The four case studies in this chapter were selected to provide examples of how propaganda has been and is being used in our society. The subjects are (a) the U.S. government’s and industry’s unusual efforts to promote productivity by easing the lives of women shipyard workers in Vanport City, Oregon, during World War II; (b) the propaganda of the tobacco industry in the wake of attempts by government and private health organizations to protect the public from the dangers of smoking; (c) pharmaceutical companies, known as “Big Pharma,” that not only market prescription drugs but also play on the fears of the public by naming new diseases; and (d) the use of paid “pundits” to propagandize for the Pentagon on television. Applying the 10-step analysis suggested in Chapter 6, each case study examines the propagandists, the audience, the various techniques employed, and counterpropaganda. These case studies demonstrate that propaganda can be used in a variety of ways in modern society.

In this chapter, the 10 steps of propaganda analysis are applied in various ways to what we consider to be four important examples of propaganda in our time. The case studies were chosen for the intensity of their propaganda, as well as for their relevancy in today’s society. The only case study that can be said to be truly over is that of the women shipyard workers in
World War II, although the issue of government support of child care for working parents continues. The antismoking campaign reached new heights as attorneys general from numerous states sued or prepared to sue the American Tobacco Company for misleading the public about the effects of cigarette smoking while tobacco legislation failed in Congress in 1998, and the conflict continues. Big pharmaceutical companies that make huge profits do so by utilizing multiple techniques to sell drugs and market new diseases. Paid pundits assist the propaganda efforts of the Pentagon. Each of these case studies is presented here as a model of propaganda analysis. We encourage our readers to analyze other cases. There are many examples of propaganda to choose from in today’s society.

CASE STUDY 1

Women and War: Work, Housing, and Child Care

In 1943, the wartime housing project Vanport City, Oregon, opened. Vanport was a contraction of Vancouver, Washington, and Portland, Oregon, for it lay in the lowlands along the Columbia River between the two cities. Forty thousand people from all parts of the United States came there to work for the Kaiser shipyards, where the famous Liberty and Victory ships as well as tankers, troop transports, and aircraft carriers were built, and moved into specially built apartment houses paid for by the Federal Housing Authority. Public bus transportation was set up to run on a straight line from the housing, past the schools and the Kaiser Child Service Centers, to the job sites for convenience to parents and children.

The Kaiser Child Service Centers, specifically designed to assist working mothers in every possible way, had picture windows facing the shipyards so that the children could look out and “see where Mommy is working” (see Figure 7.2), and the centers were open 24 hours a day, 7 days a week, 12 months a year. Infirmaries staffed by physicians and nurses were available so that mothers could work when their children were sick. Child-sized bathtubs, elevated so that the Child Service Centers staff did not have to strain their backs, were used for bathing the children before their mothers picked them up to go home at the end of the workday (see Figure 7.3). Dieticians and cooks in large professional kitchens prepared nutritious meals not only for the children to eat at the centers but also for the mothers to pick up at the end of the workday to take home, heat, and feed the whole family (see Figures 7.4 and 7.5).
Between 1943 and 1945, more than 7,000 women worked for Kaiser in Oregon as shipfitters, machinists, painters, pipefitters, plumbers, sheet metal workers, tank scalers, draftspersons, boilermakers, blacksmiths, slab and flange persons, electricians, welders, burners, and laborers (see Figure 7.1). Each woman went to work knowing that her children were receiving excellent care and that she could spend quality time with them after work because she was not burdened with household chores. The schools adapted their classes to the women’s work shifts; thus, children could arrive as early as 5:45 a.m. for early classes or attend afternoon classes and stay until 6:30 p.m. and participate in activities such as dancing lessons, basketball, and crafts. All meals were provided at appropriate hours. Whatever a mother's shift, the school accommodated her children.

After World War II ended, the shipyards closed, the women lost their jobs, and Vanport City, for the most part, was dismantled. A flood in 1948 destroyed what was left, so it no longer exists. Some of the many wartime communities built and supported by government and industry for the massive wartime effort had child care facilities. This case study analyzes the propaganda of the U.S. government and American industry for one of them, Vanport City. It is unusual in that the housing and child care facilities were part of the propaganda techniques.

Figure 7.1 Women riveters at Vanport City, Kaiser shipyards, 1943.

SOURCE: Used by permission of the Oregon Historical Society, #OrHi86502.
The Context, Ideology, and Purpose of the Propaganda Campaign

December 7, 1941, when Japanese planes attacked Pearl Harbor, marked the U.S. entry into global war. This military crisis stimulated the government to take extraordinary efforts to maximize industrial production for equipping the military and its allies. At this time, prevailing attitudes about women’s capabilities and proper roles fixed them as wives and mothers whose primary concerns were their families and homes. Women, for the most part, were sharply limited in their opportunities to work or to earn decent wages if they held jobs. During the Depression, women were denied the government relief and participation in recovery programs that were granted to men. Married women who worked during the Depression were viewed as taking jobs away from male breadwinners. “Women’s place” was considered to be in the home, although recent studies indicate that many female wartime workers had prewar work experience (Golden, 1991).

When World War II began, at first defense employers were reluctant to hire women. The federal government’s largest training program, Vocational Training for War Production, created no programs for women. As millions of men withdrew from jobs to go into military service, however, a different ideology was born of necessity, and the possibilities for women to receive...
government training and defense employment increased. By 1942, industry and the government began an intense courtship of women that lasted until 1944. The War Manpower Commission and the Office of War Information launched national media appeals to women in an effort to get them to go to work. The ideology of government and industry was that women should fulfill their patriotic duty and hasten victory by joining the workforce. Margaret Hickey, chairperson of the Women’s Advisory Committee to the War Manpower Commission, coined the slogan “The day of the lady loafer is almost over” (Renov, 1988, p. 34). Women working, however, was considered to be a temporary, emergency situation, for they were not regarded as a permanent part of the workforce.

The propaganda purpose was to achieve maximum production of wartime materials and recruit women to the workplace; the related purpose was to get women to perceive civilian defense work as glamorous, exciting, and a patriotic duty. This was based on the myth that women could assume men’s roles in a time of crisis, although their true mission in life was to be wives and mothers. An advertisement for vitamins depicted a soldier writing his last letter to his wife that said his life would be endangered unless civilians pitched in to do work for the war. The slogan in the ad was, “The more

Figure 7.3 Kaiser Child Service Center staff worker bathing a child in a special tub.

SOURCE: Used by permission of the Oregon Historical Society, #OrHi80376.
women at war . . . the sooner we win.” The most controversial aspect of this view was created by the deeply held belief that mothers should stay at home to care for their small children. Many attempts were made to alter that belief for the duration of the war, and child care programs were hastily organized. Most were inadequate and poorly staffed (Anderson, 1981), with the exception of Vanport City and the Kaiser Child Service Centers.

Identification of the Propagandist and the Structure of the Propaganda Organization

The U.S. government openly conducted a propaganda campaign to alter perceptions of women in the workplace. The government as propagandist was assisted by industry, the media, and local groups; thus, there was an amazing consistency in the tone of the campaign. The Signal Corps film *The Hidden Army* depicts fictional German leaders calling American women “decadent playgirls” because they would not work like German women. American women are dramatized as resenting work because it interferes with shopping until they receive telegrams telling them of the deaths of their
loved ones. Then the women are shown leaving their children in day nurseries and going to work as welders. A woman says, “This is why women know this is a women’s war.” Nazi leaders are then shown lamenting their underestimation of American women while a woman says, “This is the greatest woman of all,” as the image of the Statue of Liberty is shown. *Glamour Girls of 1943* is an Office of War Information film that reassured women they could do the work in the factories. A woman is shown operating a lathe “as easy as a juicer in her kitchen,” and another uses a drill press “as if it were a sewing machine.” An African American woman is learning how to weld

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**Figure 7.5** All you do is “heat and eat” the food from the Child Service Center, 1944.

SOURCE: Used by permission of the Oregon Historical Society, #OrHi86503 (cropped).
while the voiceover says, “This woman is taking to welding as if it were a washing machine in her own home.” These metaphors sound silly today, but they were important in emphasizing women’s domestic role, as well as their abilities to do wartime work. An RKO Pathé News newsreel titled *The Homefront* (1943) presents a soldier on furlough who sees children being well cared for in nurseries while their mothers work in factories. Popular movie stars were also featured in newsreels with messages such as Loretta Young’s “It is your duty to go to work” and Helen Hayes assuring women that children are happy and learn good values in child care centers. Katherine Hepburn told “what mothers did in the war in the battle of production.”

Henry J. Kaiser had agreed to build 60 freighters for Great Britain in early 1941 and then contracted with the U.S. government to build 200 Liberty ships. He owned the Oregon Shipyard Corporation, which had three huge shipyards, and his son Edgar was the general manager. There, they built the famous Liberty ships, the first of which was launched on September 27, 1941. The production rate for these ships was so great that 76 ships had been built by September 1942. In fact, the *Joseph N. Teal* was built in a record 10 days. President Franklin D. Roosevelt attended the launching, where his daughter christened the ship before 14,000 spectators (“President Visits Vanport, Oregon,” 1943). Speedy production was necessary to supply the military with ships to fight the war; therefore, the government and the shipbuilding industry worked hand in hand. By the end of 1942, 75,000 workers were employed in the shipyards, with expectations of 100,000 within months. The workers came from all over America, creating a housing shortage of enormous proportions in Portland, Oregon. People slept in cars and tents. Movie theaters started feature films at 2:15 a.m. to accommodate the homeless. Appeals were made to retirees to move to other cities to make room for the workers.

To relieve the situation, Kaiser bought 650 acres along the Oregon side of the Columbia River to build a wartime housing project. Funds for wartime housing projects generally came from Lanham Act appropriations, which were funneled through the National Housing Authority and its subsidiary, the Federal Public Housing Administration (FPHA), but these funds were already expended. Kaiser went to the U.S. Maritime Commission (USMC) with his plan. The USMC approved it and advanced $26 million to Kaiser, who would build the project that would be supervised by the FPHA. Kaiser signed a cost-plus $2 contract to build his city. This differed from other wartime housing projects because two different government agencies were involved in addition to the Kaiser company. Kaiser was in charge of architectural planning, but the FPHA had to approve the design. A 1943 article titled “Vanport City” in *Architectural Forum* articulated his goal and called
Kaiser “the ‘miracle man’ of World War II production and the most effective crusader for housing the United States has ever seen. But not for philanthropic reasons” (p. 53). The article quoted Michael Miller, manager of Kaiser’s Vancouver shipyard:

The way people live and the way their families are cared for is bound to be reflected in production. If members of his family are sick, the worker worries on the job or stays home to take care of them. (p. 54)

Thus, the propaganda goal to be achieved by building the facilities at Vanport City was optimum production.

The Portland architectural firm Wolff and Phillips was hired to design Vanport City, with the following design objectives: (a) to house as many people as possible with the least amount of building materials, (b) to include nursery schools and bus shelters, and (c) to facilitate women’s entry into the war (Maben, 1987; “Vanport City,” 1943). These design objectives were propaganda objectives as well, for the housing facilitated women’s work that supported the propagandist’s purpose. The city, now dubbed “Kaiserville,” for 40,000 new residents, including 9,000 children, was constructed in 10 months and officially completed on September 26, 1943, although people had begun moving from their tourist cabins, trailer camps, and rented rooms into completed units 10 months earlier. In addition to 10,000 housing units, five grade schools, six nursery schools, five social halls, a post office, three fire halls, a library, a theater, stores, and a hospital were built—the largest housing project in the world.

The Housing Authority of Portland (HAP) was the last link in the structure of the propaganda organization, for it administered the project locally, although the city of Portland, the county of Multnomah, and the state of Oregon were not consulted on any phase of the planning (Maben, 1987). Vanport City had no municipal government, and the residents had no voice in its operation. The propaganda organization functioned as a strong partnership between government and industry.

The Target Audience

Men and women were recruited to work in the Kaiser shipyards. The first full-page advertisements appeared in the Portland Oregonian, exhorting people in the name of patriotism to work in the shipyards. Recruiters went to New York City to recruit 20,000 workers there and provided a 17-car train to transport them to Portland. Workers were brought in from so many states that only four states were not represented—Rhode Island, New
Hampshire, Maine, and Delaware (Maben, 1987). Basically, the recruits were young, married, and had young children. Shipyard work had been strictly a male bastion, but Kaiser, a pioneer in hiring women to work in shipyards, hired them without discrimination in position or wages. Although other defense industries recruited women in door-to-door solicitation drives in Baltimore, Seattle, and Detroit (Anderson, 1981), there is no evidence that Kaiser did anything but advertise in the newspapers.

Certainly, the national media campaign to encourage women to make home-front sacrifices comparable to those of men in the battle zones must have affected the women who decided to work in the shipyards. Some women workers came with their husbands who subsequently went to war; thus, the women stayed and worked in their husbands’ places. Other factors were economic necessity, a desire for independence, and loneliness. Many women had to leave their children with friends and relatives to go to work in other shipyards. Those who went to Vanport City took their children with them. This and the prospect of good wages, no doubt, were major incentives.

