Tobacco Control 1998;7:116–122

NEWS ANALYSIS

All articles written by David Simpson unless otherwise attributed. Ideas and items for News Analysis should be sent to David Simpson at the address given on the inside front cover.

USA: children's theatre makes smoking a farce

A theatre group based in Minnesota has been busy delivering a dramatic message to children that smoking is far from "cool" (the word used by children in the United States and many other countries to describe what is trendy and worthy of attention). Two plays, both produced by the Minneapolis-based National Theatre for Children (NTC), are being performed to schoolchildren about the dangers of smoking, using humour and imagination to get across their message. During the academic year from October 1997 to May 1998, NTC and sponsor Allina Health System took *2 Smart 2 Smoke* to 162 Minnesota elementary schools.

The *2 Smart 2 Smoke* productions are aimed at children as young as five, in the knowledge that children's erroneous perceptions about smoking begin very early in life. The group set out to use live theatre, along with curricular materials for use in the classroom and at home, to teach children about the perils of beginning nicotine use.

An early elementary production for kindergarten to third grade (ages 5–9) is an adaptation of the *Three Little Pigs*, in which the Big Bad Wolf is in jeopardy of losing his huffing-and-puffing job because his not-so-cool cigarette addiction has caused shortness of breath and fits of coughing. After also being turned down by Little Red Riding Hood for a lesser role, due to bad breath and smelly clothes, the Big Bad Wolf stops smoking for good to regain his old job.

A science-fiction show for older elementary children, grades 4–6 (ages 9–12), has rocket ships, space aliens, and a plot about greedy tobacco companies attempting to get "people" on other planets hooked on cigarettes. The planet Tramsos seems to be the perfect setting for exploiting a huge new market. But in the end, smoking, smokers, and the cigarette sellers simply seem silly.

The three little pigs await the Big Bad Wolf: a scene from one of the anti-tobacco productions performed in schools by the Minneapolis-based National Theatre for Children, United States.

NTC had asked Minnesota-based Allina Health System to help develop and sponsor *2 Smart 2 Smoke* with the goal of reaching thousands of schoolchildren with messages about the dangers of smoking. As tobacco control is one of Allina's principal priorities, in view of the impact it has on its members and their health, the elementary school anti-smoking plays were a natural place to focus efforts.

Since the project was launched in Autumn 1997, the programme has been seen by thousands of children in grades 1–6 in the metropolitan area of Minneapolis and Saint Paul, as well as by their families and teachers.

The curriculum is designed to provide awareness, understanding, and endorsement of the reasons not to smoke, and the organisers report that children come away from the productions with the key messages: "smoking is dumb" and "smoking is not cool". Teachers have been very enthusiastic about the programme.

A team headed by Dr Cheryl Perry of the Department of Epidemiology at the University of Minnesota School of Public Health is analysing tests taken by 3200 children before and after watching the productions last Autumn, and who took part in classroom activities, and carried home follow-up workbooks.

2 Smart 2 Smoke has been so well received by students, teachers, and parents that NTC and Allina now have expanded the programme to 80 additional Minnesota locations, with community support from the Minnesota Medical Association and the Smoke-Free Coalition of Minnesota. The programme will reach 180 000 school-age children in Minnesota over two school years.

Although lasting effects of these educational efforts are still unknown, the early signs are encouraging. Children seem to remember the messages better because of the humorous, memorable, and effective way they are delivered. Even without the research results, America's largest healthcare management company, United HealthCare Corporation, has decided

to underwrite a tour of *2 Smart 2 Smoke* across the United States at the beginning of next year.

ROBERT J JEDDELOH
Allina Health System
Minneapolis, Minnesota, USA
jeddeloh@allina.com

Mission: please, just accept us as credible

In the early 1990s the corporate fashion for developing mission statements caused countless thousands to sit about in small groups with white boards developing gushy statements often with quasi-religious undertones. Some even called them "missionary" statements. The verbally incontinent facilitators who typically led these occasions would whip participants into frenzies of optimism, urging the manufacturers of humble nuts and bolts to feel that they were responsible for holding the very world together. Every word was weighed and measured to ensure employees and the public would be instilled with an inspirational, visionary zeal. Mission statements were not to be the cries of shrinking corporate violets.

