

PUBLIC HEALTH AND PUBLIC OPINION IN INTERACTION

Tobacco cultivation and use has been a part of American society since before the nation's founding. The drug was used widely throughout the Americas before 1492, and after the arrival of the Europeans it spread to Europe and beyond. It quickly established itself as a cash crop in the colonial and postcolonial periods. Because it is a labor-intensive commodity, it also became linked to the growth of slavery.

Tobacco had always had its critics—who generally were concerned with its “foulness”—but it was not until the twentieth century that serious health concerns arose. By then cigarette manufacturing had become a major industry, and smoking was everywhere—in restaurants, theaters, workplaces, and homes. People often started smoking at an early age, between twelve and fifteen. As some medical professionals and researchers began to publicize the idea that smoking was unhealthy, tobacco companies countered with advertisements that insisted that smoking was not dangerous—in fact, it was good for you. Ads quoted doctors as saying that certain brands “soothed” the throat, and so on.

One clinic that opened in 1942 in Louisiana sought to assist those who were “hooked” on smoking. This clinic became a nationwide force in the fight against the spread of tobacco usage. In the United Kingdom, Richard Doll and his associates conducted long-term studies and, in 1954, made the case for a link between smoking and cancer. In the United States, antismoking advocates pressed for action on the public health front. In 1964, Surgeon General Luther Terry released a comprehensive review, *Smoking and Health—Report of the Advisory Committee of the Surgeon General of the Public Health Service*. The report unequivocally established a link between smoking and cancer along with other diseases.

The cigarette companies reacted strongly, working to reassure the American public that their products were healthy and that their own research on the subject showed no link to cancer. After warning labels

describing tobacco's ill effects were placed on cigarette packs in 1966, some tobacco industry executives opined that the labels would, if anything, attract younger smokers who generally liked a dare and felt impervious to danger. Indeed, not much besides labeling changed over the next thirty years. As decades of additional medical studies bolstered the findings of the 1964 report, the tobacco industry only hardened its stance. In congressional hearings held in 1994, the chief executive officers (CEOs) of the seven largest American tobacco corporations all flatly denied, under oath, a link between smoking and negative health effects. By then, however, the public had caught on to the dangers involved and a decline in the smoking population in the United States had set in.

We also look again in the section at the topic of vaccination, in light of recent controversies surrounding it. Fear and doubt about vaccines are no recent phenomenon. From the time when Edward Jenner first tested a vaccine for smallpox in 1796, there were people who distrusted the motives of doctors, the ingredients used in the vaccines themselves, or who believed that vaccines counteracted the design of divine or natural forces. Nevertheless, government intervention required children of certain ages to receive vaccinations in an effort to eradicate harmful and preventable diseases like smallpox and measles. In turn, antivaccinationists like William Tebb (1830–1917) rallied supporters to exert pressure on governments to rescind compulsory vaccinations. Tebb and his National Anti-Vaccination League were responsible for introducing a “conscientious objection” clause to the United Kingdom's Vaccination Acts.

Although antivaccination sentiment has been a consistent undercurrent to many medical achievements and public health legislation, the twenty-first-century incarnation of anti-vaccination has its genesis in a paper by a British ex-physician named Andrew Wakefield. In this paper, which was ultimately discredited by the scientific

community, Wakefield alleged that the MMR vaccine, which immunizes children against measles, mumps, and rubella (MMR), was linked to autism. Wakefield had his license revoked by medical authorities after his coauthors retracted the paper, but the persistent myth he helped create has contributed to a resurgence in these diseases and a spike in hospitalizations.

Two additional topics examined here are (1) the matter of “doping,” or steroid use, in sports—in this case,

focusing on a scandal involving professional baseball in the late 1990s and early 2000s; and (2) changes to the Medicare program under President George W. Bush that prevented program managers and insurers from negotiating drug prices with the drug manufacturers, on the premise that it interfered with the free market. (As a result, critics lament that the United States has some of the highest drug prices in the world.)