Media Utilization Techniques

One form of media utilization is the control of information flow. Vanport City closely resembled the corporation company town of an earlier era. In cooperation with the U.S. government, HAP was the town’s operator, and it imposed heavy restrictions and regulations on the occupants. Efforts to change the regulations were effectively squelched. One Vanport City couple submitted an article to the Saturday Evening Post, complaining about the regimentation and bureaucracy. HAP got the Post to suspend publication of the article on the grounds that it interfered with the war effort (Maben, 1987). Another regulation required the schools to be operated on a double-shift basis, 12 months of the year. Superintendent James T. Hamilton tried from 1943 to end the double shift for the sake of the children. Not until 1945 did federal officials, with private knowledge of how well the war in the Pacific was going and that ship production would be phased out, withdraw their objections.

Special Techniques to Maximize Effect

To get the workers to give their best energies to production, Kaiser provided the workers’ needs for affordable housing, on-site services, and extensive child care services. Dolores Hayden (1986), in her book about architecture, Redesigning the American Dream: The Future of Housing, Work, and Family Life, said that Vanport City “was the most ambitious
attempt ever made in the United States to shape space for employed women and their families” (p. 8). Vanport City offered a dazzling array of inducements for mothers with children to take on wartime jobs. James L. Hymes, who was in charge of the child care centers at the shipyards, which were initially suggested by First Lady Eleanor Roosevelt, said,

In the past good nursery schools have been a luxury for the wealthy. The Kaiser Child service centers are among the first places where working people, people of average means, have been able to afford good nursery education for their children. (Hayden, 1986, p. 161)

Every woman who was a mother was interviewed by Kaiser-employed counselors to determine how she planned to care for her children while working. The majority of mothers were reluctant at first to leave their children in the child care centers and made other, less satisfactory arrangements for their care. The administrative staff of the Kaiser Child Service Centers conducted an intensive campaign to convince the mothers to bring their children to the centers. Every mother who worked at the shipyards received direct mail with a registration form complete with return postage. Posters about the child care centers were prominently displayed in the shipyards. Announcements about the child care centers were made over the public address systems during lunchtime. Conducted tours of the centers were held on Sundays (“Publicizing the Centers to Workers,” 1944). The Kaiser company newspaper, Bos ‘n’ Whistle, featured pictures of happy children at play and families bringing their babies and toddlers to the center (“Service Byword,” 1944). Eventually, both child care centers filled to their capacity of 2,400 children (“2400 Families,” 1944). The cost for child care in the state-of-the-art centers with all amenities was 75 cents a day for the first child and 50 cents a day for each additional child. Parents and children went through initial interviews together so that each child could be given special attention and appropriate placement. The children were cared for and taught by highly qualified professionals directed by Lois Meek Stoltz, former head of the Institute of Child Development at Columbia University, and the student-teacher ratio was about 30 to 1. Every effort was made to reassure parents that their children were well cared for, and it was convenient to take the children to the center because the buses traveled on a straight line from Vanport City to the shipyards via the Child Service Centers.

The child care centers offered other services to the mothers as well. Clothing that needed mending could be dropped off at no charge. Shoppers picked up groceries and other staples “to save the mother’s strength,” according to a Kaiser pamphlet (Meeting Needs, 1944).
The apartment complexes maximized the living quarters and minimized the cooking areas because hot meals could be brought home from the child care centers. Most workers purchased the meals-to-go four times a week. These mothers could spend time with their children instead of cooking and doing dishes. The design and the support activities symbolized cultural attitudes toward women’s work. It was valued, and it was assisted with strong regard for the welfare of the children. The women also gained a strong identity as workers who did not have to perform major domestic chores.

Audience Reaction to Various Techniques

People came in droves to Vanport City. They complained about the restrictions related to maintenance and recreation, but the housing units were always filled, and the schools and the Kaiser Child Service Centers were huge successes. In the video *Women, War, and Work* (O’Donnell, 1994, 1998) women who worked in the shipyards and their family members are interviewed. They express strong satisfaction with the living and working conditions and the Vanport City schools and child care centers.

Effects and Evaluation

Occupancy of Vanport City reached its highest peak during January 1945. When layoffs began, they were severe: 3,000 were terminated in the first week. By July 1945, the population had dropped from 40,000 to 26,000. By November, the housing projects were half full. Stabilized by July 1946 at 15,000, demolition paid for by Lanham Act funds began. Twelve hundred housing units were moved to Bremerton, Washington, for the naval yard. Additional units were used for salvage. At the end, 6,396 units remained (Maben, 1987). This was consistent with the rest of the nation as war contracts were canceled, men returned from war, and women lost their jobs.

The housing project at Vanport City met working mothers’ needs in a sensitive and helpful way. Never again have American working women been treated as carefully as they were when women’s work was needed for a national emergency.

Between June and September 1945, one of every four women in the United States lost their jobs in the factories, the automobile and steel industries, and the shipyards. Those who remained in the labor force shifted to clerical, service, and sales positions, with reduced earnings (Hartmann, 1982). Another propaganda campaign to remind women of their “proper” roles was on the horizon.
CASE STUDY 2

Smoking and Health: Corporate Propaganda Versus Public Safety

Sometimes it takes a long time to solve a problem, and often no real progress seems to be made in arriving at a solution. Those who fought the tobacco industry and to make the public aware of the enormous health dangers associated with the consumption of tobacco products endured many years of frustration. The tobacco industry and the many other parties who profited from the sale of tobacco fought one of the longest, costliest propaganda battles in the history of the United States, aimed at fending off any attempts to establish a causal link between tobacco consumption and a myriad of health problems—most notably, lung cancer. The industry rightly feared that if causal links were firmly established, then the industry would be vulnerable to lawsuits for enormous sums of money.

This case study examines specific issues surrounding the campaign to remove cigarette advertising from the broadcast media and the long-running efforts to make the tobacco industry face up to the dangers of smoking. It shows that very often, propaganda from one side is so powerful and well organized that it simply overpowers the opposing forces. For many years, the tobacco lobby was so powerful in the United States that it appeared virtually untouchable in the halls of Congress; yet, inroads were made, albeit small ones. In the early 1990s, a dramatic combination of events suddenly forced the tobacco industry on the defensive and to begin to negotiate an unprecedented series of costly settlements with national and state health authorities.

Most cities now have legislation that establishes no-smoking areas in both public and workplaces; many companies, such as Pacific Northwest Bell, have banned smoking from their office buildings; universities have begun to declare themselves “smoke-free environments”; and all over the United States, restaurants are creating smoke-free areas. This case study demonstrates that, over time, constant pressure, often originating with just a small group of individuals and aided by the right combination of economic, political, and social climate, can effect changes even in the face of a massive propaganda structure. This is an examination of how a combination of personal fortitude; legislative, legal, and political maneuvering; and some luck has brought about change. As this case study is being written, the battle among the tobacco industry, a multitude of government health agencies, and states’ attorneys general continues. Although the outcome of this battle
(massive financial settlements by the industry) is now more predictable than just 10 years ago, the exact nature and extent of this settlement are still being hotly negotiated and debated.

The Ideology and Purpose of the Propaganda Campaign

Tobacco has been the subject of controversy ever since it was introduced into Europe after Christopher Columbus’s visit to the Americas. Columbus had reported that North American natives used its dry leaves for inducing pleasure. The first widely reported medical condemnation of tobacco occurred in 1665, when the great diarist Samuel Pepys witnessed a Royal Society experiment in which a cat “quickly expired” after being fed “a drop of distilled oil of tobacco” (Glantz, 1996, p. 1). Not until the late 1940s, however, did modern scientific experimentation begin to turn up consistent evidence of the harmful nature of tobacco, and the link between smoking and lung cancer began to strengthen. This resulted in the first U.S. surgeon general’s report on smoking and health, in 1964, which contained the conclusion that smoking causes lung cancer. At this point, the tobacco industry began an all-out assault on the increasing body of scientific evidence that threatened its existence. For more than 30 years, the industry mounted massive public relations campaigns backed by costly legal and political strategies to fend off attempts to restrict the sale of tobacco. For most of this time, these strategies were successful in protecting the industry’s enormous profits despite the overwhelming scientific and medical evidence that consumption of tobacco products disabled or killed hundreds of thousands of smokers and even nonsmokers every year.

Underscoring this battle are the provisions of the Constitution of the United States. Essentially, as long as tobacco is a consumer product that is legally and openly available on the market (admittedly with certain limitations regarding age), it is protected under a variety of legal guarantees. Thus, because tobacco is not a “banned” substance like marijuana or cocaine, it can openly be sold and advertised (again with certain “negotiated” restrictions). The tobacco industry has constantly resorted to a “First Amendment” defense of its right to continue to sell and advertise its products. Legislators have an obvious reluctance to ban all tobacco products; the dominant economic impact of the industry in the so-called tobacco states, the intensive lobbying efforts at all levels of government, and the enormous contribution that tobacco taxes make to city, state, and national treasuries mitigate against this drastic action. Also, previous attempts to ban outright such “addictive” leisure-inducing products as alcohol in the Prohibition Era (1919–1932) resulted in an extremely damaging flaunting of the law and a
flourishing black market in the product. (Many historians have suggested that Prohibition was largely responsible for the rise and solidification of organized crime in the United States.) The campaign to remove tobacco advertising from television and subsequent tobacco health settlements must be evaluated against the background of this complex interplay of the ideology of capitalism and the First Amendment versus government intervention for purposes of public protection.

The Context in Which the Propaganda Occurs

This case study concentrates on the period leading up to, and the aftermath of, the attempts to ban cigarette advertising on television and radio. Prior to this development, cigarette and other tobacco product companies had been major sponsors of commercial broadcasting since the early days of radio in the 1920s, and public “brand identification” for such products as Camel, Lucky Strike, and Marlboro was exceptionally high. Smoking was as everyday an activity as drinking a cup of coffee and was widely practiced and accepted in society.

On January 1, 1971, all cigarette advertising disappeared from American radio and television. No longer was the Marlboro Man able to light up and show off his tattoo at the same time, the “cool” world of mentholated cigarettes with smoking couples always carefully depicted in a green pastoral setting ceased to exist, and the recently introduced line of “women’s cigarettes”—Virginia Slims—could no longer entertain us with humorous vignettes depicting what happened to women who were caught smoking in the period before the 1930s. In the words of the Virginia Slims slogan, the fight against tobacco advertising on broadcasting had “come a long way, baby!” But to reach this point required a series of actions and reactions involving a complex mixture of groups and individuals, both inside and outside Congress, and the development of propaganda campaigns with literally billions of dollars at stake.

The Broadcasting Ban

The emergence of first radio advertising and then television advertising proved to be of immense significance to the growth of the cigarette industry. The use of broadcast advertising was a major propaganda weapon in promoting smoking as an acceptable social behavior. Of course, other mass media, most notably the movies, which often depicted cigarette smoking as a glamorous and romantic activity, and magazines, with their colorful full-page advertisements, must also accept major responsibility here. Cigarette
brands were widely associated in the public’s mind with the sponsorship of many popular radio and then television shows. Brands such as Lucky Strike, Camel, Philip Morris, and Chesterfield became symbols of entertainment as much as commerce during the era of the large radio networks. The emergence of television as a major advertising force in the 1950s brought into prominence such brands as Kent, with its “micronite filter” (later shown to have contained asbestos), and Winston, which “tastes good like a cigarette should,” or the Old Gold woman dancing away inside her cigarette box, with only her arms and legs visible. Of all these new television-promoted brands, Marlboro, featuring the clean outdoors and the weathered features of the Marlboro Man in his cowboy hat and tattoo, was most memorable even though the actor involved later contracted lung cancer from cigarette smoking.

Television was used to promote filter cigarettes, with broad hints or often specific claims that these were “healthier” than the unfiltered variety. In the late 1940s, filter cigarettes accounted for 1.5% of the total market; by 1968, this had increased to nearly 75%. During this same period, the number of different brands grew from a half dozen to more than 30, in all shapes and sizes. In the latter part of the 1960s, the heavy promotion given to new brands of longer, 100-millimeter cigarettes was particularly upsetting to those who were beginning to demand government regulation. In 1967, 3 years after the U.S. surgeon general’s report linking cigarette smoking to lung cancer and other medical problems, tobacco manufacturers were spending about $217 million on television. In that same year, the U.S. Public Health Service issued a report containing the finding that “cigarette smokers have substantially higher rates of death and disability than their non-smoking counterparts in the population” (Whiteside, 1970, p. 43).

Although the forces opposed to smoking lacked the structural organization to match the industry’s propaganda, they were not without friends in the federal bureaucracy, as well as in Congress. After a complex series of legislative actions fought every step of the way by the tobacco industry, the Federal Trade Commission (FTC) finally managed to get President Lyndon Johnson’s signature on a bill on July 27, 1965, requiring a health warning on cigarette packages. This bill also prevented the FTC from any further action against the tobacco industry for 4 years. The industry wanted a permanent ban, but nevertheless this action was seen more as a victory for the propaganda efforts of the Tobacco Institute (an industry lobby group created in 1958) than a positive health measure. The label was not seen as a serious threat to tobacco sales, whereas removing the FTC from the issue was seen as a major blow for the antismoking group. After examining this battle, one lobbyist for the antismoking side characterized the contest between the
tobacco industry and the health people as being similar to a match between the Green Bay Packers and a high school football team. The rather unexpected fight to remove cigarette advertising from the broadcast media must be viewed against this background.

