

The American Cancer Society*

Samuel S. Epstein, M.D.

Professor of Occupational and Environmental Medicine
School of Public Health
University of Illinois at the Medical Center
Chicago, Illinois

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The American Cancer Society is the largest private philanthropic institution in the country (besides being the world's largest nonreligious charity), and is devoted exclusively to cancer. It was founded as the American Society for the Control of Cancer in 1913 (and incorporated in 1922) by a small group of concerned clinicians and laypersons (mainly industrialists) in order to educate the public in the need for early diagnosis and proper treatment of cancer. Fund raising for the society was undertaken by the Women's Field Army, an association of national women's organizations with no representation on the board, which was composed exclusively of cancer clinicians and hospital administrators.

Mary Lasker's involvement in the society began in 1943, when its budget was \$356,000. (Mary Lasker is the widow of Albert D. Lasker, the multimillionaire advertising tycoon who handled American Tobacco's Lucky Strike Account and who coined what has been called the most successful slogan in American Salesmanship, "Reach for a Lucky Instead of a Sweet", aimed at inducing women to smoke). She recruited Emerson Foote, a senior executive of Lord and Thomas (a Chicago advertising agency whose previous president was Albert D. Lasker), and Elmer Bobst, head of the U.S. arm of the international Hoffman La Roche drug company and honorary chairman of Warner-Lambert Pharmaceutical Company. The triumvirate transformed the society from a voluntary amateur-type organization into a highly efficient and aggressive fund-raising operation, which by 1946 had raised the budget to about \$4 million. The name of the society was changed to the American Cancer Society, the bylaws and constitution were rewritten, and the board was reconstituted with 50 percent lay representation. The society then rapidly grew to its present strength to include 2,800 local units (organized in fifty-eight major divisions), with headquarters in New York, a paid staff of over 3,000, and an active volunteer staff of some 300,000. Of a \$176 million fund balance in 1977, \$114 million came from public contributions at the state level, largely from legacies and the annual April crusade of the

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society involving over two million solicitors. Direct contributions from industry were in the region of 3 percent of total donations. The national head-quarter survives by taking 40 percent of each division's fund. About 60 percent of the society budget goes for staff salaries, office supplies, and other expenses; the 1977 travel budget of the society was about \$7 million. Less than 15 percent of the budget is spent on assisting patients (for purposes such as driving them to doctors' appointments, loaning wheelchairs, and donating bandages made by volunteers, rather than paying for treatment costs).

The overall governing group of the American Cancer Society is the 194-member House of Delegates, which in 1977 included one labor representative and one black, but no representative of public interest or citizen organizations. The 116-member National Board of Directors is recruited from the House of Delegates. Of the ninety-four delegates, eighteen are senior officers or directors of banks, seven are members of investment firms, and thirteen are business or industrial executives. Board members have recently included the late Elmer Bobst, and Frank J. Dixon, a consultant to Eli Lilly and Company and member of the National Cancer Institute (NCI) Advisory Board. At least eighteen members of the Board and delegates are executive officers or directors of banks which, as of August, 1976, held about 42 percent of the society's cash and investment, totalling \$75 million. The major decision making of the society seems to be shared between senior staff, members of the board, and a select group of thirty-two Life Members. Bylaws of the society require that laymen fill half the positions on its policy-making boards. These tend to be conservative and mistrustful, if not hostile, to "big government" and federal regulations. Professional representation comes from about 50,000 surgeons, radiologists, and chemotherapists heavily concerned with treatment. As constituted, the power base of the society is overwhelmingly oriented to the diagnosis and treatment, rather than to the prevention, of cancer.

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The current president of the society (elected in November, 1978) is LaSalle D. Lefall, Jr., a black surgeon from Howard University. Among the life members, the banking, insurance, advertising, and pharmaceutical industries are well represented, in the absence of representation from labor or public interest groups. These lay representatives share leadership almost equally with clinicians and research scientists.

