “*The junk science saga continues.*” That is among the few true statements of the entire paper, although not in the sense intended. Junk science, in fact,

is the only tool available to the WHO to mislead governments and individuals on passive smoke, and to push its pharmaceutical agenda. Antismoking studies, instead of being science are, to a remarkable extent, analyses of responses to questionnaires, analyses of groups of previous studies that are based on questionnaires; and computer-generated projections of catastrophic figures from studies based on assumptions, innuendoes – and questionnaires. Any pollster or modern marketing company knows that the results of a questionnaire are conditioned by what questions are asked, what questions are not asked, and how the questions are asked, as well as by the type and range of responses that the design of the questionnaire permits. Yet this type of technique, aggravated by the fact that databases are often not available for peer scrutiny because of “proprietary concerns,” is the secret heart of the much ballyhooed “overwhelming mountain of evidence” against passive smoke. In reality, the mountain isn’t even a pimple,<sup>[33]</sup> and the studies are not science. Every attempt to prove disease causality by passive smoke has failed,<sup>[34]</sup> sometimes with serious legal consequences as a result of the fraudulent nature of the studies.<sup>[35][36]</sup> When confronted with solid objections that cannot be countered other than with more of the same junk science, the antitobacco establishment resorts to a well established technique that is as widely used as it is unethical: *character smearing*.

In their paper, Yach and Bialous turn to smearing not just Philip Morris and the academics who are perspective consultants of the tobacco industry, but even an individual, Martha Perske, who objects to the way in which studies on passive smoke have been misrepresented to the public by anti-smoking advocates. From the paper, it is clear that the smearing machine of antitobacco has been set into motion to find Mrs. Perske’s “vulnerable” points such as – what’s new? – connections with the tobacco industry. “*She describes herself as a ‘smokers’ advocate,’ but industry*

*documents show that she stayed in close contact with Philip Morris, asking for their review of and comments on her activities,”* the paper claims solemnly, as if it were revealing a shocking scandal.<sup>[37]</sup> Mr. Derek takes the time and effort to investigate and smear a single, private individual, a woman dedicated to uncovering the truth, who has spent thousands of hours of her own time doing unpaid research into a subject of concern to her, out of a sense of social responsibility. She has dared to point a finger at the substantial passive smoke scientific deceit. As in all cases concerning dissent, Yach’s and Bialous’

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reaction (and the one of the antismoking establishment in general) is not to counter objections with solid scientific proof, but to attack their opponent’s credibility. In short, a highly placed WHO official wouldn’t bother to attack a retired private citizen, especially with such laughably flimsy “allegations”, unless he were scared of what she represents.

#### **THE PURPOSE OF THE WHO’S ENVIRONMENTAL TOBACCO SMOKE SCAM**

Passive smoke is portrayed as a public health hazard for one single purpose: *to create a hostile environment to smokers, so that they are induced to quit by social pressures*. In conjunction with disinformation on the consequences of health from primary smoking, smokers are told they are addicted to nicotine, and here is where the sale of the pharmaceutically produced smoking cessation “therapies” comes into play.

Although public consciousness is rapidly developing about the pharmaceutical connections of the global antitobacco establishment, the large majority of the population, media, and politicians is still tragically unaware of the extent of that connection. For this dissertation, let us consider the investment in antismoking activities by the Robert Wood Johnson Foundation, philanthropic arm of Johnson & Johnson, between 1992 and 2000 in one nation alone, the United States: well over 300 million dollars have been invested by just one multinational in financing antitobacco activities and “grass root” antismoking groups.<sup>[38]</sup> Yach and Bialous state: “*As discussed by Ong and Glantz, the use of front groups and consultants is a well established tobacco industry practice to avoid dealing with its lack of public credibility.*” Interestingly enough, one of the people mentioned by Yach and Bialous is an indirect recipient of pharmaceutical funding.<sup>[39]</sup> Even more interesting is that the antismoking activists never bother to report their pharmaceutical funding, and the most basic common sense shows that multinationals such as J&J do not invest hundreds of millions of dollars solely on humanitarian grounds. All that is compelling proof that *the use of front groups and consultants is a well established pharmaceutical industry practice to diffuse its marketing policies of smoking cessation products*. Unfortunately, the words of Yach and Bialous apply equally well to “public health’s” current masters.