**The FCC and John Banzhaf III**

A young New York lawyer, John Banzhaf III, was concerned about the tactics being used to advertise cigarettes, particularly “about the use of the public airwaves to seduce young people into taking up smoking without any attempt to tell the other side of the story on television and radio” (Whiteside, 1970, p. 46). He wrote a letter to WCBS-TV in New York, asking that free airtime be made available to present the health hazard side of the cigarette story. This request was denied, as Banzhaf had expected, so his next step was to file a petition with the Federal Communications Commission (FCC), pointing out that the U.S. surgeon general’s report and other scientific findings had shown a relationship between smoking and health, and furthermore, that because this was a controversial issue of public importance, it was therefore proper for the FCC to order radio and television stations to provide reply time under the Fairness Doctrine. This petition was presented early in January 1967, and on Friday, June 2, of that year, the FCC—to everyone’s surprise—ruled that its Fairness Doctrine did indeed apply to cigarette advertising on radio and television. The commission dismissed Banzhaf’s appeal for “equal time,” offering instead a ratio of one antismoking message to three cigarette commercials. Everyone from the tobacco interests to Congress was caught off guard, but it was clear that the ruling would be appealed.

Once he had achieved this major victory, Banzhaf expected that he could bow out and that major private health organizations, such as the American Cancer Society, the National Tuberculosis Association, and the American Heart Association—all known propagandists against smoking—would step in and take over. He quickly discovered, however, that these groups had serious misgivings about alienating the broadcasters, on whom they relied for free airtime for their own causes and especially for fund-raising activities. The health group support for the FCC decision was quiet, unassertive, and almost nonexistent during the period when the tobacco industry and the broadcasters appealed the FCC’s ruling. Even Senator Robert Kennedy tried to intervene with the health groups on behalf of Banzhaf, but without success. To their credit, the health agencies thought the burden of the defense of the original decision lay with the FCC’s own legal staff, and eventually they were proved correct. On November 21, 1968, the U.S. Court of Appeals held that
the FCC could use its Fairness Doctrine to require free airtime for antismoking commercials because this decision was “a public-health measure addressed to a unique danger authorized by official and congressional action” (Banzhaf v. Federal Communications Commission, 1968).

The result was that a series of antismoking commercials began to appear on radio and television, and this constituted the first major media propaganda campaign against tobacco interests. Tobacco companies even tried to obtain “right of reply” to the antismoking commercials but were turned down by the courts. The real importance of getting these antismoking commercials on the air was only realized later, when, in February 1969, the FCC issued a public notice that it intended to propose a ruling to ban cigarette advertising from all radio and television broadcasting. This notice was filed 4 months before the end of the 4-year moratorium on the ban that had prevented federal regulatory agencies from taking action against the tobacco industry. The FCC had put Congress on notice that if it did not act by July 1 of that year, the FCC would go ahead with its intentions and tobacco advertising would disappear from the airwaves.

The tobacco lobby quickly swung into preparation, and several long congressional hearings were held to discuss the whole issue of cigarettes and health and the proposed FCC action. The National Association of Broadcasters (NAB) actively joined forces with the Tobacco Institute to combat the FCC’s intention with a barrage of propaganda claiming that the broadcast industry should be left to regulate itself. Eventually, however, cracks began to appear in this seemingly impregnable alliance, and on July 8, 1969, the NAB announced a plan to phase out all cigarette advertising from the air over a 3½-year period beginning on January 1, 1970. It is unclear exactly what prompted this decision, but it seems to have been inspired by the fear of having to air both pro and con advertising for tobacco products for the foreseeable future. Moreover, who knew where this might lead with regard to other controversial products? It was far better to bite the bullet and get rid of cigarette advertising lest it contaminate other products. In any case, it was thought that, in the 3½-year interim, the broadcast industry would easily find other customers only too eager to buy into the prime-time programs or sporting events made available by the removal of cigarette advertising. The tobacco industry, stung by what it considered to be betrayal by the broadcasters, went one step further and voluntarily agreed to end all broadcast advertising by September 1970.

Eventually, acting in a statesmanlike, responsible manner, broadcasters moved the date up to January 1, 1970. The broadcast industry, which stood to lose more than $250 million a year for 3 years by this decision, became the injured party. Naturally, the print media were elated at the prospect of all that additional advertising revenue coming their way. Eventually, after
much lobbying by all parties, a compromise was reached, and the final date of January 1, 1971, was set to allow the broadcasters one last chance to extract some revenue from the football bowl games on New Year’s Day. The tobacco industry had to get Congress to exempt it from antitrust action to act in a concerted manner like this. Congress also managed to extract from the tobacco industry an agreement to strengthen the warning on cigarette packages to read “Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health.”

Since 1971, no cigarette advertising has appeared on radio or television; however, as Fritschler (1983) pointed out,

The cigarette manufacturers were discovering that agreement with the anti-smoking people was not such a bad thing. The advertising budgets of the manufacturers dropped an estimated 30 percent in 1971, the first year of the television and radio ad ban, and gross sales were up 3 percent. (p. 141)

The tobacco industry simply switched its advertising strategy, purchasing more print and billboard space and sponsoring special sporting and other events that gave it clear identification in the media. Kool Mentholated cigarettes sponsored a series of jazz festivals, Virginia Slims supported women’s tennis tournaments, and numerous other events suddenly found tobacco sponsors.

This somewhat unexpected victory for the antitobacco forces was really just a starting point in the propaganda war that was to follow. Their decision to remove themselves from broadcast advertising was a calculated strategy on the part of the cigarette manufacturers to remove pressure in an area where the government did have the power to legislate through the FCC. Now, the battle to make the public aware of the health dangers posed by smoking would begin to intensify.

Identification of the Propagandist

In a propaganda battle as massive and long running as this one, many propagandists can be identified on both sides of the controversy. The propagandists are the large international companies that constitute the tobacco industry—for example, R. J. Reynolds, Liggett & Myers, Brown & Williamson—on one side, and on the other side, there is the array of public and government organizations that oppose the consumption of tobacco products because it constitutes a health hazard and an environmental nuisance.

First, tobacco interests in the United States constitute an impressive part of the nation’s economy and have established themselves as an important
force in American politics. The so-called tobacco coalition includes the eventual clientele who smoke more than $43 billion worth of tobacco products annually, the 22 states in which tobacco is grown (3 states—Virginia, North Carolina, and South Carolina—currently grow most of the tobacco that supplies the industry), the approximately 2.5 million jobs of varying types with a payroll of $52 billion supported by the tobacco industry, and the $16.5 billion contribution tobacco makes directly to the nationwide tax base. The industry as a whole accounts for about 2.5% of the nation’s gross national product. Beneficiaries of this multi-billion-dollar industry include manufacturers, advertising agencies, the mass media, farmers, tax collectors, and shopkeepers (Fritschler, 1983). Clearly, a lot of money and many other issues are involved in any political decisions regarding smoking.

Second, tobacco has an almost mystical role in American history; it was one of the first American crops exported by the early settlers and was once so valuable that it was even used as currency. Third, this ties in with one of the ideological perspectives mentioned above that concerns the traditional historical antagonism that arises between government and business, especially when the regulation of health or environmental matters is the primary issue. In these instances, unless the advantages to the business community involved are very obvious, there is likely to be a great deal of politicking, and the myth of government interference in free enterprise is likely to be raised. Besides, most Americans do not like to be told what to eat, drink, or smoke.

Fourth—and this is a very complex factor indeed—since 1933, tobacco producers have been the beneficiaries of federal assistance through the U.S. Department of Agriculture (USDA), which operates a price support program and market quota rules that enforce a mandatory limit on production. These regulations have driven tobacco prices up and kept the supply down. The contradiction here is obvious, for as Fritschler (1983) noted,

For the proponents of these tobacco regulations to turn around and fight consumer-health regulation on the grounds that government regulation is unwarranted interference by big brother and bad for the economy is the kind of argument which makes rational people wince. (p. 9)

The tobacco industry tends to slide by this conundrum in its antilegislative philosophy. Perhaps this is best exemplified by the statement by Jesse Helms, the conservative Republican senator from the major tobacco state of North Carolina and a leader of the industry’s fight against regulation: “In North Carolina, tobacco isn’t a commodity, it’s a religion!” Thus, we have a large, powerful industry, determined to preserve its privileges, facing continuous
pressure from an equally determined, increasingly empowered group of individuals, together with various private and government health and legal agencies, all of whom are concerned by the growing and very costly health menace that smoking has become.

The Structure of the Propaganda Organization

Over the years, many organizations have been created to propagandize on both sides of this issue. The tobacco industry has always had one essential goal for its propaganda: reinforcing the consistent viewpoint that, despite the thousands of studies that have established the connection between smoking and various physical ailments, the actual causal link between smoking and these medical problems has not been clearly established. The list of health problems associated with tobacco use is a long one—lung cancer; cancer of the mouth, larynx, esophagus, stomach, pancreas, cervix, kidney, and bladder; and emphysema, chronic bronchitis, cardiovascular disease, stroke, sudden death, ulcers, hypertension, and brain hemorrhage. Although the health hazards of smoking had been pointed out as early as the mid-19th century, it took a series of private and government reports between 1954 and 1964 to bring the matter into the public arena for political debate. After the initial 1954 study reports by a private group, the tobacco industry responded with the creation of the Tobacco Industry Research Committee (now called the Council for Tobacco–USA), which distributed fairly substantial funds for scientific research on the use of tobacco and its effects on health. Although this served as a counterpropaganda move, in that the industry began funding its own health-related research, thereby demonstrating its concern, this organization was not in a position to counter directly the growing propaganda movement demanding some sort of regulation of public smoking. In 1958, the increased pressure was met head-on with the creation of the Tobacco Institute, Inc., a lobbying public relations group supported by large contributions from the various factions making up the tobacco industry. The Tobacco Institute subsequently became the source of most of the industry’s propaganda aimed at containing the disorganized array of health groups pushing for the labeling of cigarettes or other regulatory measures.

On the side opposing cigarette advertising (and, of course, indirectly the sale of tobacco products) were arrayed many small, largely ineffective groups mainly interested in health issues. But not until the campaign to restrict the advertising of tobacco on radio and television broadcasting did these small groups begin to coalesce and gain strength.
The Target Audience

For the tobacco industry, the target audience for tobacco products was the entire adolescent and adult population. Current estimates indicate that 26 million men (28.2%) and 23.1 million women (23.1%) are smokers and that 4.4 million teenagers ages 12 through 17 years are smokers. Although studies indicate that smoking has declined by about 40% since 1965, recent data suggest that this decline is leveling off (American Heart Association, 1998, p. 1). For most of the 20th century, smoking was popular among all segments of the population, especially males. Boys as young as 8 or 9 regularly smoked, and although smoking by women was once considered unacceptable, since the 1920s, the number of female smokers has steadily increased to the point where teenage girls are considered to be the fastest growing segment of the cigarette market (Peirce, 1996).

This increase in smoking among females of all age groups is of particular concern as the number of women in the workforce has increased. Despite the best efforts of health advocates, teenage females continue to see smoking as a symbol of sophistication and maturity (University of Michigan, 1995). With this increase in smoking has also come a concomitant rise in tobacco-related illnesses in women.

It is a well-understood dictum in the psychology of advertising that adolescents make an ideal target group for the adoption of new products. At this time, maturing individuals seek to become independent from their parents and, with their increased buying power, are eager to create the own personalities and tastes. Deliberate defiance of adult authority is a common symbol of this growing independence. The tobacco industry has always understood this fact and has used it to its advantage by deliberately targeting the message at adolescents and young adults. The documented revelation of this practice was a major factor in the creation of legislative hostility toward the industry. In an ABC-TV documentary Never Say Die: How the Cigarette Companies Keep on Winning, host Peter Jennings (1996) pointed out that “the average age for beginning smokers was 12-and-a-half years old. And, on average, most who smoked had tried to quit by the age of 14. By the time they were 15 or older, nearly half the young smokers said they were hooked” (p. 1).

Ann Marie Barry (1998) pointed out that “young adult smokers” constitute the “key share” in maintaining tobacco company profits because if youngsters do not start smoking by the time they are 18 or 19, they won’t smoke at all; 90% of smokers begin smoking before the age of 18. At the other end, 450,000 older smokers (older than age 50) “leave the market because they either quit or die.” Young adult smokers make up 90% of all new smokers and are the only viable source of tobacco consumers.
Internal documents from the R. J. Reynolds Company (RJR) that were released in 1998 by Congressman Henry Waxman (D-CA) indicated that the company deliberately targeted 14- to 24-year-olds. One memo, written in 1975 to an RJR vice president, noted, “The Camel Brand must increase its share of penetration among the 14-24 age group... which represents tomorrow’s cigarette business.” A 1986 memo noted how the Joe Camel advertising campaign would use “peer acceptance/influence” to “motivate the target audience to take up cigarettes.” Waxman noted that the documents “show that our worst fears about the tobacco companies were true: They were surveying the kids, targeting them and implementing a successful strategy to get them to smoke” (Mintz & Torry, 1998, p. A1).

Another segment of the population specifically targeted by the tobacco industry was young African Americans. This is a rather cynical strategy because African American men are 30% more likely than white men to die from smoking-related diseases, which cause an estimated 48,000 deaths in African American communities annually. Also, African Americans smoke cigarettes with a higher nicotine and tar content than whites, and these brands are heavily advertised in African American media. In fact, cigarette advertising accounts for 10% of all advertising in Jet and Essence, two leading African American magazines, and these and other African American publications rarely, if ever, mention the health consequences of smoking. The tobacco industry also specifically targets African Americans through the funding of cultural events, higher education institutions, elected officials, and civil rights organizations; all these activities help build the industry’s image and credibility in the African American community. (Information about African Americans and smoking is taken from American Lung Association, n.d.)