Since its inception, the society has been preoccupied by problems of cancer diagnosis and treatment, rather than prevention, not unnaturally reflecting viewpoints which generally prevailed until relatively recently. While the society made important contributions to the smoking-cancer problem prior to 1964, its subsequent efforts to control smoking have been weak and diffuse. In fact, it has refused to endorse meaningful activist approaches such as those developed by Action on Smoking and Health (a Washington-based anti-smoking public interest group headed by John Banzhaf II), and has yet to develop any effective legislative programs.

Research programs, which are the major emphasis of the fund-raising appeals of the society, accounted for about 26 percent of its 1976 budget. Of about \$13 million spent on new research projects in 1976, \$394,000 was allotted to chemical carcinogenesis, while no new awards were made on problems of cancer prevention and environmental carcinogenesis. Society fund raisers have routinely told the public that the society could not finance promising research "due to insufficient funds." This claim was challenged in 1976 by a report of a charity-monitoring service, the National Information Bureau, on the grounds that the society then had over \$31 million in uncommitted reserves. The society responded to this criticism by withdrawing their claim, and substituting it with the statement that it "will now place research in perspective as part of overall program needs." The audit further revealed that the research budget of the society declined from 36 percent in 1967 to the 1976 level

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of 26 percent, while the share given to management and fund raising increased proportionately during this time. There also seems to be evidence of conflict of interest in the award of research funds. Those same board members who decide which research projects should be funded themselves receive support. About 70 percent, \$26 million, of the 1976 research budget was awarded to individuals or institutions with whom boards members were affiliated. Pat McGrady, for twenty-five years the science editor of the society and the organization's main liaison between cancer researchers and medical and science writers, recently resigned in embarrassed protest over these and related issues. Of the society slogan: "Control Cancer With a Check-up and a Check," McGrady remarked:

It's phoney, because we are not controlling cancer. That slogan is the extent of ACS's scientific, medical, and clinical savvy. Nobody in the science and medical departments there is capable of doing real science. They are wonderful pros who know how to raise money. They don't know how to prevent cancer or cure patients; instead they close the door on innovative ideas.

The society has supported major experimental and epidemiological research on smoking, and also some on occupational problems. These include studies on carcinogenesis and other hazards among printers, in collaboration with the Printing Pressmen's and the International Typographical Union, and studies on asbestos by Irving Selikoff (Mount Sinai School of Medicine, New York) in collaboration with the Papermakers Union.

The educational programs and publications of the American Cancer Society emphasize the importance of early detection of cancer, even for those cancers with known low cure rates. The society has issued the widely publicized Seven Warning Signs of Cancer (see below). Apart from smoking, however, no reference is made to any other causes of cancer, such as Premarin as a major known risk factor for uterine cancer (Preamarin is a natural estrogen widely used for "replacement therapy" in the treatment of menopausal symptoms). By

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emphasizing individual responsibility for early detection, without providing or withholding information on environmental or occupational carcinogens other than tobacco, the American Cancer Society has implicitly endorsed the industry strategy of "blaming the victim", rather than emphasizing industry responsibility and the need for legislative and regulatory controls.

The Seven Warnings Signs of Cancer

1. Change in bowel or bladder habits.
2. A sore that does not heal.
3. Unusual bleeding or discharge.
4. Thickening or lump, especially in the breast.
5. Indigestion or difficulty in swallowing.
6. Obvious change in a wart or mole.
7. Nagging cough or hoarseness.

The Cancer-Cure Lobby. Subsequent to her transformation of the society, Lasker's interests grew to encompass the National Institutes of Health (NIH). Over the ensuing decades, her close associations with successive White House administrations and with powerful political figures, such as Representative John Fogarty (D-R.I.) and Senator Lister Hill (D-Ala.), House and Senate Appropriations subcommittee chairmen, respectively, facilitated her activism and contributions to the growth of biomedical research. The death of Fogarty and retirement of Hill in 1967, together with decelerated federal support for the NIH, made her unduly receptive to the overtures of a group of cancer clinicians who had persuaded themselves that just given more funds they could cure cancer. Typical of these was Solomon Garb, a University of Missouri Medical School clinician (support for whose activities had been terminated by the NCI in 1966), whose 1968 book *Cure for Cancer: A National Goal*, with extravagant promises for an early cancer cure, made a deep impact on Lasker. (Garb is now "scientific director" of a thirty-two bed cancer hospital at the American Medi-