Philip Morris Australia's corporate affairs division recently jumped on this bandwagon and has announced with pride the following statement in its internal corporate newsletter:

"The Corporate Affairs Division seeks to sustain a *reasonable business environment* within which the Company can maximise its opportunities to successfully market its products, service its customers and *be accepted as a credible corporate entity in the communities in which it does business*" (our emphases).

Not for Philip Morris any mission to go full-steam ahead and conquer new markets. Not for them any bold language about the world being its oyster. It just wants to do reasonable business. And its second preoccupation? The poor, spurned and vilified dears just want to be "accepted" as "credible"—not by the whole community, mind you, but just by "the communities in which it does business". Picture the corporate white board session:

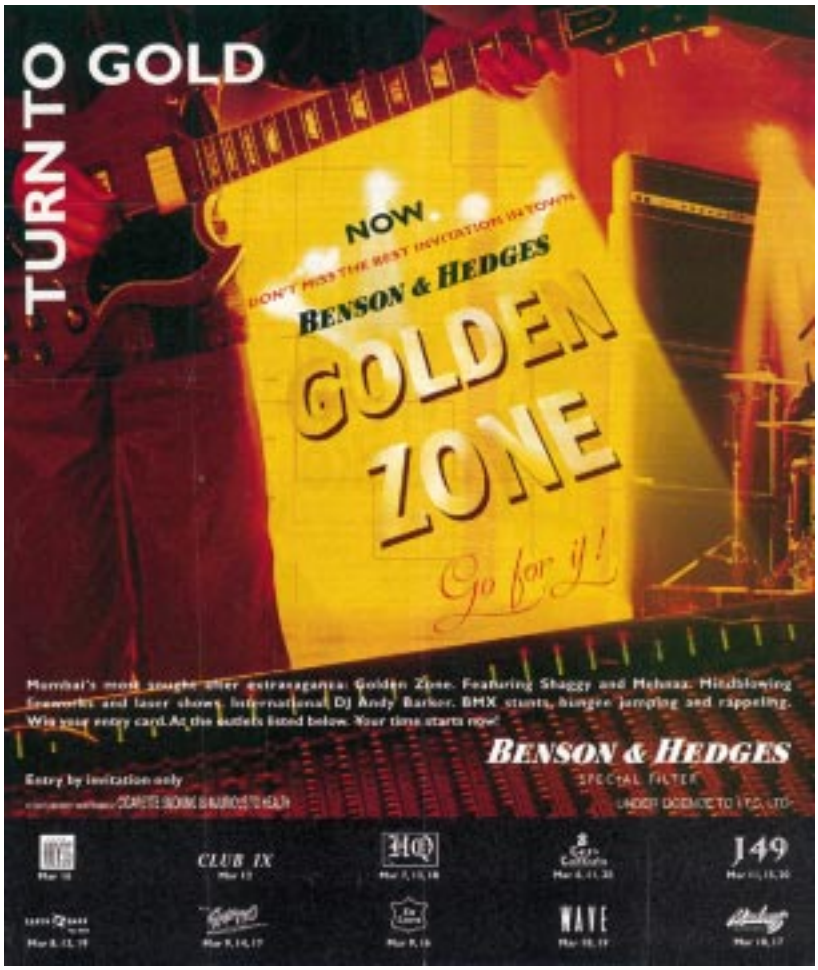
Facilitator: "Now, how do you want the community to see you?"

Corporate affairs team member: "Well, let's admit it now. We may as well give up on the general community—let's just see if we can do better with people we sell our products to."

Facilitator: "OK then . . . what would you like to see happen there?"

Team member: "Hmmm, I'd see it as a big advance if even the people we do business with would accept us as credible."