ETS is, in reality, one of the most powerful marketing tools for smoking cessation products of the antitobacco enterprise, for it supplies a pseudo-scientific justification for the intolerance that is steadily stimulated by state, and pharmaceutically-funded propaganda through “public health.” The WHO’s function in this marketing scheme is to globalise the process, with the help of the World Bank,<sup>[40][41]</sup> and the International Monetary Fund,<sup>[42]</sup> which provide the necessary arm-twisting for those

financially vulnerable countries that do not want to embrace the "health revolution." Anyone who has closely observed the phenomenon of antitobacco "education" as it has developed in recent years will have noted how often the promotion of smoking cessation pharmaceutical "therapies" is now a key part of the message.

### MORAL AND ETHICAL CONSIDERATIONS

The concept of a world free of hunger and disease is noble and desirable and, although we are still far away from that accomplishment, we must always tend to the achievement of that goal. Quality of life, however, is not measured only in terms of clinical health. Many believe that a long, healthy life achieved at the price of brutal enforcement, regulation, suppression of pleasure -- not to mention the social cost of corrupting institutions and negating liberties and personal choice -- is not worth living. That basic view, however, seems to elude the WHO and "public health" completely, as what they are doing is an absolute antithesis of everything a free civilised society stands for, and is ominously reminiscent of the darkest hours of the USSR.

The "new approach" and tactics of the WHO, and "public health" in general, brings forward disturbing considerations with respect to the role of health authorities -- especially in times of advancing globalisation. An international authority concerned with threatening menaces such as malaria, or the communicable disease AIDS, is desirable and indispensable. But the over-expansion of that authority for the imposition of "healthy" lifestyles on the global population is another matter altogether. For one thing, responding to the challenge of conventional health emergencies is very different from taking on the project of coercing disease prevention and maximising healthy life styles. Permitting the WHO, or any government, to proceed too far down the latter road poses serious questions for any society that wishes to be liberal and democratic.

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By going down this road the WHO is beginning to meddle in internal policies of countries, to interfere with economics, commerce and advertising, and even presumes to influence moral and ethical values. If this does not overstep the WHO's moral and functional limits, it should. Furthermore, the adoption of intimidation, political arm-twisting, and the systematic use of disinformation and junk science to push the WHO's agenda is unworthy of its purpose, and is deeply debilitating to the credibility of science in general, and medicine in particular. Finally, and perhaps more importantly, the blatant conflict of interest between the World Health Organisation (and "public health" in general) and the pharmaceutical multinationals should be examined very closely -- and dramatically uprooted. Nowhere is that conflict more strikingly visible than in tobacco control.

"Tobacco control" uses international treaties <sup>[43]</sup> to undermine the sovereignty of individual nations so that its interests can create public policy with a fait accompli on a global scale. The menace that this initiative creates for the sovereignty of nations cannot be overemphasised: the tobacco control treaty forces nations to open their doors to the special interests of the pharmaceutical industry through a channel that is not the normal marketplace. At the same time, it sets into place the precedent of a undemocratic supra-national governing mechanism for health policy within nations. The

pharmaceutical industry, which is rapidly consolidating and striving to realise the remarkable potential of contemporary biotechnology, may well be the most powerful industry in the world. That an international organisation supposedly representing the world's peoples should see itself in partnership with such an industry, is cause for concern.

In the tobacco control field, for all intents and purposes, the WHO has become the legitimising enabler of the marketing programs of the pharmaceutical multinationals:

- It ignores or discredits its own scientific evidence when it does not produce the desired antismoking results. <sup>[44] [45] [46] [47]</sup>
- It openly undermines the tobacco industry, facilitating the pharmaceutical industry's control of the nicotine market. <sup>[48]</sup>
- It accepts funds and resources from pharmaceutical conglomerates, to the point of becoming their "official partner".
- It promotes and supports pharmaceutically-funded antitobacco "studies" designed to further its antismoking agenda, while consciously ignoring the vast amount of scientific evidence that disputes, does not corroborate, or even exonerates tobacco from unprovable allegations against it. <sup>[49]</sup>
- It pushes pharmaceutical smoking cessation products with a zeal unmatched by the best, for-hire marketing companies. <sup>[50] [51]</sup>
- It wilfully promotes intolerance by instigating non smokers against smokers. The social hostility that is created is apparently designed to intimidate smokers, and in this it largely succeeds, with devastating long-term social effects.
- It interferes with the cultural and democratic processes of nations in order to instigate smoking bans, and to induce smokers to purchase the products of its "benefactors" to socially "fit in."
- It interferes with the internal public health/socialised medicine of nations, pushing to change

public health priorities, and to include cessation products that are either 80-85% defective, don't work at all <sup>[50]</sup> – or may be deadly <sup>[52]</sup> – in state-subsidised drug programs, thus affecting the distribution of the resources allocated for essential drugs.