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cal Center, Denver, and still without personal support from the NCI). Lasker forged a powerful "cancer-cure lobby", including politically astute clinicians such as Garb and Sidney Farber, hospital administrators such as Lee Clark, and industrial philanthropists such as Foote (most of whom were already actively involved in the American Cancer Society), whose object was to force massive expansion of federal funding for cancer diagnosis and treatment. (The success of the "cancer-cure lobby" in increasing NCI appropriations has been achieved largely at the expense of other NIH institutions, particularly the National Institute of General Medical Sciences). To this end, Lasker enlisted the particular support of Senator Ralph W. Yarborough (D-Tex.), Chairman of the powerful Senate Health subcommittee. With Lasker's active involvement, in 1971 Yarborough appointed a National Panel of Consultants on the Conquest of Cancer, whose sixteen members were equally divided between laypersons and cancer clinicians (with virtually no basic scientists), distinguished by a complement of over 60 percent millionaires and its predominant representation of the American Cancer Society. The Panel's recommendation to create a National Cancer Program, with vastly expanded funds and an autonomous NCI, aroused substantial opposition in the scientific community and Congress. This was, however, successfully muted by the propaganda machinery of the society. The society initiated a large-scale letter-writing campaign, buttressed by full-page advertisements in daily newspapers, to pressure Congress to accept the Panel's recommendations. Garb took matters further by exerting direct but counterproductive pressure on Congressman Paul Rogers (D-Fla.), one of the few congressmen who had not been persuaded by the lobby's hysteria, and who favored retaining NCI within NIH. Passage of the 1971 National Cancer Act, with massively increased financial appropriations, whether an error of omission or commission, virtually ensured dependence of the NCI on the American Cancer Society for direction of its programs and priorities. Rep. David Obey

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(D-Wisc.) has more recently charged that the society "wants to keep the Cancer Institute strong in bankroll and weak in staff, so that it can direct its spending without too much interference".

The close links that have developed between the NCI and the society have been cemented by the personal relationships between members of the same lobby that supported both organizations, including the late Sidney Farber, Benno Schmidt (Chairman of the NCI Advisory Panel) and Mary Lasker. These interlocking relationships have also helped create a fiscal pipeline from the NCI to clinicians in leadership roles in the American Cancer Society. Certainly, the interlocking relationships between members of the NCI Advisory Panel and Board and the American Cancer Society leadership have been important factors in maintaining high NCI priorities on problems of treatment and low priorities in problems of prevention. When Frank Rauscher recently resigned from the NCI directorship, he moved to his present position of Senior Vice President for Research of the American Cancer Society, an appointment apparently reflecting endorsement by the society of Rauscher's policies at the NCI. The chairman of the Cancer Panel was and still is Benno Schmidt, a New York investment banker and a friend of the Nixon and Ford administrations, with ties to the oil, steel and chemical industries through J.H. Whitney and Co., of which he is managing partner. Schmidt has, with substantial success, attempted to dictate NCI policies over the last eight years. Membership of the Advisory Board has also included industry representatives, such as the late Elmer Bobst, Warner Lambert, and Clark Wescoe of the drug industry, but no representatives of labor or the public interest movement. Scientific membership of the board largely reflected expertise in basic science, cancer diagnosis, and treatment. The National Cancer Advisory Board and Cancer Panel have had close interlocking relationships with the American Cancer Society.

In the Spring of 1978, in an effort to increase NCI appropriations, Lasker took out full page advertisements in leading newspapers in every district represented by members of the House Labor HEW subcommittee. Lasker's influence

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in the Senate was exerted primarily through her friends Senators Warren Magnuson (D-Wash.), Edward Brooks (R-Mass.), and Birch Bayh (D-Ind.), whose late wife was also hired as a society lobbyist. Garb assisted these efforts by direct personal attacks in Wisconsin against Congressman David Obey (D-Wisc.) in response to his repeated criticisms of NCI's maladministration and low priorities on cancer prevention. (Garb's strategy was developed with the initial connivance of the society's lobbyist Tanny Pollster).