SIMON CHAPMAN
Deputy editor



This newspaper ad was part of the Benson & Hedges promotion in India. It describes "Mumbai's most sought after extravaganza", promising "Mindblowing fireworks and laser shows . . . BMX stunts, bungee jumping and rappeling [sic] (abseiling)." Entry was "by invitation only", and entry cards were available from clubs where B&H promotional nights were held: their logos, with relevant dates, are set out across the foot of the ad. The small, faint image just above, to the left, is a health warning.

South Asia: foul play from B&H

Earlier this year, a massive advertising campaign was launched for Benson & Hedges, made for the local market by the Indian Tobacco Company (ITC), a subsidiary of BAT. Special functions sponsored by B&H were advertised, including many in bars popular with fashionable young people in the city of Mumbai (Bombay), and large B&H billboard advertisements appeared all over the city.

Young people in teeshirts coloured black and gold (the B&H colours) distributed free packets all over the city, in bars, on college campuses, on the streets, and even in playgrounds such as the Shivaji Park. To any local person, the park is synonymous with cricket, the national game left behind by the British colonial rulers, which has a near-obsessional following in India. Here hopeful young men and boys spend their days practising their game, fantasising, perhaps, about playing on more exalted grounds one day. One youth described how cigarette packs were distributed to all the young people in the park. Newspapers published letters of complaint from health workers, and radio and television presenters added their protest. The climax of the promotion was a high-profile rock concert featuring famous performers.

India is already suffering from several massive BAT promotions, such as Wills sponsoring cricket, and Gold Flake brand sponsoring Leander Paes and Mahesh Bhupati, two young tennis stars who are acknowledged role models for young people. "These

Recent cigarette advertisements, posing as ads for sponsored cricket and tennis events, from Indian newspapers.

promotions are blatantly unethical. Companies all over the world are increasingly admitting that tobacco is lethal," says Dr Prakash Gupta, an experienced researcher on disease caused by tobacco based at the Tata Institute of Fundamental Research. "They conceal the dangers of smoking and promote a certain lifestyle and image which attracts people in the younger and impressionable age groups," he added.

According to ITC's public relations agency, the campaign was not aimed at non-smokers, and was targeted only at 30-year-olds. Questioned by *The Times of India*, ITC's local marketing manager declined to comment, pleading that he was not authorised to talk to the press; he directed the reporter to the company's public relations officer in Calcutta, who in turn suggested the name of another official who was not available for comment.

Meanwhile, neighbouring Sri Lanka (formerly Ceylon), has also been deluged by B&H. The local medical association reports that models, including some from India, were employed to distribute cigarettes free of charge to young people. On several occasions they were obstructed by tobacco control activists making fun of the promotions. Ceylon Tobacco Company (CTC), BAT's Sri Lankan subsidiary, was then forced to change its strategy, focusing on private venues such as dances and nightclubs.

On 14 February (the day associated with St Valentine, the patron saint of love), CTC sponsored a dance at a five-star hotel in Colombo, the capital. In the light of previous experience, participants were carefully screened for this event, though several activists still managed to gain access. Inside, B&H cigarettes and alcoholic drinks were distributed free of charge, again by models. Some of the female models distributing cigarettes were described by health activists as obviously "available" and "ready for anything", and apparently could be freely touched, in stark contrast to prevailing social mores in Sri Lanka. As some participants' behaviour deteriorated, others left in disgust; one young woman was heard reprimanding her boyfriend for bringing her to "this orgy".

Interestingly, CTC top management officials were said to be present throughout. But as we know, the people at their party were adults; they never promote cigarettes to the young.