Overall, the tobacco industry was extremely successful in identifying and targeting segments of the population that were most “vulnerable” to the various appeals of cigarette smoking. For a long time, this strategy served the industry well, but since the industry has been under attack, the nature of these propaganda activities has been closely scrutinized, analyzed, and disclosed to the public. Despite this close scrutiny, the tobacco industry gives every indication of continuing these “targeting” strategies while the tobacco settlement is being worked out.

Media Utilization Techniques

As we have already noted, the tobacco industry had once been a major sponsor of programming on television and radio, and the names of cigarette brands were common everyday words like Coke or Pepsi. Cigarette advertising was prominent in every form of mass communication, and advertisements
for tobacco products could be seen everywhere—from the sides of barns to the most specialized magazines to billboards to buses to major television “spectaculars.” When broadcast advertising was no longer available, the tobacco industry simply increased its advertising expenditures in other media. Despite the intensified antismoking campaigns of the past decade, we are still inundated with images of happy people (mostly young and glamorous) enjoying the exciting life that smoking can apparently create.

Tobacco companies have been extremely adept at finding ways to get their brand logos before the public. Cigarette brand names were found plastered on everything from the exciting NASCAR racing automobiles (tobacco sponsorship at NASCAR was eventually eliminated, and disappeared completely by 2003) to trendy clothing obtained by redeeming coupons found in cigarette packs. An estimated 30% of children aged 12 to 17, both smokers and nonsmokers, own at least one tobacco promotional item. Cigarette companies’ annual spending for promotional items quadrupled, from $184 million to $756 million, in just 2 years, 1991 to 1993 (Questions and Answers About the FDA’s Regulations, 1998).

The Food and Drug Administration (FDA) has proposed shutting down some of these tobacco-related promotional activities, such as in Grand Prix auto racing, where during one televised broadcast of the Marlboro Grand Prix, the Marlboro logo or name appeared 5,933 times! The use of tobacco advertising is banned at many European Grand Prix sites. Many cities, such as New York, have restricted tobacco billboard advertising. The New York bill outlaws cigarette advertising within 1,000 feet of schools, playgrounds, and other youth centers. Despite concerns that such laws might be unconstitutional, many cities have adopted or are considering similar laws aimed at curbing the ubiquity of tobacco advertising.

The FDA has also suggested that only black-and-white text-only advertising be allowed for all outdoor tobacco advertising, all point-of-sale advertising, and advertising in publications with significant youth readership. It is thought that eliminating color and image advertisements would reduce tobacco’s appeal to youth (Questions and Answers About the FDA’s Regulations, 1998, p. 2).

For those opposed to smoking, the propaganda battle between the tobacco industry and the health interests did not cease with the groups’ Pyrrhic victory in 1971. Those groups concerned with the larger issue of the enormous cost of the damage to public health caused by cigarette smoking initiated propaganda campaigns to depict smoking as being “antisocial” and “unacceptable.” This campaign has been aimed mainly at a younger audience, where research has indicated that despite all the anticigarette propaganda, smoking adoption rates have increased slightly in recent years (University of Michigan, 1995).
autumn 1985, then-U.S. Surgeon General C. Everett Koop suggested that, by the end of the century, smokers would find their behavior so socially unacceptable that they would have to smoke in private. In the years since that remark, smoking in public places has indeed become a rarity.

Antismoking groups have an impressive array of data they can use to make their points about the dangers of smoking. An estimated 47 million adults in the United States smoke cigarettes, even though statistics indicate that this behavior will result in death or disability for 1 of every 2 regular users. Tobacco usage results in more than 440,000 deaths each year, or 1 in every 5 deaths. These deaths cost the country an enormous sum of money—more than $96 billion in medical expenses and another $97 billion resulting from lost productivity each year. Then there are the other health problems associated with the nonsmokers exposed to cigarette smoke, and each year exposure to environmental tobacco smoke (ETS) causes an estimated 3,000 nonsmoking Americans to die from lung cancer and up to 300,000 children to suffer from lower respiratory tract infections (“Tobacco Use,” n.d.).

Special Techniques to Maximize Effects

In the fight against the tobacco industry, antismoking groups have used a wide range of media and special techniques. The most direct of these has been legislation aimed at curbing and discouraging the sale of tobacco products. For instance, besides banning cigarette advertising on radio and television, beginning in 1965, Congress passed laws requiring that health warning labels be placed on cigarette packs. These warnings were strengthened in 1970, 1971 (on printed advertisements), and again in 1984 (rotating warnings on packs and advertisements). Congress also required warnings on other tobacco products, such as chewing tobacco and snuff, and banned the broadcast advertising of these products.

Over the years, cigarette manufacturers have adopted several simple themes in their advertising, which, combined with sophisticated artwork and production techniques (when they were on television), have been very effective in conveying the message that “cigarettes can make life fun!” In pursuit of this theme, tobacco companies have often resorted to ideas that have a particular appeal to a young audience.

In late 1991, a major study indicated that the cartoon camel logo (Joe Camel) used for Camel cigarettes had enormous appeal with children. Although R. J. Reynolds, the company that produces this brand, claimed that its advertising was intended for adults, the researchers said the campaign had been “far more successful at marketing Camel cigarettes to children than to adults” (J. E. Brody, 1991, p. A16). As proof for this assertion, the researchers
noted that Camel’s share of the illegal children’s cigarette market had increased from 0.5% to 32.8%, representing sales estimated at $476 million a year. Even without television advertising, the children were as familiar with the Joe Camel symbol as they were with the Mickey Mouse logo for the Disney Cable Channel. An additional factor was the extensive promotional campaign offering T-shirts, caps, and other items with the Joe Camel logo, which enticed children to purchase this brand. Publication of this study in the prestigious *Journal of the American Medical Association* prompted Congressman Waxman to urge a total ban on all cigarette advertising.

Despite the fact that the tobacco industry was under attack at this time, a report in the *Houston Press* (N. Cooper, 1998) indicated how extensively the tobacco industry continued to promote and merchandise its products in bars, as well as provide bar supplies and pay for bands. In many bars, tobacco money exceeded alcohol money in terms of financial assistance as dueling cigarette companies fought for position. The article noted,

> Deprived of traditional advertising venues, the tobacco industry has focused on bars and clubs to fill the air with their brand names. The glorification of the connection between music, bar patrons and smoking has been encapsulated in tobacco advertising aimed at club customers. (p. 6)

As one bartender claimed, “They’re [the tobacco industry] not going into a market where the people are 30 years old; they’re going where the kids are 18 or 19 and dumping free cigarettes in their lap” (p. 6).

In recent years, determined efforts have been made to eradicate smoking by making both the usual health claims and by presenting smoking as being socially unacceptable. Antismoking advertisements have gone so far as to depict smokers as ugly, smelly individuals and also to suggest to teenagers that smoking is “uncool.” The tobacco industry’s attempts to maintain public recognition by the sponsorship of sports or cultural events have also been criticized. The association between Virginia Slims and professional women’s tennis, as well as Philip Morris’s sponsorship of the touring show celebrating the 200th anniversary of the Bill of Rights, came under fire as a form of surreptitious advertising. The Philip Morris sponsorship was particularly interesting in that questions were raised concerning whether the tobacco company was trying to make a point that smokers have rights too.

**Audience Reaction to Various Techniques**

As indicated earlier, some small victories have been achieved, and the number of adults who smoke has declined since the advertising ban went
into force. There is still a real concern, however, that the propaganda efforts of tobacco companies continue to attract large numbers of younger smokers. The various promotional campaigns that offer merchandise featuring the logos of cigarette brands and the ready availability of “samples” at public events are particularly effective in attracting young adults. Also, the “defiance effect” cannot be discounted, as many adolescents willfully disregard health messages on the dangers of smoking as not applying to them. The tobacco industry’s stance that smoking is an act of “free choice” made by individuals contributes to this attitude.

On the other side, the combined efforts of health agencies, legal suits, and massive media coverage of the issue have led to an increased public awareness of the dangers of smoking. Despite the basic resistance that individuals have to deliberate propaganda messages, the antismoking campaigns, through persistence and increasing revelations of insidious industry practices, eventually made a real breakthrough in the public’s consciousness. No longer is the tobacco industry able to dominate and shape this discussion, and the result is a definite shift in public attitudes against smoking in public. The majority of the public now favors severe restrictions on tobacco use and supports the efforts of different levels of government to make the tobacco industry pay for the enormous health costs associated with cigarette smoking.

Counterpropaganda

The counterpropaganda to the tobacco industry came from those groups outlined earlier in the section Identification of the Propagandist. The objectives of this counterpropaganda campaign were aimed at countering the massive and decades-long propaganda from the tobacco industry that defiantly denied any connection between smoking and health problems while continuing to profitably market cigarettes and other tobacco products. For many years, antismoking groups worked with definite disadvantages and were relatively poorly funded in comparison with the hundreds of millions of dollars spent on tobacco advertising and public relations campaigns aimed at protecting the industry from criticism. Gradually, however, the counterpropaganda began to take hold, and eventually, the combination of increasingly sound scientific evidence linking smoking with a myriad of health problems, together with the new strategy of legal challenges to the tobacco industry in court, culminated in what has become known as “the tobacco settlement.” Although still far from being “settled,” this series of legal decisions has signaled the increasing success of the counterpropaganda efforts.
Effects and Evaluation

The effects and evaluation of the tobacco industry’s propaganda efforts and the counterpropaganda from the antismoking side are ultimately judged by developments leading up to “the tobacco settlement.”

The Tobacco Industry Under Attack: The Tobacco Settlement

In 1993, the attorney general of Mississippi, Michael Moore, contacted lawyer Dick Scruggs, who had won a historic case for the state against several asbestos companies. This victory had forced the asbestos companies to pay for the removal of asbestos from public buildings and to compensate workers for lung disease they had contracted as a result of exposure to this product. Moore had determined that the state could sue the tobacco companies to recover the Medicaid expenses associated with smoking-related health problems. The tobacco companies had been sued many times before, but by individuals, and the companies had always won because they were able to establish that smoking was a matter of individual choice. A state suing for recovery of smoking-related medical expenses, however, was another matter entirely, and this proved to be the major blow to the tobacco industry’s long run of legal victories.

Not only did Mississippi eventually win a substantial settlement ($3 billion), but other states immediately mounted their own lawsuits for the recovery of medical costs related to smoking. Since 1994, 41 states and Puerto Rico have sued the tobacco industry. So far, Florida, Minnesota, and Texas have all won massive settlements, although these are still in various stages of appeal or legal dispute (mostly involving the fees to be paid to the states’ lawyers). Faced with a never-ending series of costly lawsuits, the tobacco industry agreed to try to settle on a national level. On June 20, 1997, a group of state attorneys general and industry lawyers announced that they had reached a settlement for $368.5 billion over 25 years to reimburse states for their tobacco-related medical costs and also to pay for tobacco control programs to reduce tobacco use among teenagers. This settlement also called for giving the FDA the authority to regulate nicotine-containing tobacco products as restricted devices. In return, the settlement proposed changes to the civil justice system that would provide the tobacco companies with broad protection from future civil litigation.

What made this dramatic shift in the industry’s position possible? It was the public disclosure of a vast number of private industry documents that clearly indicate the deliberate attempt to hide the many years of research that signaled the dangers associated with cigarette smoking and the addictiveness...
of nicotine. On April 14, 1994, executives from seven of the leading tobacco companies had stood before Congress and declared that they believed that nicotine was not an addictive substance. John Scanlon, a long-time public relations official for the tobacco industry, said the following of this testimony: “The presentation was so incredible and unbelievable that the industry’s traditional arguments—about the whole issue of choice—were tainted even in the eyes of people who wanted to be rational about cigarette companies” (*The Tobacco Settlement*, 1998). Just 2 years later, these same companies were eager to make an unprecedented financial settlement to avoid catastrophic litigation.

Unfortunately, a final national settlement was not reached during the initial congressional debate in June 1998, when the Republicans in Congress defeated the McCain Tobacco Bill, which would have mandated broad federal regulation of tobacco and imposed the largest price increase ever on cigarettes. Many issues were involved in this defeat, including an unprecedented $40 million, 8-week radio and television advertising barrage by the tobacco industry that sought to portray the bill as a “tax and spend” measure. Since then, Congress has moved slowly, and although several alternative measures have been suggested, the final “settlement” has yet to be agreed on. As former U.S. Surgeon General C. Everett Koop told the National Press Club in Washington in September 1998,

> Having used their money and lying advertising campaign to defeat the best tobacco legislation in the history of this country, the industry can now sit back and watch its profits grow, as Medicare, Medicaid, Veterans Affairs, private health insurance and public hospitals pay the real price of their products. (Koop, 1998, pp. 3–4)

On November 13, 1998, the four biggest cigarette makers and officials of eight states announced the outline of a settlement designed to resolve all remaining state claims over health costs related to smoking (*Meier*, 1998). This plan, which was drafted to cover all the remaining states that had not yet settled with the tobacco industry, would cost the tobacco companies $206 billion spread out over 25 years and would restrict cigarette advertising and marketing. This plan would not shield tobacco companies from personal and class-action liabilities.