The continued emphasis of the society on advances in our ability to treat and cure cancer are not borne out by the facts. Modern figures on cancer survival rates are not encouraging, in spite of common claims to the contrary. When the percentage of people who have survived for five years after cancer diagnosis and treatment in the period 1970-73 are compared to similar figures for 1960-63, it can be seen that with the exception of cancer of the prostate, and some relatively uncommon cancers such as Hodgkin's disease (which represents about 1% of all cancers), acute lymphocytic leukaemia in children, and also choriocarcinoma and Wilm's tumor, where in some instances prolonged regressions, if not cures have been achieved, no substantial overall progress has been made in treating cancer. Particularly for the major cancer killers, such as lung, breast, and colon, the odds of a cure have not improved much over the last two decades. The prognosis for lung cancer, the most common fatal type among men, remains poor; only about one of ten victims survives for five years after diagnosis. These overall results reflect the best available recent data on historical trends in cancer patient survival from the NCI Cancer Surveillance Epidemiology and End Results (SEER) program. (Results are much less encouraging than those claimed by the American Cancer Society on the basis of the same NCI Data). This is the case despite the vast sums of money spent over the last 30 years, despite the high priorities for cancer research set by Congress, despite devotion of an entire federal agency (the National Cancer

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Institute) to the cancer problem, and in the face of continuing misleading and optimistic reassurances by the American Cancer Society.

Smoking. Much of the early work on the causal association between smoking and cancer was supported by the American Cancer Society. By the late 1950s a number of classical epidemiological studies on lung cancer and other disease complexes thought to be due to cigarette smoking were in progress in different countries. Some of these were follow-up or prospective cohort studies, which is to say a large number of healthy people are followed for several years in order to determine which of them contract and die from a specific disease. A follow-up study begun in 1959 by E. Cuyler Hammond of the American Cancer Society is a good example. In a massive well-organized effort by volunteers in twenty-five states involving about \$1 million of public funds, about one million men and women were questioned about their age and disease and smoking histories. The American Cancer Society managed to keep track of over 90 percent of the initial subjects for a dozen years. Updated questionnaires were supplied every four years or so, or, if a subject died, a death certificate showing the cause of death. The number of deaths observed among people in a specific category was divided by the number expected for people in the category, yielding a value known as the Standard Mortality Ratio (SMR).

The American Cancer Society found that the SMR from lung cancer increased dramatically with the number of cigarettes smoked and with the inhalation of smoke. (The society regards the tapes containing the raw data of this study as proprietary, even though they were collected with public funds, and has declined to make them available for review to outside scientists). It also found that the SMR for ex-smokers decreased as the time since quitting lengthened. More recent analysis also shows some lessening of the lung cancer death rate among smokers who switched from high to low-tar cigarettes.

A single epidemiological study cannot alone validate or invalidate an

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assumed link between exposure and disease. However, over the past twenty-five years a parade of other follow-up studies conducted in the United States, England, Japan, and elsewhere, has extended and confirmed the causal (though not exclusive) association between smoking and lung cancer.

In 1961, the society was one of the few major health groups to request President Kennedy to take action against tobacco. Having made this important contribution, the society then took the position that the matter was out of its hands. In its own words, the society "had used [its] resources to uncover the health risks of smoking. Now it was up to the government to take a stand and to respond accordingly."