Move over, Marlboro

The international pharmaceutical company SmithKline Beecham (SKB), makers of nicotine replacement medications such as Nicorette gum and NicoDerm patches, is entering sports sponsorship. And it is doing it with a boldness more reminiscent of the companies that make the products which SKB seeks to replace with its own. First came news of its move into billiards, a game closely associated with cigarettes through sponsorship of televised competitions, and featured in the United States in Joe Camel promotions. Just as the audiences for televised billiards have been a natural target for tobacco companies, it is no surprise that they are equally attractive to Nicorette, though for the moment limited to a special target audience. As part of a marketing drive towards the American military, whose goal is to be smoke-free by the year 2000, Nicorette has come up with an international billiards competition open to personnel in all branches of military service at more than 50 bases, in Europe and Asia as well as those at home.

A wider audience awaits the company in another bold venture, once again in an arena dominated by the tobacco industry. The Nicorette-NicoDerm CQ Champ Car is appearing this year in motor sport events ranging from the Marlboro Grand Prix in Miami to events in the FedEx Championship Series in the United States. It will not be the only Nicorette vehicle at the race tracks: a 34-foot (10-metre) van will be there, staffed by counsellors and pharmacists dispensing information and "coping kits" to smoking race-goers. This product-specific racing car goes a step beyond the "unbranded" anti-tobacco racing cars we reported on earlier (*Tobacco Control* 1995;**4**:217).

Tobacco Control looks to the day when we can report a full season of such sponsorship at the highest levels. Take Formula One, for example: what

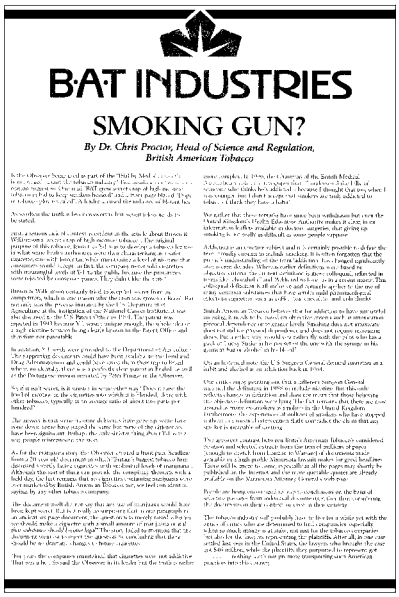
Billiards paraphernalia (and a Camel lighter) promoted in a "Camel Cash" catalogue.

United States military billiards tournament sponsored by Nicorette/NicoDerm CQ smoking cessation medication.

about buying out one of those tobacco-sponsored teams?

BAT attacks

As previous issues of *Tobacco Control* have reported, BAT has long been putting out disinformation by the truck-load. For example, it sets up special seminars to reach journalists from developing countries, no doubt viewed as potentially more easily persuaded of its propaganda than those from countries where tobacco's number is up. And it has certainly played its full part in getting the tobacco industry the sort of name for scientific integrity that, say, a pit full of vipers has for personal safety. But such activities have usually been undertaken in a situation where it has relatively firm control. Recently, however, in its home territory of the United Kingdom it has stepped out of the sidelines and put its foot straight into, well, onto the public stage. In short, it has tried some up-front, proactive media initiatives.



BAT INDUSTRIES

SMOKING GUN?

By Dr. Chris Proctor, Head of Science and Regulation, British American Tobacco

First came an extraordinary attempt to set the record straight after damaging publicity in British newspapers following some of the gems scattered to the world's news media from the Minnesota litigation, in the form of internal documents from tobacco companies. Stung by revelations about high-nicotine tobacco grown in Brazil for Brown and Williamson (B&W), BAT's American subsidiary, and about BAT having accepted 20 years ago that tobacco was addictive, the company took out a five-column advertisement in *The Observer*, one of Britain's leading serious weekend newspapers. Breezily headed "Smoking Gun?", it was a statement by Dr Chris "Ground-breaking" Proctor (see *Tobacco Control* 1996;**5**:262–3), these days billed as head of science and regulation.