This plan specifically targeted certain marketing practices and would ban billboard and transit advertising, as well as the sale of clothing and merchandise with brand-name logos. The cigarette companies also agreed to pay an additional $1.45 billion over the next 5 years to finance smoking cessation programs and advertisements to counter underage tobacco use. Finally, the
companies also agreed to pay $25 million a year over the next decade to underwrite a foundation that will research ways to reduce youth smoking and legally pledged that they will not market to those younger than 18. (As this edition of this book is being finished, the plan was still being evaluated by the antitobacco forces, many of whom thought it did not go far enough . . . and so the saga continues.)

While there is still a significant investment in growing tobacco in the United States, the political power and influence of “big tobacco” has waned. In 2013, the tobacco industry spent $13.2 million on lobbyists to represent their industry to Congress. This was a considerable decline from the $72.9 million spent on lobbying in 1998, and a clear indication that the tobacco industry has given up its fight on the legislative front (Open Secrets, 2013). The handwriting is clearly on the wall: The tobacco industry is being held responsible for billions of dollars in smoking-related health costs; smoking is increasingly becoming an “antisocial” activity; more and more public places do not allow smoking; for those who still wish to continue smoking, the cost of this activity will steadily increase; and the attacks on the tobacco industry will continue from several fronts.

The continued public awareness of the nature of tobacco industry propaganda activities and legislative lobbying strategies is of vital importance. C. Everett Koop, in his September 1998 speech to the National Press Club, summed it up best, when he noted,

I believe that the press was quite effective in its reporting on the tobacco wars. Ironically, the paid ads [of the tobacco industry’s attack on the McCain Bill] in print on radio and on television undermined much of what the message was that you were reporting, but the reporting was generally comprehensive and very thoughtful . . .

This country and the public health community in particular need you now as never before. Please continue to be advocates for the public health. The public health folks do not have the resources to counter the sheer volume of industry propaganda, and we must rely on you for the so-called free media to make the system honest. . . .

And never underestimate the tobacco industry. It is a social disease as dangerous as any malignancy and it metastasizes more rapidly. . . .

The tobacco industry perhaps could have once been controlled by surgery. But after waiting 200 years, such therapy is out of the question for now. It might gradually respond to such other therapies such as radiating light on its misdeeds and holding the industry responsible for its actions. (p. 4)

One only has to search the Internet to discover that not a day goes by when there is a not another controversy surrounding the tobacco industry
somewhere in the world. It may be a report of yet another city banning smoking in public places, it may be a serious lawsuit dealing with health issues, or it may be related to deceptive advertising practices or advertising aimed at youth; the list is continuous. Let’s look at just five such legal cases reported by the Tobacco Public Policy Center at Capital University Law School in Columbus, Ohio. These cases were all undertaken in 2005 (http://www.law.capital.edu).

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**Case 1**  
**May 11, 2005**

Forty state attorneys general signed a notice sent to R. J. Reynolds Tobacco Co. on March 28, warning the company that one or more states plan to file lawsuits based on claims that the company has “engaged in unfair and deceptive acts and practices by publishing false or misleading claims about its Eclipse brand cigarettes.” The cigarettes are advertised as “reduced-risk,” based on company claims that cigarettes reduce second-hand smoke. The attorney generals claim that such advertisements are a violation of the 1998 Master Settlement Agreement (MSA), which placed restrictions on marketing and advertising by tobacco companies. Among other provisions, the MSA prohibits “material misrepresentation[s] of fact regarding the health consequences of using any Tobacco Product.”

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**Case 2**  
**May 11, 2005**

The *Canadian Journal of Public Health* reports that the results of a recent study demonstrate that cigarettes labeled “light” or “mild” are just as harmful as regular brands and, in fact, may contain nicotine levels 5% higher. Researchers found that the perforations in the filters of light cigarettes, which are supposed to allow for more air to pass through and dilute the ingested smoke, are often blocked by people’s fingers, saliva, or lips and rendered useless. . . .

Although research studies have shown that cigarettes marketed as low-nicotine or “light” are just as harmful as the regular brands, a state
judge in Minneapolis recently dismissed a lawsuit related to such cigarettes. The lawsuit, filed against R. J. Reynolds Tobacco Co., claimed that consumers are misled by advertising and cigarette labels that promote light cigarettes as less dangerous than those containing higher levels of tar. As the basis for her opinion, the judge cited the Federal Cigarette Labeling and Advertising Act, which defines what language must be on packages and prohibits a “state, by positive enactment or a finding of liability for an omission, from imposing further requirements.” If allowed to proceed, the case could have meant a multi-billion-dollar verdict for the plaintiffs who, on behalf of Minnesota smokers, sought a refund of the money spent on cigarettes labeled as “light.”

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**Case 3**

**May 9, 2005**

Georgia Governor Sonny Perdue signed a bill into law today that prohibits smoking in most public indoor places, ending weeks of speculation over whether he would approve the measure. The law permits smoking in restaurants and bars that do not employ workers 18 years old and younger. Beginning July 1, violators will face fines between $100 and $500. Georgia becomes the twelfth state with some form of statewide smoke-free law.

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**Case 4**

**August 23, 2005**

The Delaware Chancery Court issued a judgment yesterday that the *truth* advertising campaign, which is run by the American Legacy Foundation, does not vilify or personally attack the tobacco industry or its employees. The Lorillard Tobacco Company had filed suit against the American Legacy Foundation, claiming that the *truth* ads violated the vilification clause of the Master Settlement Agreement. The American Legacy Foundation was established in 1999, following the Master Settlement Agreement reached between the major tobacco
companies and 46 state attorneys general. In March 2005, the *American Journal of Public Health* published a study crediting the *truth* campaign with accelerating the decline in youth smoking rates by 22%, or almost 300,000 fewer smokers, in its first 2 years.

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**Case 5**

**September 1, 2005**

The six public health groups allowed to intervene in the Department of Justice’s racketeering suit against the tobacco industry filed a brief Wednesday asking Judge Gladys Kessler to strengthen the remedies proposed by the government. The brief was filed by the American Cancer Society, American Heart Association, American Lung Association, Americans for Nonsmokers’ Rights, the National African American Tobacco Prevention Network and the Tobacco-Free Kids Action Fund. The remedies proposed by the intervening health groups include the following:

- A $4.8 billion a year smoking cessation program that will continue until less than 10% of smokers say they want to quit (instead of the five-year, $2 billion a year program suggested by the government).

- A requirement that the tobacco companies pay $600 million a year for 10 years (instead of the $400 million a year proposed by the DOJ [Department of Justice]) to fund a public education and countermarketing campaign in three areas: youth smoking, low-tar and light cigarettes, and secondhand smoke. The youth smoking program would remain in effect until youth smoking rates are less than 5%, and the other programs would continue until more than 90% of smokers are informed of the risks of low-tar and light cigarettes as well as secondhand smoke.

- Limiting tobacco advertisements to black text on a white background in publications with large youth readership or in any retail stores open to youth, prohibiting tobacco companies from collecting any data or records on youth, and prohibiting all brand-name sponsorships that result in exposure to children.
• Financial penalties if youth smoking rates do not fall 42% from 2003 levels by 2010 (rather than 2013, as proposed the DOJ), with levels based on monthly rather than daily smoking rates to account for experimentation as well as regular smokers.

• Expanded authority and jurisdiction for the Independent Investigations Officer appointed by the Court to monitor compliance by the tobacco companies.

The Battle Continues

A major victory for the antismoking forces was the passing of the Family Smoking Prevention and Tobacco Control Act in June 2009. This is a United States federal law that gives the FDA the power to regulate the tobacco industry. This law lets the FDA limit but not ban nicotine. It also allows the agency to ban candy flavorings and marketing claims such as “low tar” and “light,” and to regulate what goes into tobacco products and publicize those ingredients. One element of the law imposes new warnings and labels on tobacco packaging, with the goal of discouraging minors and young adults from smoking. Passage of the law was supported by the American Cancer Society (ACS), whose CEO noted in a press release that “[t]his bill forces Big Tobacco to disclose the poisons in its products and has the power to finally break the dangerous chain of addiction for generations to come.” The ACS press release also noted that the legislation would “require cigarette companies to disclose all ingredients used in cigarettes and to stop using words like ‘light’ and ‘ultra-light’ to give the impression that some tobacco products have a lower health risk.” The legislation also garnered support from the American Heart Association, whose CEO noted that the bill “provides a tremendous opportunity to finally hold tobacco companies accountable and restrict efforts to addict more children and adults” (Family Smoking Prevention and Tobacco Control Act, n.d.).

It was only to be expected that this legislation would be challenged in the courts by the tobacco industry. By mid-2010, despite numerous attempts the best that the courts would allow was to deny the right of the FDA to bar the use of color in advertising tobacco products, and also to bar the FDA from preventing anyone from saying the “FDA regulations made tobacco safe” (The tobacco companies and others were now saying that with the passing of this bill, tobacco was no longer a hazard!) (Associated Press, 2010a).

The battle over tobacco use has now shifted to the much larger international arena, as American and British cigarette companies have shifted their profit-making centers to other countries. As we have seen above, the United
States (and other countries such as Great Britain, Australia, Canada, France, Germany, and New Zealand) have had the resources and political will to tackle the issues relating to health and tobacco use. The U.S. government, together with national health-related organizations, successfully fought the tobacco corporations in the courts, and were largely successful in scaling back tobacco marketing and use. However, because of the resulting smaller and tougher markets in the developed countries, multinational tobacco firms have now begun to intensify their efforts in other regions of the world such as Asia, Africa, and Central and South America. These large tobacco companies continue to grow by manufacturing and selling cigarettes in these international markets, as well as expanding advertising designed to create as well as meeting local demand for the product. As the World Health Organization (WHO) has reported, they have been extremely successful in the endeavor, and now 84% of the estimated 1.3 billion smokers live in developing and transitional economy countries (WHO, 2008).

It is quite clear that the battle to eliminate or at least control the consumption of tobacco still has a long way to go. In the meantime, more than 440,000 Americans die every year of cigarette-attributable illnesses (“Tobacco Use,” n.d.). Tobacco use is the single most preventable cause of disease, disability, and death in the United States. On the positive side, there is every indication that smoking by teens is declining. This trend is constantly being put to the test by another trend showing an increase in the depiction of smoking by characters in movies or on television to a greater extent than presettlement days. Despite pleas from health authorities, the film and television industries show no signs of relenting from this practice, which is viewed as a free speech issue. Considering the many years that the tobacco industry had to wield its considerable propaganda power to promote smoking as contributing positively to one’s lifestyle, as well as the fact that smoking is still seen as a “glamorous” activity by many, especially the young, the battle to eliminate the continued harmful effects of tobacco is far from over.

CASE STUDY 3

Big Pharma: Marketing Disease and Drugs

Medicine has made remarkable strides in the recent past. Thanks to new drugs and medical procedures, mortality rates due to cancer, heart disease, AIDS, diabetes, and other diseases have decreased. Vaccines have prevented
diseases like polio and influenza. Life has not only been extended, but it has also been enhanced by various prescription drugs. Conversely, marketing and advertising for pharmaceutical products has increased. The ads often promote “new” health disorders, playing on people’s fear of disease, discomfort, and even death. Pharmaceutical companies are criticized for marketing sickness as well as “new” drugs that are retreads of older ones. Although the pharmaceutical industry plays a major role in health care affecting millions of people, it is a business concerned with making big profits. The term “Big Pharma” is used to describe the “politically influential global pharmaceutical industry” (http://www.encarta.msn.com/dictionary). As Melody Petersen, award-winning investigative journalist for the *New York Times*, wrote,

Once the most successful pharmaceutical companies were those with the brightest scientists searching for cures. Now the most profitable and powerful drug makers are those with the most creative and aggressive marketers. The drug companies have become marketing machines. (2008, p. 4)

Concerns about questionable practices of the pharmaceutical companies come from congressional committees, journalists, and even doctors and medical organizations.

This case study is not about side effects or dangerous results from some prescription drugs. Rather it attempts to analyze the ways in which Big Pharma uses propaganda campaign techniques to maintain its status as the most profitable industry in the world (Britten, 2008, p. 3; Law, 2006).

**Ideology and Purpose of the Propaganda Campaign**

Mission statements on the websites of various pharmaceutical companies use words like “improving health,” “preserving and improving human life,” “developing innovations,” “meeting challenges,” and “discovering, developing, and delivering innovative medicines,” but their policy and strategy statements also indicate that they are businesses, and big businesses is what they are, for the pharmaceuticals are a $500 billion industry (Moynihan & Cassels, 2005) that seeks to maintain or increase its huge profits. Thus, the ideology and purpose of Big Pharma is twofold: (1) to maintain and increase profits and (2) to discover and deliver drugs to improve human health. The profit motive can be a very powerful incentive, and, as Leonard J. Weber (2006, p. 7) reminds us,

We should be prepared for pharmaceutical companies doing whatever is legal to sell their products because, under pressure to show high profits, they do not always engage in good ethical practices.
Only about 10% of the price of most brand-name prescriptions covers the cost of materials and manufacturing, while the rest of the profits go to advertisements, sponsorship, lobbyists, pharmaceutical salespersons, research, and salaries and perks for executives. Big Pharma companies also give donations to hospitals, universities, medical schools, physician organizations, and politicians (Petersen, 2008). According to Marcia Angell, former editor of the *New England Journal of Medicine* and professor in the Harvard Medical School, annual reports to the Securities and Exchange Commission and to stockholders of pharmaceutical companies in 1990 revealed that 36% of sales revenues went into marketing and administration. Angell said this category “includes what the industry calls ‘education,’ as well as advertising and promotion” (2004b, p. 55). This rather imprecise category includes more marketing than research. Research and development, according to Angell, is a small part of the budget. Jacky Law (2006) corroborates this by citing a study that indicated that the top 10 pharmaceutical companies spend 11% of this category on research. Between 1995 and 2000, the number of research staff fell by 2%, while the number of marketing personnel increased by 59% (Petersen, 2008, p. 141). *Time* magazine took on this subject in March 2013. *Time* reported that research and development expenses are 15% to 20% of the gross revenue of the major drug companies, with one company, Grifols, spending only 5%. Yet, Grifols, based in Spain, made a 32.3% net profit after all its research and development expenses. Just one dose of Grifols’ drug, Flebogamma, used to boost the immune system, cost $1,500 (Brill, 2013, p. 44). Due to aggressive marketing, the Big Pharma companies had larger profits than all other industries. By 2002, the combined profits for the top 10 drug companies in the Fortune 500 were more ($35.9 billion) than the profits for all the other 490 businesses put together ($33.7 billion) (p. 14). Big Pharma’s campaign, which is mostly propagandistic, pays in big bucks. In 2013, more than $280 billion will be spent on prescription drugs in the United States.