attitude has typified subsequent policies of the American Cancer
Following publication of the 1964 surgeon-general's report, the
pressed disappointment at the failure of government to act. How-
Banzhaf petitioned the Federal Communications Commission in 1971 for
against tobacco ads, the society refuse to support him, let alone
subsequent FCC ruling in his favor. According to Banzhaf, the
s never participated in a judicial, regulatory, or legislative peti-
d to smoking...[their usual response being] We don't want to get
anything controversial." Since the Banzhaf episode, the record of
has remained mixed. It has supported ordinances to prohibit or
oking in public places, to request more stringent warnings on ciga-
, including use of the word "death," and to establish a graduated
ise tax on cigarettes based on their tar and nicotine content.
ober, 1976, the society created a National Commission on Smoking
Policy, under the direction of Victor Weingarten (an experienced
public relations consultant), with Philip R. Lee (University of California
School of Medicine, San Francisco) as acting chairman. The Commission was
asked to assess the effectiveness of current anti-smoking activities and make

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appropriate recommendations for new strategies. The Commission held extensive hearings, took testimony from over three hundred individuals, and examined voluminous published and unpublished data, including industry files. The Commission reported back to the society in January, 1978, recommending the development of strong legislative action, and endorsing earlier recommendations to this effect by Nutrition Action (a Washington-based public-interest group). The Commission further recommended that the Society set up a powerful anti-tobacco lobby in Washington, D.C., and spend the maximum amount of money permitted by law for legislative activities. The American Cancer Society rejected these recommendations, but, in an apparent compromise move, published a report critical of its own past performance, and pledged to support HEW Secretary Califano's new anti-smoking initiatives.

The "Target 5," five-year program of the society, designed to reduce the toxicity and carcinogenicity of tobacco smoke, stands little chance of success without a well-organized lobbying activity. The society still has not announced plans to lobby Congress or to file petitions with the Federal Trade Commission and other concerned agencies. The society has a part-time lobbyist in Washington, D.C., Tanny Pollster, whose major activity seems to be protecting the NCI budget, and who views his role primarily as a "collector of information for the society," rather than as a lobbyist. It is widely rumored that Pollster's salary is defrayed by a direct pass-through to the society from Mary Lasker. In early 1978 the society hired the late Marvella Bayh, wife of Senator Birch Bayh and a breast cancer victim, as a full time lobbyist. (The society appears to have placed Mrs. Bayh in a position of potential conflict of interest. Senator Bayh, as a member of the subcommittee on Labor and HEW of the Appropriations Committee, has considerable influence on the NCI budget. He has however, failed to persuade Senator Kennedy that the "War on Cancer" be made an integral part of proposed National Health Insurance plans). It would

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not seem unreasonable to expect that the society should develop strong lobbying activities in order to secure legislative and regulatory support for its anti-smoking programs and objectives. Under the Tax Reform Act of 1976, tax exempt organizations such as the American Cancer Society are allowed to spend up to \$1 million annually on lobbying.

Legislative failure apart, the society has unduly emphasized the role of tobacco as the predominant or near predominant cause of lung cancer to the exclusion of consideration of a wide range of carcinogenic occupational exposures. In so doing, the society has lent strong implicit support to the standard industry strategy of "blaming the victim". It must also be pointed out that the epidemiological studies of the society and others on smoking and lung cancer have generally failed to inquire into occupational histories and have thus neglected a probable major role of exposure to occupational carcinogens. Of further interest in this connection is the fact that deaths from pleural mesotheliomas due to asbestos are listed as lung cancers in the International List of Causes of Disease (which is used as the basis for reporting cancer mortality data). Thus, malignant lung disease due to occupational exposure or to such exposure interacting with the effects of tobacco smoke are misrepresented as being exclusively lung cancer deaths exclusively due to tobacco. It is thus likely that the role of occupational exposure to industrial chemicals as a cause of lung cancer has been substantially underrecognized. These considerations are emphasized by recent evidence on increasing lung cancer rates in non-smokers.