The attempt by the WHO and the international public health community to interfere with people's lifestyles goes well beyond smoking. WHO functionaries have recently been applying pressure to the Australian government to force restaurants to serve vegetables to customers. <sup>[53]</sup> And at a recent Commonwealth health ministers meeting in New Zealand, delegates repented to a report from The International Obesity Taskforce pressure group, a “collaborator” with the WHO according to the group's website, <sup>[54]</sup> by discussing ways in which government might coerce citizens to slim down. Suggestions included the introduction of punitive taxes on food and legislating portion sizes at take-out restaurants. <sup>[55]</sup>

WHO director Gro Harlem Brundtland calls this sort of thing the “Health Revolution”, but a more appropriate definition would be “The Assault of the Thugs”. It is tempting to call the prostitution of the WHO and public health institutions to the marketing and political agendas of multinationals a quantifiable “pandemic” that has reached global proportions, and thus distinguish it from the phenomenon of “tobacco-related” diseases, but we will leave it to “public health” to abuse the language of epidemiology.

Who is to blame for the current state of affairs? Multinationals can be expected to push their agendas, for it is in the nature of corporations to try to increase their profits. But public and international bodies should not be involved in the effort. The role of public health is surely not to be a shill for corporations, or a propaganda machine for the wholesale annihilation of what it considers the “undesirable” customs and habits of private citizens. When private industry and uncontrolled and democratically unaccountable

bureaucracy come together to realise mutual goals through disinformation and both economic and political repression, it is an unholy matrimony. Perhaps it is time to carefully formulate and enforce a Universal Code of Ethics for Public Health, with the recognition that our current public health entities have overstepped legitimate boundaries, and are in much need of reform. It is also time to begin investigating public health institutions in the public interest. For example, the citizens of member countries have a right to know how the WHO is influenced by “private” donations, also known as “extra-budgetary funds,” which have increased throughout the 1990s with an astounding 50% growth between 1996-97 and 1998-1999 alone (from a total of US\$658,012,975 to an estimated total of US\$956,000,000). <sup>[56]</sup>

We need, in short, to return the WHO to its fundamental function: the compassionate relief from the pain and suffering of the human condition through research and help. We need to irreversibly immunise the WHO from politics and corporate involvement, impose public transparency and scrutiny on its agendas and scientific databases, and to dramatically resize the bureaucratic monster it has become – **a machine that eats up 75% of its budget in “administrative overheads.”** <sup>[57]</sup> It is also indispensable, before any other

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consideration, to focus its range of interests and authority directly to basic and devastating diseases that

are tangibly quantifiable without abstruse and questionable computer programs and methodologies.

To close, it is indispensable that the practice of epidemiology be tightly codified to much stricter standards, in order to impose transparency, demonstrability and data verification on this afflicted branch of research. Some have called that GEP (Good Epidemiological Practice). It is not surprising that Ong and Glantz have attacked this initiative as “tobacco industry-funded”, stating that “*The European ‘sound science’ plans included a version of ‘good epidemiological practices’ that would make it impossible to conclude that secondhand smoke — and thus other environmental toxins — caused diseases.*” <sup>[58]</sup> As this paper has pointed out, with the present state of scientific technology, it is impossible for honest science to quantify the damage (if any) of smoking – especially passive smoke – and to reliably attribute causality. This is an inescapable limitation that no political or marketing agenda should be allowed to circumvent. It seems to us that the standards that Ong and Glantz (and the pharmaceutically-financed antitobacco enterprise) fear and oppose are those of scientific integrity, and accountability on the claims made. In an environment where the moral poles are not reversed, any industry or other force encouraging the improvement and integrity of science should be commended (regardless of current political trends and special interests) in the interests of all.

