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Smoking Bans

Regarding Michael Marlow's article on smoking bans,¹ he and everyone I read on this subject ignore one of the biggest problems of "second-hand" smoke—the effect on people with asthma or reactive airways disease.

I hate smoking, and hate to be around second-hand smoke, but more than that, I hate giving the government power to legislate my safety. Because everything can fall under the rubric of public safety, giving government power to pass laws for safety is to turn our constitutionally limited government into an unlimited one. So, as much as I appreciate the cleaner air, I am not writing to advocate tougher smoking bans.

From a medical perspective, however, public smoking does not just impact cancer and heart disease. In a very direct way it limits access to people who wheeze when confronted with smoke. I do not consider myself asthmatic as I take no regular medications for my "reactive airways." But I was raised in a smoking household, and as an adult, any significant smoke exposure causes me to have difficulty. The practical aspect of this was apparent the day I had to take a driver's license test in North Carolina and the officer monitoring the classroom was chain smoking. I started coughing and wheezing to the point I could barely finish the exam—and a driver's license was critical to my ability to make a living. Prior to smoking bans I was limited in the restaurants I could frequent, and never sat in a cocktail lounge. I had trouble traveling on trains and planes and buses, and would have to pre-treat myself before these events.

So, while I applaud Marlow for taking on false (possibly politically motivated) claims for the health hazards of second-hand smoke, I can say without question that second-hand smoke has consequences. Perhaps the major consequence is that to children raised in smoking households, or forced to endure closed car spaces with smoking parents. (The increased risk of SIDS in smoking households is well documented.) Many smoking parents understand this and, thanks to education

about these matters, have stopped smoking around their children or in their cars.

Second-hand smoke is not benign. But, God help us if the federal or state governments succeed in legislating what we can do in our own homes. Government is more dangerous to our health than second-hand smoke!

Lee Hieb, M.D.

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Author Reply: I acknowledge that some people find exposure to concentrated environmental tobacco smoke (ETS) causes health problems to varying degrees, and many others find it aesthetically uncomfortable. These people certainly have an interest in seeking public places that do not allow smoking, and indeed research has shown that business owners are much more likely to voluntarily ban smoking when they cater to many nonsmokers. So, there are often public places that voluntarily ban smoking, and it is debatable whether all places should be subjected to government-imposed smoking bans. Defending bans in public places based on aesthetics and health risks for a few people is much more ethical than relying on grossly exaggerated claims concerning the health effects of sporadic ETS exposure to everyone in the population, or asserting that smoking bans lead to dramatic and almost immediate reductions of up to 47% in the incidence of acute myocardial infarction (AMI).

ETS is also not the only health issue that people may face in public places since peanuts, solvents from cleaning and painting, various cosmetics, etc. may also pose health problems to some people, and it remains an open ethical debate where to draw the line on banning substances that pose health problems for affected population groups. My paper¹ did not directly enter into this debate because it focused on how various public health groups and the news media have distorted the evidence on the relationship between AMI incidence and smoking bans by unethically misrepresenting the evidence

in order to push a social agenda rather than sound science.

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¹ Marlow ML. Do smoking bans reduce heart attacks? *J Am Phys Surg* 2010;15:13-14.

Private Foundations

I read with great interest the statement from your archives on the Robert Wood Johnson Foundation (RWJF).¹ I've been following their deeds for quite some time.

What I've found even more interesting about this "nonprofit" foundation is its ability to profit from the public policies they influence, whether from pressure with their many "partnerships" or the very generous "grants" they award. Keep in mind that as of their last on-line annual report, RWJF owns 42,343,391 shares of Johnson & Johnson (J&J) stock,² valued at more than \$2.2 billion. Also consider that a strategy in warfare is to appear larger so as to convince the opposition (or Congress and legislatures) they should be intimidated by your vast numbers.

RWJF has been at the forefront in tobacco control, funding advocacy organizations. They have awarded \$446,398,054 in tobacco control grants.^{3, pp 5-6} They created and funded the Campaign for Tobacco-Free Kids with \$84,000,000 in start-up money.⁴ RWJF has funded the American Cancer Society, the American Lung Association, and the American Heart Association, and awarded \$10,000,000 in grants to the University of California San Francisco Medical School for the Smoking Cessation Leadership Center, directed by former RWJF chief executive officer (CEO) Steven Schroeder, who is mentioned in your article. Nearly every initiative ties back to marketing nicotine replacement products: ways to increase consumer demand⁵ and the push to have public and private insurers pay for their products.⁶ Those key in promoting tobacco control received "awards" from RWJF, for example, Michael Fiore who was key in writing the Treating Tobacco Use and Dependence guidelines which recommends physicians "provide evidence-based cessation counseling and medications. For patients unwilling to quit at this time, provide motivation counseling."⁷ Stanton Glantz, James Repace, and many other tobacco control researchers and advocates also received "awards" from RWJF.