Cancer Prevention. Apart from being uninvolved in cancer prevention, other than to a limited extent tobacco, senior officials have developed for the society a reputation of being ignorant of and indifferent if not actively hostile to regulatory needs for the prevention of exposure to carcinogenic chemicals in the general environment, consumer products, and workplace. In early 1977, the past

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president of the society, Lee Clark, joined by Frank J. Rauscher, attacked the FDA for its proposed ban on the carcinogenic saccharin. This apparent position of the society has not yet been modified or retracted. Ignorance aside, questions have been raised as to the propriety of this position in view of the fact that the society had previously accepted a substantial grant from Coca-Cola, the manufacturers of diet soda, to defray the costs of travel expenses for a delegation of society staff and volunteers to attend a conference in Russia in June, 1976. Sidney Arje, Vice President for Professional Education, objects to the FDA proposal for inserting cancer warnings in packages of estrogens, such as Premarin, used in menopausal "replacement therapy." The society also objects to FDA requirements for reporting adverse drug reactions in humans receiving experimental anti-cancer drugs in NCI programs, and has demanded legislation to abolish FDA authority in this area. Over the past decade, the society has refused to endorse critical public health legislation and moves such as the Clean Water and Air Acts, and regulation of Red Dye #2, Aldrin, Tris, and the proposed FDA ban on DES in cattle feed.

In spite of Cuyler Hammond's negativism to the Clean Water and Air Acts, based on his failure to find increased cancer rates in epidemiology studies on Holland and Lincoln tunnel workers, the society initially indicated willingness to support this legislation. This position was reversed when Lee Clark was subsequently told by Texas auto dealers that it would wreck their business. Hammond has also testified on the side of industry in hearings on saccharin and hair dyes, and has been openly critical of the Delaney Amendment (which proscribes the deliberate addition of any level of carcinogenic food additives to the food supply). In some such positions, Hammond, and other society officials, such as Lee Clark and Rauscher, claim to be representing themselves and not the society.

This negativism to critical preventive health legislation, which has gener-

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ally been enacted in spite of rather than because of the society and other voluntary health organizations, aroused the unfavorable comments of Congressman Paul Rogers (D-Fla.) in an address to the Third National Conference on Health Policies on May 22, 1978:

I regret that this legislation was adopted with little or no help from groups or individuals involved with health care. I can think of no better example of the serious consequences of the organized health interests non-involvement than last year's Congressional battle over the Clean Water and Air law. A key part of this struggle was the auto industry's push to relax automobile pollution standards. The sweeping relaxation of standards proposed by the industry would have posed a very real threat to the health of millions of Americans over the next thirty years. Despite the obvious health implications of the auto industry's proposal, we had to work just to get the American Cancer Society and the Heart Association to take a look at the question. Eventually, after long delays, their entire political activity consisted of one letter of support. It could only be considered too little, too late. The Lung Association and the American Public Health Association were somewhat more active. While they took strong supportive positions early in the battle, and they testified in behalf of strong health protection, their support was never translated into political organization and clout.

The society's support of the Toxic Substances Act, probably the most important single piece of legislation of the century designed to prevent exposure to carcinogenic and toxic chemicals, was perfunctory and too late to be effective. The American Cancer Society, together with the American College of Radiologists, has insisted on pursuing large-scale mammography screening programs for breast cancer, including its use in younger women, even though the NCI and other experts are now agreed that these are likely to cause more cancers than could possibly be detected. While the traditional explanation for the position of the society on cancer prevention lies in an amalgam of conservatism and ignorance, a recent series of critical articles in the press have raised questions as to the possible influence of the wide range of industries in which society directors have financial interests. (Illustrative is Jonathan E. Rhodes, past president of the society and chairman of the NCI Advisory Board, and Director of Penwalt Chemical Company).

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On March 9, 1978, Rauscher told a Rutgers University audience that New Jersey's high cancer rate may be a result of personal habits rather than industrial pollution.

People are talking about a cancer hot spot here. They are blaming industry. They are blaming everybody but themselves.

Rauscher further stated that there is clear evidence that New Jerseyans smoke more than the national average, thus accounting for their excess cancer rates. However, in response to a subsequent question by Congressman Andrew Maguire (D-N.J.), Rauscher admitted that he had no evidence to support his claim.