Space for the 1200 or so words (probably unconvincing to virtually every reader) was presumably bought on the assumption (probably fair) that the newspaper would never publish a letter even a fraction of the size of an advertisement, where it could get its propaganda printed in full, and without the inconvenience of damning comments from health advocates. Among its defences to numerous charges was an appeal to readers as to whether it was "really so surprising that in one paragraph in an ancient six page document, the question was merely raised whether we should make a cigarette with a small amount of marijuana in it *if that substance should become legal?*"

Elsewhere, Proctor's essay covered the familiar, if now somewhat superseded industry line on addiction. At least here it was consistent with company policy—B&W was the only big American company whose boss earlier this year broke ranks with his peers when they admitted their belief that smoking, after all, might be addictive. Here was vintage industry stuff: mentions of addiction being an emotional subject and a colloquial term with a much broader definition than the purely scientific—why, we even had the term "addicted to love" in a movie. No, said Proctor, this colloquial definition applied to many common substances that have "similar mild pharmacological effects to cigarettes, such as coffee, tea, chocolate and cola drinks." No need for smoking cessation clinics, then, unless they have them for cola drinkers.

Bolder by far, however, was BAT's outrageous hijack of an unborn report from the International Agency on Research in Cancer (IARC), an offshoot of the World Health Organisation (WHO) based in Lyon, France. A week after its *Observer* ad, BAT managed to convince another British Sunday newspaper, albeit one renowned for publishing the most reactionary "butter-stops-heart-attacks" type of story, to run a massive front-page article with the headline: "Passive smoking doesn't cause cancer—it's official", and to tell its readers that "The world's leading health organisation has withheld from publication a study which shows that not only might there be no link between passive smoking and cancer but that it could even have a protective effect" (*Sunday Telegraph*, 8 March 1998). In case its readers had missed the point, the newspaper also carried an editorial, which could not have been drafted better by BAT itself, under the headline: "A setback for nanny". Versions of the story, which quoted Proctor, appeared all round the world, apparently facilitated by BAT's international public relations machine. The initiative was no doubt timed to try to pre-empt the effects of a report assessing the risks of passive smoking which was due to be published the following week by the Scientific Committee on Tobacco and Health (SCOTH), an independent committee that advises the British government on scientific aspects of tobacco. A major part of the evidence reviewed by SCOTH was a study it

had commissioned from British epidemiologists, and published last October in the *British Medical Journal.*[1]

In fact, the WHO-IARC study leaked to the *Sunday Telegraph* was undergoing peer review before being published in an academic journal, and thus could not be described as "withheld". The study's figures for relative risk (or odds ratio) of a non-smoker contracting lung cancer as a result of living with a smoking spouse or working in a smoky workplace were: spouse smokes—1.16; smoky workplace—1.17. So how did BAT and the newspaper manage to turn this upside down? The error (or deception) was to misinterpret (or misrepresent) a statistical test applied to the results, as explained by Clive Bates, the director of Action on Smoking and Health, the UK's leading tobacco control agency, in the item reprinted in the adjoining box.

The WHO swiftly hit back at BAT and the newspaper, unleashing an unusually strongly worded press release headed: "Passive smoking does cause lung cancer; do not let them fool you". It said the reporting of the findings was "false and misleading" and "From these and other previous reviews of the scientific evidence emerges a clear global scientific consensus—passive smoking does cause lung cancer and other diseases" (WHO press release, 9 March 1998). British media probably gave more coverage in total to this response, and to other denunciations of BAT's role, than had been gained by the original story. But no doubt this will not deter BAT from similar efforts in the future, because they generate the sort of press coverage it wants. And in other countries, especially those which most matter, BAT is more likely to be the net winner. In Brazil, for example, where BAT's Souza Cruz subsidiary holds sway, massive anti-health hype prevailed in the week following the original British newspaper article before health advocates could establish what had happened and take corrective action.

As this issue of *Tobacco Control* was going to press, ASH was awaiting a judgment from the Press Complaints Commission (PCC), the British newspaper industry's self-regulation body. ASH asserted that the original *Sunday Telegraph* articles were false and misleading, and that far from withdrawing them, the newspaper made a number of unfounded accusations against its critics in a further article and leader a week later, inexplicably arguing that it had been right all along.