## FINAL CONSIDERATIONS

We predict that this paper will be assaulted and dismissed by the WHO and “public health” as “yet another scheme from the tobacco industry”. Alternatively, it will be handled in the manner customary to those who don't want to hear: it will be *ignored*. At any rate, let it be known that we are not “stooges of the tobacco industry,” although we believe it is an industry as legitimate as any other. This paper is not in defence of the cigarette makers, from whom we dissent in many ways, especially because that

humiliated and politically defeated industry no longer has the fortitude to react, as it should, to the campaigns of hatred against it financed by “public health,”<sup>[59]</sup> or the ability to effectively expose scientific frauds and disinformation against smoking, or to defend the rights and freedoms of its customers. It is pathetically trying to re-climb the ladder of political correctness and public image (even sponsoring antitobacco ads!) with the help of too many lawyers, accountants, and PR firms.

We are the voice of millions of smokers who no longer tolerate being regarded as second class citizens, or patients; who no longer want to listen to the voice of Big Pharma dressed up in the white coats of international “public health.” We are those world citizens who demand that public scientific information be made available without the dressing of political, commercial, and behaviour-control spins; those who demand to be respected for the choices they have made, without the unsolicited intrusion of the state, and pharmaceutical enablers. We will no longer tolerate being stigmatised and accused of hurting other people. We are outraged at being forbidden access to public places and workplaces as smokers, and at being denied employment. We are alarmed that our authority as parents has been attacked. We are alarmed that we can be prosecuted for smoking on our own property in some jurisdictions if a “concerned” neighbour sees fit to report us.<sup>[60]</sup> We are defending our dignity. We do not accept being outcast by societies to which we contribute billions of

**We are the voice of  
millions of smokers  
who no longer tolerate  
being regarded as  
second class citizens.**

dollars each year. **We do know the truth about ETS.**

We are those who want their children to be left alone in schools, and who want freedom of speech and expression, which includes freedom for the advertisement of the products we consume. We want our governments to *mind their own business*, and to *stay out* of our lives, while dedicating the resources from our taxes to the fight against *real* – not computer-generated – epidemics.

We are those *who no longer believe* that multiple choice questionnaires are “conclusive evidence” from “unequivocal science.” We are those who are tired of seeing pharmaceutical stooges, who have been paid millions of dollars, preach distortion, falsehood and hatred from TV tubes, the internet, newspapers and radio waves. We want a peaceful, hysteria-free, hate-free society for ourselves and our children to live in, and to achieve quality of life through liberty, peaceful coexistence, self-determination, and freedom of choice and lifestyle as well as through physical health. In western democracies these are often assumed to be widely shared values, yet the project of maximising public health

benefits through whatever means is necessary assumes the assumption of increasingly total control over the range of decisions available to citizens. The advent of what the eminent psychiatrist and social critic Thomas S. Szasz calls the Therapeutic State, in which the proper line between public health and private health becomes dangerously blurred, along with the proper distinction between treatment and coercion, is increasingly being recognised and documented.<sup>[61]</sup>

Finally, we are the voice of all those respectable scientists, doctors and researchers who have been reduced to silence through intimidation, fear, career threats, slander and smearing, political “job repositioning,” and media lynching. Such practices are used to achieve “scientific consensus” on tobacco and other issues. The names of many people may have been smeared and their message may have been momentarily silenced. But their call for truth and intellectual honesty remains, and their fight against political, corporate and “public health” junk science continues with purposeful dedication.

Indeed, it is time to ask the WHO and “public health” around the world a question that was asked nearly fifty years ago: “*At long last, have you no shame?*” History reports that question as the end of a lamentable era of inquisition and persecution. May history repeat itself and, once again, in an equally constructive way.

**FORCES International Board of Directors**

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FORCES International is a global organisation with no direct or indirect funding from the tobacco or pharmaceutical industries. It is funded with private donations, membership, and volunteer work. Its constituency consists of smokers and non-smokers who have the common goal of a lifestyle free from state and institutions’ interference, and it includes doctors, scientists, writers, economists, researchers, politicians, lawyers, other professionals, as well as lay people from many nations. FORCES is politically non-partisan, and solely concerned with liberty, intellectual honesty and the integrity of science, and it is against the use of science as a tool for the control of politics, policies, customs and cultures, economics, and behaviour. Further information about FORCES International can be found at its international multilingual website, [www.forces.org](http://www.forces.org).

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