The Context in Which the Propaganda Occurs: The Medicalization of Society

We live in a health-obsessed culture with daily news concerning breakthroughs in disease treatment and prevention. We are told what foods are healthy and which vitamins are good for us. Obesity is being fought, and frequent exercise is recommended. Advertisements tell us that there is a drug for every ailment. A House of Commons report in England announced, “What has been described as the medicalization of society—the belief that
every problem requires medical treatment—may also be attributed in part to the activities of the pharmaceutical industry” (The Influence of the Pharmaceutical Industry, 2005, p. 3). Pharmaceuticals play an important role in the culture, and the drug companies have become social phenomena determined by government, regulatory agencies, industry, health organizations, professional organizations, universities, patient groups, doctors, patients, and financial markets. Britten (2008) argued that “medicalization is a means by which professionals exert social control. Pharmaceutical companies have much to gain from redefining social problems as medical and have been accused of disease mongering to create new markets for their products” (p. 112).

Pharmaceutical companies are also a major part of the global economy. Petersen (2008) discussed an economic pattern that started in 2000 when buying and selling stocks became a boom as day-traders found ways to make money via the Internet. Pharmaceutical companies offered fast growth with little risk because their profits had been two times greater than those in the market for the past 20 years. The so-called “new” drugs that were amassing big profits were actually older drugs with new names and marketing campaigns.

Identification of the Propagandist and Structure of the Organizations

The identity of the collective known as “Big Pharma” is well-known. They are pharmaceutical companies from around the world—Bayer, Acura, AstraZeneca, Pfizer, Merck, Bristol-Myers Squibb, Novartis, Abbot, GlaxoSmithKline, and Eli Lilly. In 2000, 25 top pharmaceutical companies were involved in mega-mergers. In 1996, a Swiss merger between Ciba and Sandoz created the $60 billion “druggernaut” Novartis, the world’s third largest pharmaceutical company. In 2000, SmithKline Beecham merged with Glaxo Wellcome to become GlaxoSmithKline. There were many other mergers, and they continue today. As Law (2006) pointed out, “Power has come to rest with companies that have become massively influential in how those classic human sufferings of old age, sickness and death are seen; and in how the scientific community sets its gaze in addressing those sufferings” (p. 33).

Major pharmaceutical mergers have also resulted in research and development cuts. Pfizer acquired three large companies—Warner Lambert in 2000, Pharmacia in 2003, and Wyeth in 2009—plus multiple smaller companies, such as Vicuron, Rinat, and Esperion. According to an article in Nature Reviews, “Over this time frame, to meet its business objectives (a euphemism for raising its stock) Pfizer closed numerous research sites in the U.S.” (“Drug Discovery,” 2011, p. 559).
Chapter 7 Propaganda in Action: Four Case Studies

The structure of these companies is typical for businesses. They have chief executive officers (CEOs), other officers, Boards of Directors, Advisory Boards, personnel, and staff. They also have an army of salespersons and lobbyists, which is discussed under the Special Techniques to Maximize Effects section of this analysis.

The Target Audience

The target audience for the Big Pharma’s marketing campaign consists of ordinary people, who see 10 or more advertisements every day (Moynihan & Cassels, 2005, p. xvi), physicians, medical schools, medical students, government agencies, members of Congress, health organizations, and the news media. Big Pharma’s multi-billion-dollar promotional budgets target tens of millions of people. The United States has less than 5% of the world’s population, yet it makes up 50% of the global market in prescription drugs. Americans will spend $280 billion in 2013 for prescription drugs (Brill, 2013, p. 44), twice as much as they spend on new cars or higher education. Sixty-five percent of Americans take a drug available only by prescription (Petersen, 2008, p. 5). There are various ways in which the target audiences are reached.

Media Utilization Techniques

Essentially, Big Pharma uses a variety of media from television, magazine, newspaper, Internet advertising, and articles in medical journals. This is known as saturation advertising. The general term for what they do is “marketing,” defined by Weber (2006) as “all the ways in which they bring attention to their products, all the ways they spread the word about the benefits of their products, and all the ways they establish relationships between themselves and the professionals who make treatment decisions” (p. 4). This includes visits of sales representatives, “education,” sample medications, clinical trials and their subsequent publications, and lobbyists who put pressure on politicians. The techniques used in the media and other means are detailed in the next section.

Special Techniques to Maximize Effects

Television Advertising

As we saw in Chapter 3, advertising is a series of appeals, symbols, and statements deliberatively designed to influence the receiver of a message toward the point of view desired by the communicator and to act in some specific way as a result of receiving the message. The appeal is not always in
the best interest of the receiver. Advertising “constructs” audiences. This is especially true when certain conditions are presented as diseases, causing viewers to identify with a condition. As we saw in Chapter 4, fear appeals are most effective when a treatment is offered to remove a threat, that is, a condition or a disease.

Known as direct-to-consumer advertising (DTC), public relations firms and advertising agencies have developed ads that depict healthy men and women leading happy, active lives or sad, dejected people suffering from depression or anxiety. Actors posing as scientists or doctors in white coats, often in a hospital or laboratory setting, recite the claims of a prescription drug. These ads invariably end with the appeal, “Ask your doctor” and a hurried rendition of side effects, a requirement for DTC advertising. Celebrities are often used to endorse the drug. A celebrity broker with Premier Entertainment gets the drug companies in touch with the right sort of star who may have suffered from the condition or had a friend with it (Moynihan & Cassels, 2005, p. 170). Advertising campaigns also target demographic types such as specific age groups. For example, a so-called patient advocacy group called the “Boomer Coalition” launched a campaign to make heart disease “the most-talked-about-disease” among American baby boomers. It featured Henry Winkler, known to maturing generations as television’s “The Fonz,” who, along with Wonder Woman Lynda Carter, urged people to see their doctors to get their cholesterol levels tested on a regular basis. The sponsor was not a patient advocacy group at all, but a ploy known as “astroturfing,” the creation of a fake grassroots campaign by a public relations firm, in this case, employed by Pfizer, makers of the cholesterol-lowering drug Lipitor. The ad was deceptive on two levels: first, the implication that it was a grassroots, nonprofit campaign, and second, that high cholesterol was the only thing to control to prevent heart disease. Healthy people who are not overweight and do not smoke rarely need to take cholesterol-lowering drugs (Moynihan & Cassels, 2005, pp. 8–12).

There are voluntary restrictions on DTC advertisements for mentioning a drug’s name without revealing the condition it treats and some restrictions on what the drug claims to do as well as its side effects. A relatively new tactic is a television ad that does not mention the drug company’s name but refers the viewer to a website. This first occurred during the Oscars broadcast on March 7, 2010. The ad depicted a woman lounging on a couch in a chiffon dress. She sees twinkling lights and runs to follow them to a ballroom. Twirling around, smiling, she sees a pink perfume bottle that spins around to reveal the words “cervical cancer.” A voiceover says, “Maybe it’s unfair to get your attention this way, but nothing’s fair about cervical cancer. But there are ways to prevent it.” The ad never mentions the drug Gardasil,
made by Merck, which ran the ad, but directs the viewer to a website. This ad is classified as a public service announcement and therefore does not have to mention the side effects of the drug. As a public service announcement, it also creates strong relationships with consumers (Marketplace Morning Report, 2010).

This is known as “condition branding,” a widely used marketing technique for selling drugs. “Condition branders,” according to Shannon Brownlee (2008), use “information” about medical conditions to forge links between disease and treatment in the minds of both patients and doctors (p. 25). Also known as “disease mongering,” the ads, according to Dr. Pauline Chen (2012), “redefine what is normal and abnormal in a way that widens potential markets for those who sell treatment.” She writes about one very successful marketing strategy “that has come to be the very symbol of quality and reliability for doctors and patients everywhere: the checklist” (p. 1). Checklists can be found on websites, downloadable apps, and in pamphlets in doctors’ waiting rooms. Checklists of symptoms make it possible for patients to diagnose their own symptoms and ask for the specific drug recommended to treat them.

“If companies have a drug but no condition, they will simply invent a disease” (Brownlee, 2008, p. 25). Brownlee cites such invented diseases as “pre-high blood pressure” and “pre-diabetes.” The ads turn mild problems and common complaints into serious diseases, for example, shyness becomes a “social anxiety disorder,” and premenstrual tension becomes “premenstrual dysphoric disorder.” Barry Brand, the product director for Paxil, a drug for social anxiety and shyness, said, “Every marketer’s dream is to find an unidentified or unknown market and develop it. That’s what we were able to do with Social Anxiety Disorder” (Law, 2006, p. 64). Vince Parry, an expert in advertising who specializes in working with drug companies to create new diseases, wrote an article titled “The Art of Branding a Condition,” in which he explains how advertising can create a whole new dysfunction or refine or rename an old disease: “[We give customers] a whole new way to think about things. The aim, always, is to make the link between the condition and your medicine, in order to maximize its sales” (Moynihan & Cassels, 2005, p. xi). A Reuters Business Insight report for drug company executives revealed that the ability to “create new disease markets is bringing untold billions in soaring drug sales. Conditions such as baldness, wrinkles, and sexual difficulties, previously accepted as inconveniences, are now considered “worthy of medical intervention” (Moynihan & Cassels, 2005, p. xi).

The ads use visual symbols of power—actors posing as happy, healthy people in upscale environments, successful doctors, positive language, and music, but, in effect, they are exploiting people’s fears of being unattractive,
sexually impotent, suicidal, sick, and dying. They are using the propagandists’ weapons of arousing emotions and using fear appeals, and they offer remedies to remove the threats. Ads similar to the ones on television are also on the Web, and in magazines that focus on health, fitness, and beauty.

“Me-Too” Drugs

“Me-too” drugs can mean the same remedy made by several drug companies, such as six different brands for high cholesterol. The term also applies to old drugs that have new names and new patents. When a patent for a drug expires, a cheaper generic brand can be used for the same condition or the former drug can be purchased over the counter. To counter price competition from generics and over-the-counter sales, pharmaceutical companies develop a campaign for a “new” drug, which is actually the same drug with a different name. When the patent for Prilosec expired with an anticipated $6 million loss in revenue, Nexium came on the market as the new “purple pill.” Nexium is the same as Prilosec, but Prilosec can now be purchased over the counter for $19.68/month; whereas Nexium is a prescription drug that costs $125.40/month (Bardes in Santoro & Gorrie, 2005, p. 142). Eli Lilly got a new patent for Sarafem, a repackage of Prozac, which is now marketed for premenstrual dysphoric disorder. Between 1998 and 2004, 14% of new drugs were approved, and 78% were old chemical compounds (Shally, 2006).

There is also a strategy known as “off-label” marketing, misbranding a product, and this is illegal. Nevertheless, Par Pharmaceutical’s drug Megace ES, which was approved by the Food and Drug Administration (FDA) to treat weight loss associated with AIDS, has been aggressively marketed by the company for weight gain for patients in nursing homes and other long-term facilities. Megace ES side effects include “increased risk of deep-vein thrombosis, toxic reactions in elderly patients with impaired renal function, and mortality” (Hogan, 2013, p. 8). Par Pharmaceuticals rewarded top-performing sales representative with gifts like Rolex watches and vacations to Mexico for pushing the drug. Finally the FDA took the company to court where the settlement included Par paying $45 million in penalties.

Generic Drugs

It has long been a practice for pharmaceutical companies to use various tactics to prevent low-cost generic copies of their drugs from entering the marketplace. One strategy is for brand-name drug makers to refuse to sell their products to generic companies, which need to analyze the drugs to create
copy versions. An April 2013 *New York Times* article lists several companies that have refused requests from generic drug manufacturers. Because federal regulators contend this strategy is illegal, brand-name companies have fallen back on a 2007 FDA safety ruling devised to prevent abuse or risks. Legislative efforts to stop the practice have twice failed in 2007 and 2012. Steve Giuli, head of government affairs for the U.S. for the generic company Apotex, said, “The practice of denying access to samples was only the latest example of the brand-name industry’s evolving efforts to prevent generic competition. They just keep pulling things out of their playbook” (Thomas, 2013, p. 4).