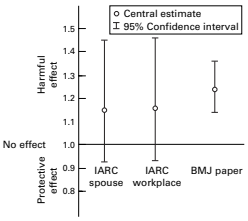
How the WHO-IARC study was misinterpreted by BAT and the *Sunday Telegraph*

Because the estimate of risk ("relative risk" or "odds ratio") is based on a sample of 650 lung cancer cases, the risk in the whole population might be different because the sample may not be exactly representative. So the statisticians use a "confidence interval". This allows them to give the central estimates—spouse smokes, 1.16; smoky work place, 1.17—and then say, in effect, "We are 95% confident that the real value for the whole population lies between the limits *x* and *y*" (see below). In other words, the chance that the actual risk lies outside this range is 1 in 20, or 5%. The table shows the limits of the WHO study.

The fact that the lower limits drop below 1.0 shows that the statisticians cannot be 95% confident that the survey has detected a link between passive smoking and lung cancer. In other words there is a greater than 5% probability of obtaining the central estimates of 1.16 and 1.17 by the play of chance. This is what statisticians mean when they say the result is "not statistically significant"—they cannot be 95% certain that they have detected a link between passive smoking and lung cancer. This could happen because there is no real effect, or because a small sample size reduces the "statistical power" to detect a real effect. However, this uncertainty was inverted in the story covered by the media and was reported as evidence of "no effect". The tobacco industry has translated this formal statistical meaning of the word "significance" into lay language, to give the meaning "the study shows the risk is insignificant". Furthermore, because the lower limit is 0.93, it was translated to a possible "protective effect". Of course, the study no more shows a protective effect than it shows a 44% increase in risk—the other extreme of the confidence interval.

This is an outrageous misinterpretation of the results and it is difficult to know if this was naivete on the part of the *Sunday Telegraph* or manipulation by BAT, who should know better, or both. Also included above for comparison are the figures from a major review of the evidence published in the *BMJ* last October[1] The table and figure show that the ranges overlap and therefore that the results are consistent. The results of the *BMJ* study have a much smaller confidence interval, because the use of several studies in a "meta-analysis" increased the overall sample size, and therefore the "pooled" sample is more likely to be representative.

	Central estimate	*Lower limit (x)*	*Upper limit (y)*	*Number of cases*
IARC—spouse	1.16	0.93	1.44	650
IARC—workplace	1.17	0.94	1.45	650
BMJ paper	1.24	1.13	1.36	4626



In no way can the WHO's results be used legitimately to support the thesis that there is no effect or that there is a protective effect from passive smoking. The result does point towards a link between passive smoking and lung cancer and it is consistent with other major studies. And there are also sources of evidence other than epidemiology that support the argument.

CLIVE BATES
Action on Smoking and Health, London, UK
Clive.Bates@dial.pipex.com
<http://wwww.ash.org.uk>

What seems most likely is that the *Sunday Telegraph's* health correspondent had little understanding of scientific methodology or statistics, and was simply led by the nose by Proctor; and that BAT's public relations people did the rest. We await the PCC's verdict with interest; but it is doubtful this will be the last time we report this sort of trick by BAT.

1 Hackshaw AK, Law MR, Wald NJ. The accumulated evidence on lung cancer and environmental tobacco smoke. *BMJ* 1997;**315**:980–8.

Bloody filter

A major row is brewing within the tobacco industry after a new cigarette brand launched in Greece captured 6% of the market in the first month, all because of the health claims made for its filter. BF brand, made by local manufacturer Sekap, contains a new, three-part filter, the Biofilter, whose central section contains carbon impregnated with haemoglobin.

