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Introduction

Cigarette consumption reached an all-time national high in the early 1960s. With scientific articles linking cigarettes with cancer, the public questioned whether the personal choice was a hazardous one. As a result, the federal government began investigating the health effects of cigarette smoking and regulating the tobacco industry's labeling and advertising. Under the direction of United States Surgeon General Dr. Luther Leonidas Terry (1961-1965), the Public Health Service (PHS) issued one of the first large-scale initiatives to curtail the power of American Tobacco, the 1964 Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service. The events involving the report's origins, findings, and the debate that preceded the passing of the 1965 Federal Cigarette Labeling and Advertising Act (FCLAA) were greatly influenced by the political context of the 1960s. This project sought to evaluate and construct an overview of the historical narrative of Dr. Terry's political efforts, successes, and failures in his leadership of the smoking and health debate of the 1960s.

Method

• Brief study focused on primary source findings with contextual secondary source supplements.
• Primary Sources: New York Times (1960-1969), book authored by U.S. Congressmen, public service announcements (comic), and government publications (legislations, proceedings, documents).
• Secondary Sources: Books on presidential contexts of the 1960s, the tobacco industry, and cigarette policy-making placed primary sources in relation to the politics of the time.

Key Historical Dates

June 7, 1962: Dr. Terry announced that the PHS will study the smoking issue.
November 9, 1962: First SHAC session.
May 7, 1964: President Kennedy coined and promoted his “Great Society.”
July 27, 1965: FCLAA passed by Congress and signed by President Johnson.

January 61: President John F. Kennedy sworn into office and Dr. Terry begins term as Surgeon General.
October 28, 1962: Members of the Smoking & Health Advisory Committee (SHAC).
November 22, 1963: President Kennedy assassinated and Johnson sworn in as President.

Surgeon General Terry

• 1911-1985, Alabama native.
• Moderate cigarette smoker, later changed to pipe.
• Specialty: Cardiologist
• Previously Assistant Director of National Heart Institute.
• Chairman of the National Interagency Council on Smoking and Health (1967-1969).

Public Spokesperson and Expert Politician

• Surgeon General's Appointment Politically Favorable
  • Kennedy’s focus on economics and Johnson’s focus on the Great Society and Vietnam War provided Dr. Terry a unique opportunity to use federal powers to shape the image and influence of the Office of the Surgeon General and the PHS.
• All Eyes on Terry
  • New York Times articles associated Dr. Terry to the topics of cigarette health, cancer, and the SHAC.
  • Media gave positive image of "old-fashioned doctor," and “All-American Man.”
• Terry’s Respect for Political and Clinical Boundaries
  • Used media to maintain public attention, support, and pressure on the issue.
  • Manipulated the lack of defined political powers for the Office of the Surgeon General to serve as a high profile health advocate and public servant.
  • Endorsed remedial action against cigarettes but left the policymaking to Congress and personal health decisions to the patient and their doctor.
• Weighed in and defended the scientific integrity of the report via appropriate channels.

Legacy of Cigarette and Surgeon Generals

CIGARETTES PERIL HEALTH, U. S. REPORT CONCLUDES; ‘REMEDIAL ACTION’ URGED

• Release of the Report on a Saturday Avoided Stock Market Effects
  • SHAC presented no minority report.
  • Reporters allowed to ask questions freely in order to educate public comprehensively.
• Report generated an image of objectivity and informative purpose
  • SHAC selection balanced with experts, nonsmokers, and smokers.
  • High security surrounding report ensured an objective reception of results.
• Impact of the Report
  • Report formally established Federal Government stance on smoking.
  • Conclusions influenced early 1964 Congressional Agenda to be focused on smoking issue.
  • The Surgeon General formally associated with issues and questions regarding smoking and health.
  • Office of the Surgeon General gained the image of genuine concern for the health of the American Public.

Successes and Failures

• Public Effects:
  • Drop in cigarette consumption levels.
  • Altered public perceptions on smoking and health.
• Started 1965 ACS Public Service Announcement and Campaign.
• Increased anti-smoking educational programs and awareness.
• Checkered Legislation: FCLAA 1965
  • Required cigarette warning label.
  • Enacted a “Gag” rule barring any additional cigarette health regulation for four years.
• Immediate Changes Short Lived:
  • Johnson Administration apathy harmed degree of impact of FCLAA legislation and public perception of importance of health issue.
  • Smoking still largely permitted in public settings.

Caution: Cigarette Smoking May be Hazardous to your Health

Cigarette Warning Label, 1965

Warning: The Surgeon General has determined that cigarette smoking is hazardous to your health.

“On top of Old Smoking
A Year has gone by,
But the smoking we’re exploring
Still gets in our eye.”

Conclusions

• Dr. Terry was an expert political advocate, spokesperson, and instigator in changing the nation’s perspective towards cigarette health.
• The 1964 Report would be the first of many health evaluations published by the Office of the U.S. Surgeon General.
• Dr. Terry’s achievements indicated a shift in the power of the public health sector in shaping the health conscience of Americans.
• His development and promotion of the Report’s conclusions established an anti-smoking position for the Federal government and the first Congressional steps toward more stringent cigarette labeling regulations.

Further Research

• Expand upon the lack of presidential interest in event would further enhance contextual understanding of Dr. Terry’s role as lead investigator of the issue.
• Include other Surgeon Generals and their anti-smoking to further evaluate Dr. Terry’s contributions and efforts.
• Analyze Dr. Terry’s written work and personal papers which would provide an additional lens to the smoking and health issue with relation to the Surgeon General himself.
• Incorporate post-1960s cigarette health regulation and labeling requirements and their impact on overall narrative.