RWJF and J&J profit from the sales of Nicoderm and Nicorette.⁸ J&J more or less cornered the market on over-the-counter nicotine replacement products. Despite the fact that a recent study of the patches show a 98.4% failure rate⁹ for quitting long term (1 year or longer), that users of the gum experience many medical problems as well as severe addiction to the gum,¹⁰ and that the gum and lozenges pose a higher-than-expected risk of oral cancer,¹¹ RWJF-funded organizations continue to push J&J products, in many cases with publications funded by RWJF.¹² Tobacco control is highly profitable, as other nonprofits benefit such as the American Cancer Society for the use of their logo on NRT packaging.¹³ This is in direct conflict with a recent study published in *PLoS Medicine* that said more people successfully quit smoking "cold turkey" than with nicotine replacement products.¹⁴

RWJF has given half a billion dollars in grants to fight obesity. A log of visitors to the White House in early 2009¹⁵ showed RWJF CEO Risa Lavizzo-Mourey visiting more frequently than Secretary of State Hillary Clinton. Why? Because RWJF is entrenched in the "healthcare reform" establishment.¹⁶ Who has pushed for taxing soft drinks containing sugar? Note that J&J owns Splenda. Lavizzo-Mourey has met with the First Lady, who is now spokeswoman for childhood obesity. A recent article¹⁷ writes of a study that showed the cost benefit of having insurance pay for weight-reduction surgery to decrease later costs of obesity-related illnesses. The study was funded by Ethicon Endo, a J&J company that manufactures the medical devices for weight-reduction surgeries.

When RWJF funds programs with grants, both RWJF and J&J profit. Is that a coincidence?

Pam Parker
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¹ Orient JM. Statement on the influence of private foundations on public policy. *J Am Phys Surg* 2010;15:24-26.

² RWJF. Financials. 2007 Annual Report. Available at: <http://www.rwjf.org/files/publications/annual/2007/notes-investments.html>. Accessed May 11, 2010.

³ Bornemeier J. Chapter 1. Taking on tobacco: the Robert Wood Johnson Foundation's assault on tobacco. In: *To Improve Health and Health Care*, vol VIII. *The Robert Wood Johnson Foundation Anthology*; 2005. Available at: www.rwjf.org/files/publications/books/2005/chapter_01.pdf. Accessed May 11, 2010.

⁴ RWJF. The Campaign for Tobacco-Free Kids. Publications and Research, Mar 26, 2009. Available at: <http://www.rwjf.org/pr/product.jsp?id=40868>. Accessed May 11, 2010.

⁵ Consumer demand: innovations in building consumer demand for tobacco cessation products and services. Roundtable Meeting 3. Available at: http://www.consumer-demand.org/r3_pubs/latest_purposegoals.pdf. Accessed May 10, 2010.

⁶ McGoldrick DE, Boonn AV. Public policy to maximize tobacco cessation. *Am J Prev Med* 2010;38(S3):S327-S332. Available at: www.rwjf.org/pr/product.jsp?id=56008. Accessed May 11, 2010.

⁷ RWJF. Updated clinical practice guideline for treating tobacco use. Publications and Research, July 2008. Available at: <http://www.rwjf.org/reports/grr/055358.htm>. Accessed May 11, 2010.

⁸ Zhang J, Mullins B. Nomination tests antilobbyist policy. *Wall St J*, May 4, 2009. Available at: <http://online.wsj.com/article/SB124139960819782109.html>. Accessed May 11, 2010.

⁹ Rapid response to: Moore D, Aveyard P, Connock M, et al. Effectiveness and safety of nicotine replacement therapy assisted reduction to stop smoking: systematic review and meta-analysis. *BMJ* 2009;238:b1024. Available at: <http://online.wsj.com/article/SB124139960819782109.html>. Accessed May 11, 2010.

¹⁰ Askapatient Database. Ratings for Nicorette. Available at: www.askapatient.com/view/rating.asp?drug=18612&name=NICORETTE&page=1. Accessed May 11, 2010.

¹¹ Henderson M. Cancer risk of nicotine gum higher than thought. *Timesonline*, Apr 22, 2009. Available at: www.timesonline.co.uk/tol/life_and_style/health/article6143744.ece#cid=OTC-RSS&attr=797084. Accessed May 11, 2010.

¹² American Lung Association. Helping smokers quit: state cessation coverage. Tobacco Policy Trend Report. Available at: www.rwjf.org/files/research/helpingsmokersquit11132008.pdf. Accessed May 11, 2010.

¹³ Veracity D. Is the American Cancer Society more interested in cancer profit than cancer prevention? *Natural News*, Jul 31, 2005. Available at: http://www.naturalnews.com/010244_American_Cancer_Society_the_ACS.html. Accessed May 13, 2010.

¹⁴ Hyde A. Nicotine replacement therapy over-promoted since most ex-smokers quit unassisted. *Eureka Alert*, Feb 8, 2010. Available at: www.eurekaalert.org/pub_releases/2010-02/plos-nrt020410.php. Accessed May 10, 2010.

¹⁵ Visitors log. Available at: http://msnbcmedia.msn.com/i/msnbc/Sections/NEWS/PDFs/white_house_visitors_release_2009_10_30.pdf. Accessed May 10, 2010.

¹⁶ RWJF. Health reform. Available at: <http://www.rwjf.org/healthreform/>. Accessed May 10, 2010.

¹⁷ Rundle RL. Obesity surgery is called cost-effective. *Wall St J*, Sep 8, 2008. Available at: <http://online.wsj.com/article/SB122082794026608293.html>. Accessed May 11, 2010.