According to the two former medical researchers who invented it, the filter carries out chemical reactions which otherwise take place in the body. Golden Filter, the company set up to produce their invention, explained to *Tobacco Reporter* (February 1998), a tobacco industry trade journal, that the filter can be considered "an artificial lung", whose iron content (in the haemoglobin) creates "ion reactions" which neutralise harmful chemicals in the smoke. These include "oxides, free radicals, trace elements, aldehydes, nitroso-compounds, quinones, benzene de-

rivatives", which normally cause iron in human cells to carry out the same process, with associated "mutation of DNA and membranes".

This sort of talk, one imagines, is not often heard from the industry side by reporters working on tobacco trade journals, far less printed by them. No wonder the rest of the industry is nervous; and in view of the rapid success of the company, their nervousness has taken on a note of pique. These are health claims, they say; and tobacco companies traditionally do not make health claims. Overlooking for a moment the countless interviews in which Big Tobacco's mendacious spokespersons do just that, denying smoking has ever been proved harmful to health, we can see how angry they must be. Here are two people apparently making a lot of money precisely because they are prepared to discuss the unmentionable details of the aetiology of smoking-induced disease.

Some critics say any judgment on health benefits must await proper trials; others say that even if the company has done them, as it claims, its measurements were not carried out to the usual industry standards. An un-named industry scientist says he has tested the filter and it does nothing to reduce carbon monoxide, a claim originally made by Golden Filter, but now dropped. Furthermore, says the mystery critic, "Once haemoglobin is outside of an animal, it becomes inactive by oxidising ... in the atmosphere." This problem is denied by Golden Filter in a response printed under the *Tobacco Reporter* article, explaining that the carbon granule pores contain enough moisture to keep it active. (But what's this talk of an animal? What sort of animal? Cows? Can you get "mad cow disease" from this stuff?)

Meanwhile, a second Greek company has launched a new brand containing the Biofilter, and Sekap is exporting to Cyprus and Romania, with plans for sales to Egypt. This one could run and run, and what makes it different from previous "safer cigarette" projects is that two former professors at a medical school and a clutch of small, independent companies are involved, watched by the big companies which have so often come to grief trying to profit from the safety game without actually admitting there was any need for it.

Golden Filter's response ends with a quote from one of the inventors: "We, as physicians and scientists, have an obligation to protect those who insist on continuing to smoke, especially young people who either ignore or refuse to admit the health hazards of smoking. We owe it to them." Far from owing in other ways, he must be in rather healthy credit at the bank.

Cognitive dissident

When I heard in November that Wei Jingsheng, China's most prominent dissident, was released from prison and on his way to Detroit's Henry Ford Hospital—which is part of the institution where I work—I had two thoughts. First, like millions of others throughout the world, I was happy that Wei would finally have a chance to realise his most-cherished dream: the ability to speak freely. "I have waited decades for this chance to exercise my right to free speech", said Wei, after having arrived in the United States. Considered the father of China's modern pro-democracy movement, Wei had been imprisoned for all but six months since 1979.

My second thought—okay, maybe it was my first—was a curiosity about his smoking status, and how he would deal with our no-smoking policies. I assumed that Wei, like 60% of men in China, was a smoker. Given the suffering he had to endure, and the harsh prison environment to which he had been exposed, I figured the odds of him smoking were even greater than 60%. If I was correct, how, I wondered, would he endure the 12-hour, non-stop, no-smoking flight on Northwest Airlines from Beijing to Detroit? And how would he handle his nicotine cravings as a patient in our hospital, which, like all accredited hospitals in the United States, prohibits smoking indoors?

As Wei was treated for mild high blood pressure, chronic bronchitis, arthritis, and a mild liver condition by my colleagues at Henry Ford Hospital, snippets about his smoking came out in the massive media coverage surrounding his release. An article in the *Detroit Free Press* (22 November 1997) noted that "Doctors also told him to quit smoking. One human rights activist chided him for insisting on smoking in his hospital room." *Time* magazine (1 December) reported that "Wei was showing just a touch of the spirit of defiance that got him into such trouble back in China. He was caught smoking against doctors' orders and later demanded a speedy release from the hospital."