On September 28, 1979 the Illinois division of the American Cancer Society announced the welcome news that it was preparing a leaflet for their 1980 fund-raising campaign to "set the record straight" by listing substances that are known to cause cancer and those that do not. (Of the myriads of chemicals now in common use, under 500 have been shown to be carcinogenic in animals, and 26 of these have also been studied in humans and found to be carcinogenic. It is well that the public should be reassured that the ability of chemicals to induce cancer is unusual, even when tested at high doses in animals, and is restricted to a relatively small number, which mostly belong to a few classes of synthetic organics). Unfortunately, confidence in the future efforts of the Illinois division of the Society was shaken by the accompanying statements of its spokesman Werner Kirsten minimizing the significance of the recent findings of nitrosamines in beer on the grounds that they have only been shown to cause cancer in animals, and that there has been no epidemic of bladder cancer in heavy beer drinking countries in Europe. These qualifications fail to reflect a scientific consensus of the strong presumption that chemicals found to cause cancer in proper animal tests will also cause cancer in humans. The experimental evidence for the carcinogenicity of nitrosamines is so strong that a recent WHO monograph emphasized that to all practical purposes they should be regarded as human carcinogens. Dimethylnitrosamine, found in beer at levels

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at 1 to 10 parts per billion (equivalent to quadrillions of molecules in each sip) produces lung tumors in mice at similar levels in drinking water. The levels of dimethylnitrosamine to which the average beer drinking is exposed are several-fold in excess of the less potent nitrosamine carcinogen, nitroso-pyrrolidine, which the USDA, after years of deliberation, has regulated in bacon to levels under 10 parts per billion. Additionally, it appears that the Illinois division has confused nitrosamines, which as a class produce cancers in a wide range of organs besides the bladder, with a different class of carcinogens, aromatic amines, which predominantly cause bladder cancer in humans and some animals species.

The essentially negative or ambiguous position of the American Cancer Society on prevention must be viewed against the carnage of cancer which now affects one in four and kills one in five of the U.S. population, with a 1978 death toll of about 400,000. NCI data prove that cancer incidence rates are burgeoning, and these involve not only the lung but a wide range of other organs in both sexes and racial groups and therefore cannot be largely due to smoking; in fact the overall increase in total cancer incidence for all sites is comparable to that when cancer of the lung is excluded. (From 1970-1975, the average percent increases in incidence rates for white males are 4.7, for black males 11.9, for white females 11.6, and for black females 34.6). It is now the consensus of the informed independent scientific community that the majority of all cancers are environmentally-induced and hence preventable. Based on a detailed analysis of available occupational exposure data (industry still refuses to disclose such data, claiming that the identity of chemicals in trade name products to which workers are exposed are trade secrets), a government report by ten leading experts in the NCI and other Federal research agencies released by HEW Secretary Califano on September 15, 1978 concluded that up to about 40% of all cancers in coming decades would be associated with

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past exposures to a small number of occupational carcinogens (asbestos, nickel oxides, benzene, arsenic, chromium, and petroleum fractions), quite apart from additional contributions of a wide range of other known carcinogens.

The problems with the American Cancer Society are largely a function of its history and structure and reflect clinical bias and stodgy conservatism, coupled with a basic failure or unwillingness to comprehend the importance of environmental and occupational causes of cancer. The society has declined to harness its considerable political clout to support legislation and regulation designed to prevent cancer. The hostility or indifference it has further expressed to particular moves in this direction has been an important determinant in the failure of Congress to act more decisively on cancer prevention and even more seriously, in public apathy and confusion. Equally grievous and damaging are the society's misrepresentation of government cancer statistics as indicating that cancer death rates "are leveling off and in some cases dropping off," rather than in fact increasing.

While the overall response of the society to emerging criticisms from quarters including the press, public interest groups, labor, and some key Congressmen, is defensive in extreme, there are nevertheless limited indications of responsiveness, such as the recent creation of a "public-issues committee." The tempo of such responses is likely to increase further only if the society feels that its public image and fund raising ability is threatened. In the final analysis, it no longer seems possible to avoid the overall conclusion that since 1964, the American Cancer Society, spearheading the "cancer-cure lobby," has exercised an essentially negative if not detrimental influence on cancer prevention.

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