Another strategy has been for pharmaceutical companies to pay their rivals to keep generic versions of their best-selling drugs off the market. This is known as a “pay-for-delay deal” that costs consumers and health plans $3.5 billion a year because it keeps brand-name drugs being sold at higher prices (Savage, 2013, p. B1). In a 5 to 3 vote, the U.S. Supreme Court ruled on June 16, 2013, that the pharmaceutical companies can be sued for violating antitrust laws. This means that federal regulators can sue the brand-name drug companies on a case-by-case basis, but the decision does not mean that “pay-for-delay” deals are generally unlawful. It is likely, however, that consumer groups and insurance companies will be likely to sue because they benefit from the lower prices of generic drugs (Wyatt, 2013, p. 1).

**Clinical Trials**

Before a drug is available on the market, a clinical trial must be conducted whereby the drug is tested on humans in phases. Drug companies often conduct or outsource their own clinical trials, or they are conducted in universities. The objective is to see whether a drug works or not, if it is safe, what are the dosing regimes, and other parameters. Before a drug is approved, there is often secrecy during the clinical trial. Such trials are often designed with marketing purposes because the objective is to have strong clinical support for a product. Dr. Richard Smith, when editor of the *British Medical Journal*, highlighted some of the pharmaceutical companies’ most popular strategies to get positive clinical trial results:

- Avoid testing it against another drug because it may fare badly.
- Test it against a small group of rivals to show it is as good.
- Compare it with too low or too high a dose of another treatment so the latter is less effective.
- Report the trial’s results only when it comes out well. Bury the weak results.
Conduct the trial in several countries, publishing each result to suggest a large number of trials that back the drug.

Republish positive trials; bury the others in obscure journals. (Law, 2006, pp. 45–46)

Often, unsuccessful trials are not reported. If a clinical trial is successful, the results are published in medical journals to enhance prestige and credibility. Sometimes there is a conflict of interest if a trial takes place in a university where the researchers are funded by pharmaceutical companies. There are also contract research organizations (CROs) that compete with universities. CROs are paid by the pharmaceutical companies. Britten (2008) said, “Trials conducted in the commercial sector are heavily tipped toward industry interests” (p. 8).

Ben Goldacre, a British physician, in his book *Bad Pharma: How Drug Companies Mislead Doctors and Harm Patients* (2012), tells of prescribing the antidepressant Reboxetine for a patient after he read trial data in a medical journal that said the drug had “overwhelmingly positive results.” The drug was approved by the Medicines and Healthcare Products Regulatory Agency in the United Kingdom. He then learned that a group of researchers brought together all the trials that had ever been conducted on Reboxetine. Out of seven trials, only one had a positive result, and that was the one that got published in a medical journal. Six other trials concluded that Reboxetine was no better than a placebo, and none of these trials was published. The unpublished studies also showed that patients were more likely to have side effects (pp. 5–6). This is only one of the many similar studies that Goldacre cites in his book. He wrote, “This is not an under-researched area; the evidence has been with us a long time, and it is neither contradictory nor ambiguous” (p. 26). This, of course, is a propaganda technique whereby information is contained or withheld.

Doctors rely on reports of trials in medical and professional journals. Another strategy of pharmaceutical companies is to buy thousands of reprints of favorable articles from journals to distribute them worldwide to doctors. Because of the prestige of the journals from which the reprints come, the reprints are much more effective than advertising (R. Smith, 2005, p. 0364).

**Ghostwritten Articles in Medical Journals**

It is well known that many of the articles about clinical trials published in medical journals are by ghostwriters, although when editors find out, they may reject the papers, but it is often difficult to tell. The ghostwriter is usually
an employee of a medical-communications agency who writes the article but is not listed as the author. One ghostwriter told of his first assignment that was to write an abstract for an antibiotic that had a major weakness: It did not work against pneumococcus, one of the most common bugs a doctor will see. The ghostwriter was told to avoid the topic in the scientific abstract that he was writing. He said the running joke at the agency was “Don’t mention the pneumococcus!” The listed author is a known expert, a physician or a scientist, who lends prestige to the article for a payment and agrees to be listed as the author of the study. They can edit or revise the manuscript, if they choose (Weber, 2006, pp. 125–126). According to a former ghostwriter, medical authorities who were paid to put their names on the articles sometimes “meticulously went over her drafts before signing their names to them, others made no changes and simply signed their names to the manuscripts. She also said that the companies that solicit medical authorities to sign their names to papers that they had not originated would readily drop one of these authorities if they were not sufficiently malleable” (Kassirer, 2005, p. 33). This is a form of gray propaganda, for the true source is not revealed, and the information is slanted in favor of the propagandist.

In July 2010, the United States Finance Committee found that GlaxoSmithKline had “downplayed scientific findings” to minimize the cardiac risks of its diabetes drug Avandia. The investigation found that the pharmaceutical company had used a ghostwriting campaign for the drug. The Food and Drug Administration restricted the use of Avandia. Ghostwritten articles have surfaced over and over in litigation. Before the Avandia disclosure, GlaxoSmithKline settled a lawsuit with the State of New York for $2.5 million. It was alleged that the company had concealed studies in a ghostwritten article about the drug Paxil that showed a risk of suicidal behavior in children and teenagers. The journal that published the ghostwritten article, the *Journal of the American Academy of Child and Adolescent Psychiatry*, has never retracted it (Elliott, 2010, p. 27).

**Sales Representatives**

Another important source of information about new drugs is the sales force employed by pharmaceutical companies. Each day, more than 101,000 drug company representatives visit American doctors. That amounts to one sales representative per five office-based doctors. According to a 2005 report by the Health Strategies Group, primary care physicians have 28 interactions a week with drug representatives (Basler, 2008, p. 26). Britten (2008) cited two studies that concluded that doctors who saw drug representatives more frequently were more willing to prescribe new drugs, to agree to patients’
requests to prescribe a drug that was not clinically indicated, and to be more receptive to promotional literature (pp. 117–118). Drug companies spend upwards of $16 billion a year on sales representatives to visit doctors. The average call on a doctor averages 2 minutes, and doctors may receive $50 for listening to the sales pitch. Time-Concepts LLC is one of several companies hired by pharmaceutical companies to make these 2-minute pitches effective. Each time Time-Concepts get a sales representative in a doctor’s office, the drug company pays $105: $50 goes to the doctor, $50 is kept by Time-Concepts, and $5 goes to a charity that the doctor selects. This is all legal (Law, 2006, p. 56). The sales representatives also give free drug samples and gifts, such as note pads, pens, cups, staplers, and so on, with the pharmaceutical company’s name and logo on them, and they bring lunches to the doctors and office personnel, often on a daily basis. This is a form of sub-propaganda or facilitative communication, as discussed in Chapter 1. The purpose is to build a friendly relationship with the hope of future support due to a positive attitude toward a drug company.

Opinion Leaders

Prominent doctors and scientists are used as opinion leaders to promote drugs. A practice known as “info-laundering” occurs when pharmaceutical companies sponsor scientific meetings and conferences, often in luxury hotels in vacation spots around the world. Doctors and medical school faculty members are chosen as speakers for the meeting and are paid hefty fees for doing so. These doctors are chosen because of their known views about a particular drug or because they have a reputation for being adaptable toward the needs of the company that is paying their fees. The speaker’s talk at the meeting is recorded and converted into an article for publication in a reputable journal (Horton, 2004, p. 81). In addition to the speaker’s fee, doctors are given free flights, accommodation, and conference registration. B. Carey and Harris (2008) reported in the New York Times that psychiatrists are known to supplement their incomes by traveling the country to give dinner talks about drugs to other doctors for fees ranging from $750 to $3,500 per event. When the University of Colorado, Denver, learned that more than a dozen of its senior academics were giving paid promotional talks for pharmaceutical companies, it launched a complete overhaul of its conflict-of-interest policies. The vice chancellor said that the speaker’s bureaus were primarily marketing tools (Goldacre, p. 331).

Doctors also serve as highly paid consultants and medical product board members for pharmaceutical companies and are used to endorse new drug products. These and other doctors are senior medical specialists that Big
Pharma calls “Key Opinion Leaders” who “shape the opinions of their colleagues and other doctors. ‘Advertorials’ are written for placement in magazines and journals and even a special newsletter would be created to help build the market in the lead-up to the planned-product launch” (Moynihan & Cassels, 2005, p. 171). Sometimes all the doctor has to do is eat an expensive meal with a pharmaceutical company officer and that amounts to consulting. Future opinion leaders are also wooed by the drug companies. Larry Sasich, of the Public Citizen Health Research Group, explained, “It starts in medical school. . . . The first year students get free gifts, meals, trips. . . . As the students advance in school, the gifts become more valuable.” Gene Carbonoa, a former Merck sales representative, said he was told to spend as much as he could on medical students and doctors. They gave him cases of stuff to give away, such as golf clubs and cases of Scotch whiskey (Shally, 2006). As we will see in the Counterpropaganda section of this analysis, many of these practices are now being regulated by government and professional associations.

**Sponsorship**

Another technique to win doctors’ support of drug companies is sponsorship. Big Pharma sponsors academic chairs and lecture halls in medical schools. Professional societies and medical meetings are sponsored, often with gifts of travel and lodging for those attending. Education seminars and refresher courses for doctors are paid for with company money. As previously mentioned, research studies are sponsored by pharmaceutical companies.

**Lobbyists**

Big Pharma spent more on lobbying in Washington, D.C., than any other industry. National Public Radio reported that drug makers spent $40 million lobbying Congress from April to June 2009 (Seabrook & Overby, 2009). It was reported in *Time* magazine the number of registered lobbyists for the drug industries was 1,228 or 2.3 for every member of Congress (Tumulty & Scherer, 2009, p. 38). Pharmaceutical Research and Manufacturers of America represents 32 brand-name drug companies and has spent millions of dollars lobbying Congress, averaging $2 million per month (Seabrook & Overby, 2009). Petersen (2008) wrote,

> By using their wealth to buy influence, the drug companies have repeatedly squelched attempts to regulate their prices and promotional practices. . . . The industry has also won new laws that have added years to the average length of
time their products are protected from competition by patents. Another law allowed the companies to profit from medical discoveries made by taxpayer-funded scientists. And when these new measures boosted the drug companies’ profits, other laws gave them tax credits so lucrative that as a group they pay far lower taxes on average than other major industries. (p. 10)

The Food and Drug Administration

The FDA has been criticized for being too favorable to the pharmaceutical companies. Poorly funded and understaffed, its commissioner, Andrew C. von Eschenbach, said in 2008 that the agency faces a crisis and may not be “adequate to regulate the food and drugs of the 21st century” (Harris & Berenson, 2008, p. 2). As a result, the FDA does not test experimental drug medicines but relies on the drug makers to report the results of their tests. In the summer of 2004, the FDA’s chief counsel, Dan Troy, was criticized for inviting drug companies to inform him of lawsuits against them so the FDA could help in their defense (Law, 2006, p. 16). A law passed by Congress in 1992, the Prescription Drug User Fee Act, permits companies to pay fees to the FDA to speed up drug approval, thus the agency is partially funded by the industry it is supposed to regulate. As a result, the FDA has been called “a servant of industry” for rushing too quickly and too enthusiastically to approve new drugs. The British Medical Journal in a cover story in 2002 asked, “Who Owns the FDA? The Drug Industry or the People?” (Moynihan & Cassels, 2005, p. 165–166). Petersen (2008) pointed out that the FDA has made it easy for the drug companies to make “me-too” drugs by not requiring them to prove a new drug is better than those already on the market. Of 1,100 drugs approved between 1990 and 2004, only 400 of them were actually new (p. 142). Although the FDA has seemingly yielded to the drug industry’s pressures, it has issued violations regarding the effectiveness or safety of drugs, misleading claims, and promotions for uses of drugs that are not in the product labeling. The FDA is controlled by Congress, thus it is subject to the influence of lobbyists on members of Congress.

Targeting the News Media

A key strategy is to target the news media with stories designed to create audience fears about disease, its spread, and other worrisome conditions. So-called “independent experts” who are actually employed by the drug companies are quoted via public relations firms that provide media outlets with a positive spin about the latest breakthrough medicines (Law, 2006).
Audience Reaction to Various Techniques

The public has responded favorably to direct-to-consumer drug advertisements on television. A 2002 study by Prevention magazine revealed that one out of every three consumers who sees pharmaceutical ads on television or in magazines has spoken with a doctor about an advertised medication. This means that in that year, more than 53 million patients requested by brand name a drug advertised in the media (Wamsley, 2006). Conversely, there is growing criticism of Big Pharma from the public. A 2005 Kaiser Family Foundation poll of 1,200 Americans found that 70% agreed that drug companies put profits ahead of people (Weber, 2006, p. 1). Physicians have also been critical and have formed groups to oppose drug industry practices. Also, a number of recently published books written by well-respected authors—doctors, editors of medical journals, medical school faculty members, and Pulitzer Prize–winning journalists—have documented unethical practices of Big Pharma. Weber (2006, pp. 3–4) sums up the situation:

The drug industry remains wealthy and powerful, but the voices of the critics are getting stronger and louder. The message of the critics is clear: In the search for corporate profits, the drug industry, often with the complicity of medical professionals, engages in practices that can and frequently do lead to poor quality medical care and to treatment that is unnecessarily costly.