I was pleased to hear from Judith Mackay, who runs the Asian Consultancy on Tobacco Control in Hong Kong, that an important health message was getting back to China

From his bed at Henry Ford Hospital, Wei Jingsheng meets with his sister, Wei Shanshan, and her six-month-old son, Sebastian, whom Mr Wei saw for the first time. Ms Wei came to visit her brother from her home in Hamburg, Germany. Photo by Ray Manning, Associated Press.

and other countries of Asia. "The most wonderful thing", she told me, "is that it has been widely reported around Asia that his (Wei's) main health problem is due to his smoking and that your Henry Ford Hospital has told him to quit!"

I had hoped that our doctors and our policies might convince Wei to give up smoking. But that hope seemed illusory when I read in the *Washington Post* (14 December) that he had lit up at a dinner party in our nation's capital, a few weeks after having left the hospital. His dinner hosts were chagrined that this had happened in their home, which up to that point had had a strictly enforced no-smoking policy.

How would Wei's hosts explain this behaviour, and their own "bending" of the rules, to their children, who had never seen anyone take a single puff inside their home? "Even great people are just people", they told their children, "and they may do unwise things in their personal lives . . .. Tolerance of weakness in others is often the door to appreciating a person's special qualities or strengths."

I took this sage advice to heart, focusing my attention on Wei's strengths and setting aside my preoccupation with his smoking status. And as the nation's press corps turned its attention to more titillating news, Wei Jingsheng faded from my radar screen.

Two weeks later, though, the story hit me again, when I saw a column by Wei in the 29 December/5 January issue of *Newsweek*. A large picture of this hero, smartly dressed and looking fit, jumped out from the page. But my eyes zeroed down to one small item in the photo—the round pin on his black leather vest. I was stunned, and befuddled, to see this. It had to be the "no-smoking" lapel pin I had distributed to all the physicians in the Henry Ford Health System. Although it was difficult to be certain, the colours of the pin in the photograph seemed to match the distinctive colours of the pin we had created (figure).

Wei Jingsheng, in a photograph similar to the one that appeared in "Newsweek", wearing a Henry Ford Health System (HFHS) "no-smoking" lapel pin (inset). The cloisonné pin features the staff of Æsculapius (the mythical god of healing) as part of the international "no-smoking" symbol. Photo of Wei Jingsheng by Ira Wyman of Sygma Photo News (New York), reproduced with permission.

I promptly contacted Dr John Popovich, chief of our Pulmonary Division, who was in charge of Wei's medical care at Henry Ford Hospital. Dr Popovich confirmed that he had indeed given Wei our lapel pin.

So my first question was answered. Yes, the pin in the photograph was indeed our very own. But a greater mystery remained unsolved. By all accounts Wei was continuing to smoke—even where it violated local rules and mores. Why then, would he wear a "no-smoking" pin in a posed photograph, taken to accompany an article he was having published in a prominent international magazine?

Perhaps Wei considered the pin to be an attractive piece of jewellery. Or maybe it was his way of thumbing his nose at the loss of his "freedom" to smoke—a "liberty" which, ironically, he could still enjoy back in China. "I know all about your stupid rules", he might have been thinking, "but now that I'm free, I'm going to do as I please."

But my optimistic take on this is that he wants to quit smoking. By wearing the pin, Wei is telling the world that he longs for the day when he can achieve another freedom—freedom from a deadly addiction.

RONALD M DAVIS
Editor

Addendum: In April of this year, another leading Chinese dissident, Wang Dan, was released from prison, flown from Beijing to Detroit, and admitted to Henry Ford Hospital for evaluation. Wang was a student leader of the pro-democracy protests in Tiananmen Square in 1989. He had a chronic cough that Henry Ford physicians attributed to a mild allergic asthmatic condition. According to Dr Thomas Royer, Senior Vice President of Medical Affairs at Henry Ford Health System, Wang said he *never learned to smoke*, and found cigarettes to be expensive.