Counterpropaganda

Two groups have organized to oppose Big Pharma’s practices: Pharmed Out is an independent project with a mission to counter inappropriate pharmaceutical promotion practices. Its website (http://www.pharmedout.org) has up-to-date information on prescription drug issues. No Free Lunch was founded in 2000 by Dr. Bob Goodman of Columbia University Medical Center to educate consumers and to get doctors to pledge not to accept gifts from pharmaceutical representatives. Many doctors and former pharmaceutical insiders have become vocal in opposing drug marketing. The Association of American Medical Colleges has been working on a model policy to govern the relationships between the 129 U.S. medical schools and the drug industry. The policy includes a ban on free food, gifts, travel, ghostwriting, and drug industry–sponsored speakers. Medical school students, such as those at Harvard, have secured requirements for professors to disclose their drug industry ties (D. Wilson, 2009). Research hospitals affiliated with Harvard Medical School have imposed restrictions on outside pay for senior officials who are on the boards of pharmaceutical companies (D. Wilson, 2010). The
U.S. Justice Department has fined Pfizer $2.3 billion for civil and criminal practices, for promoting drugs for unapproved uses by taking doctors to resorts, paying their expenses, and providing perks (Associated Press, 2009). Legislators in several states (Vermont, Maine, West Virginia, California, Minnesota, and Washington, D.C.) have drafted laws requiring companies to report gifts to doctors. Pennsylvania and South Carolina have hired their own sales representatives to call on doctors to discuss older drugs and generics (Basler, 2008). The *Journal of the American Medical Association (JAMA)* no longer accepts industry-funded studies of drug trials unless an independent statistician analyzes the results. The number of industry-funded trials published in the journal declined significantly (Wager, Mhaskar, Warburton, & Djulbegovic, 2010). In the U.S. Congress, bills are being written and introduced to deny the tax deduction for advertising and promotional expenses for pharmaceutical companies (See S. 1763 [Protecting Americans From Drug Marketing Act], 2009). As people become more informed about propaganda practices, movements are taken against them.

**Effects and Evaluation**

Considering the huge profits made by Big Pharma, the purpose of the propaganda campaign has been fulfilled. Perhaps it is because their strategies and techniques have been so widespread that they have become transparent. The flow of information has *not* been contained because it exists in a free society. Good journalism and medical professionals who value integrity have contributed to our knowledge of the practices detailed in this study. Reform is happening. The pharmaceutical industry is essential to our well-being as long as it does not go too far in seeking profits before helping people. As one of the industry’s most damning critics, Dr. Marcia Angell has written, “Despite all its excess, this is an important industry that should be saved from itself” (2004a, p. 237).

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**CASE STUDY 4**

**Pundits for Hire: The Pentagon Propaganda Machine**

On April 20, 2008, an article titled “Behind TV Analysts, Pentagon’s Hidden Hand” appeared in the *New York Times*. Written by David Barstow after a lengthy investigation of more than 8,000 documents, the article exposed
details about how the Bush administration, and more specifically the Pentagon, had secretly set about creating a propaganda “Trojan horse” to influence the public debate about the conflict in Iraq. This effort, titled “The Pentagon Military Analyst Program,” was launched in early 2002, and its objective was to recruit “key influentials” to help sell a wary public on “a possible invasion of Iraq.” The primary goal of the operation was to spread the administration’s talking points on Iraq by briefing retired commanders for network and cable television appearances, where they were presented as independent analysts. One of the participants, a former NBC military analyst Kenneth Allard, called the effort “psyops on steroids.” This program is an excellent example of how government can use the media in a deliberate attempt to shift public perceptions and attitudes.

The Propagandists

There were several clearly defined propagandists in Barstow’s revelations. The policy originated in the office of the Secretary of Defense, Donald Rumsfeld, and was implemented by then-Assistant Secretary of Defense for Public Affairs, Victoria (Torie) Clarke. The willing participants in this deliberate propaganda strategy were the analysts who agreed to participate in spreading the Pentagon’s message in exchange for access to senior officials. Finally, the television networks and cable networks that made constant use of these “talking heads” were the channels through which these constructed propaganda messages were disseminated. It was this combination of originator (Rumsfeld and Clark), disseminator (the Pundits), and channel (the television networks) that permitted this strategy to be implemented between 2002 and 2008, when it was finally exposed by Barstow (Barstow, 2008). (It should be noted that the issue of paid propagandists for the Pentagon had been previously raised by others, but it was the New York Times story, based on its Freedom of Information Act request for those 8,000 documents, that made possible a full disclosure of extent of the program.)

Torie Clark was a key planner of this program. A former public relations executive, she had developed the concept of “information dominance” that argued that in a spin-saturated news culture, opinion is best swayed by voices perceived as authoritative and utterly independent. She had started this program of recruitment even before September 11, but in the months afterwards, as the networks rushed to retain their own four-star experts, she saw new opportunities. For Clarke, the military analysts were the “key influentials”—“authoritative, most of them decorated war heroes, all reaching mass audiences” (Barstow, 2008). These analysts, she noted, often got more airtime than network reporters. More important, they were framing
how the audience ought to interpret events. There was another aspect that the administration had not really thought through, and that was that many of these analysts were also working for large military industries that were hoping for significant budget increases to pay for an Iraq war.

Previous administrations had made small-scale attempts to build relationships with the odd military analyst, but there was nothing like the large-scale program that Clarke’s team had in mind. Don Meyer, an aide to Clarke, claimed that “a strategic decision was made in 2002 to make analysts the main focus of the public relations push to construct a case for war. Journalists were secondary.” It was also decided to keep the regular press office separate from the military analysts. In this way the military analysts were catered to by a small group of political appointees, and not by the regular press officers.

During the program, the Pentagon recruited more than 75 retired officers, although some participated only briefly. The largest contingent was affiliated with Fox News, followed by NBC and CNN, but analysts from CBS and ABC were also included. They contributed to radio talk shows and wrote op-ed pieces as well. Within the documents uncovered by the New York Times, this group was referred to as “message force multipliers.” This was the group of hand-selected military analysts who were tasked with implementing this propaganda strategy.

The Audience

The target audience for this propaganda campaign was the American public. More specifically, it was that segment of the American public that did not agree with a decision to go to war with Iraq following the attack on the World Trade Center. In early 2002, polls showed that many Americans were uneasy about invading Iraq—a country that had no clear connection to the September 11 attacks. This was one of the first tasks assigned to the analysts: Convince the American public that Saddam Hussein was a danger to the United States and a threat to world peace. The analysts were given a series of high-level briefings, and they were provided with specific talking points. The main mantra, which was repeated over and over again on television, was that “Iraq possessed chemical and biological weapons, was developing nuclear weapons, and might one day slip some to Al Qaeda.” The answer was an invasion that would be a relatively quick and inexpensive “war of liberation” for the Iraqi people eager to get rid of Saddam Hussein.

It is difficult to gauge the actual impact of this campaign on public opinion, for the administration had made up its mind to invade Iraq, regardless of the American public’s feelings on the issue. However, it is obvious that the constant barrage of these talking points did register with a significant segment of
the audience. Of course, it was precisely this mantra that was turned against the administration when no such weapons were found and became the butt of countless jokes, including one by President George W. Bush himself when, at a White House Correspondent’s Dinner in March 2004, he showed pictures of himself crawling around the Oval Office looking for “weapons of mass destruction.” (President Bush’s joke was loudly criticized by his opponents as being insensitive to those who had died fighting the Iraq War.)

The Various Techniques Employed

The primary technique for implementing this propaganda campaign was simple. These “voices of authority” were given extensive briefings by high-ranking officials, provided with specific talking points, and were assigned to various media outlets. The fact that they were given access to the government was a major factor in their extensive use by the television networks, because they provided information, albeit specifically prepared, that was otherwise unavailable.

Clarke’s staff was astounded at how successful their analysts were in getting their message across. One of them noted, “You could see them messaging. . . . You could see they were taking verbatim what the secretary [Rumsfeld] was saying or what the technical specialists were saying. And they were saying it over and over and over.” He added that on some days, “We were able to click on every single station and every one of our folks were up there delivering our message. You’d look at them and say ‘This is working’” (Barstow, 2008).

Among the many strategies employed was to take selected analysts on organized trips to key places like the Guantanamo Bay detention center, and to Iraq itself. These “tours” were meticulously arranged ahead of time to present these contentious sites in the best possible light, and the analysts would duly oblige with glowing reports when they returned to the United States. Even in the face of an obviously deteriorating situation by late 2003, these analysts were still echoing the White House line that no reinforcements were necessary, and that the “enemy” was degraded, isolated, and on the run.

An internal memorandum from 2005 that Barstow discovered explains why the analysts were seen to be so successful. Written by a Pentagon official who had accompanied the group on one of their many trips to Iraq, she said that based on her observations, the analysts were having a greater impact on network coverage of the military. “They have become the go-to guys not only breaking stories, but they influence the views on issues,” she wrote (Barstow, 2008).
Counterpropaganda

There was no clear, organized counterpropaganda to combat the messages of the analysts. Often, but not always, there would be another “talking head” to present an opposing point of view on a television show, but these were usually limited to so-called opinion shows. Most often the analysts were used to provide background information on news shows, and in this format they could present their talking points without fear of too much disagreement. However, as the situation in Iraq deteriorated after 2004, and the vision of a triumphant, quick, and easy “war of liberation” faded, it became increasingly difficult to continue to push a positive perspective in the face of progressively negative coverage provided by “real” journalists. Much like what had happened in the Vietnam War, the propagandistic talking points were overwhelmed by the pictures of the chaos in Iraq being shown on television screens all day long.

The analysts were afraid that if they spoke the truth, that they would lose their precious access to the Pentagon, and thus, for many of them, run the risk of jeopardizing potential lucrative contracts. One analyst, quoted by Barstow, said that he had at times held his tongue on television for fear that “some four-star would call up and say, ‘Kill the contract.’” He said that he believed Pentagon officials misled the analysts about the progress of Iraq’s security forces, noting that, “I know a snow job when I see one.” However, he did not share this view on television.

Journalist and antiwar activists had long suspected that the Pentagon talking heads had special access and privileges, but they were not able to provide sufficient evidence to support this contention. Barstow’s Pulitzer Prize–winning articles on the subject brought the matter to the public’s attention, and it resulted in a furor. However, as the subject dealt with the way in which the television networks had been willing accomplices in aiding this propaganda campaign, coverage in the broadcast media was limited, and almost nonexistent. Initially CBS, Fox News, and NBC did not comment on their involvement with the analysts, while ABC and CNN issued statements indicating that they were investigating the situation.

The Consequences

There was also an immediate call by members of Congress for an investigation, and eventually in January 2009 the Department of Defense (DoD) inspector general issued a report that rejected most of the allegations. However, in May 2009 (now under the Obama Administration) Donald M. Horstman, the DoD’s deputy inspector general, repudiated the initial DoD investigation report, stating that an internal review found that the report
“did not meet accepted quality standards” and “relied on a body of testimonial evidence that was insufficient or inconclusive.” According to Horstman, the review found that Pentagon officials who had devised and managed the analyst program had refused to speak to DoD investigators. The review also found that the investigation’s methodology was seriously flawed. Horstman added that no additional investigative work would be done to reissue the report because the analyst program has been terminated and the senior officials who oversaw it no longer work for the DoD (Barstow, 2009).

In July 2009, Daniel Gordon, acting general counsel for the Government Accountability Office speaking for the U.S. Comptroller General, issued a report that admitted that the Pentagon tried to favorably influence public opinion when it gave retired military officers working as TV news analysts insider access to war briefings, but it did not break the law. According to Gordon, the defense appropriations bills for fiscal 2002 through 2008 state that none of the money “shall be used for publicity or propaganda purposes not authorized by the Congress.” In the original Barstow story, the Pentagon denied it was trying to skirt the law, with spokesman Bryan Whitman telling the paper that the program was “nothing other than an earnest attempt to inform the American people.” Gordon didn’t address that comment but indicated that the Pentagon needed to think twice before initiating any similar such programs in the future.

Gordon noted, “While DoD understandably values its ties with retired military officers, we believe that, before undertaking anything along the lines of the now-terminated program at issue in this decision, DoD should consider whether it needs to have additional policies and procedures in place to protect the integrity of, and public confidence in, its public affairs efforts and to ensure the transparency of its public relations activities” (Pentagon Military Analyst Program, n.d.).

The question is will organized, systematic propaganda activity of this type ever occur again under a different administration attempting to manipulate public opinion for its own purposes? The answer is unclear. Writing on the PRWatch.org site, Diana Farsetta commented, “It’s unclear why the GAO would fail to take the most damning information into consideration, when ruling on the legality of the Pentagon pundit program. I fear that by giving a pass to a nefarious PR tactic that undermines transparency and democratic values, the GAO has helped pave the way for similar deceptive campaigns in the future” (Farsetta, 2009). As of now, in 2013, there has been no further example of this kind of activity. Perhaps the exposure of the practice has had an effect on the Pentagon’s attempts to manipulate media coverage by controlling the message.
Notes

1. Women, War, and Work: Shaping Space for Productivity in the Shipyards During World War II, a film by Victoria O’Donnell, is available in a 42-minute version for classroom use. Contact KUSM-TV, Montana State University, Bozeman, MT 59717-3340. To order, call 800-406-6383 or order online at http://www.shop.montana.pbs.org.

2. Interestingly, this proposal has a precedent. In the 1930s, Congress responded to the aggressive and seductive advertising of investment securities vendors by banning pictures and images in all advertisements for stocks and bonds. The resulting advertisements contained only lists of the brokers making the offering.