

January 21, 2014

**RUSH – BY COURIER**

Ms. Esther Enkin  
Ombudsman  
Canadian Broadcasting Corporation  
c/o Reception desk  
250 Wellington Street West  
Toronto, Ontario M5V 3P6

Dear Ms. Enkin:

**Re: Michael Enright’s essay, “Exploding the myth that second-hand smoke causes cancer”**

We, the undersigned, are writing in response to Michael Enright’s essay on the 50<sup>th</sup> anniversary of the United States Surgeon General’s report and the relationship between second-hand smoke (SHS) and lung cancer (“The Sunday Edition” January 19, 2014). We are filing this complaint with you directly rather than with “The Sunday Edition”. We do not believe that Michael Enright will voluntarily produce the appropriate response to the concerns outlined. We believe an unqualified retraction of the disinformation in his essay and an apology are warranted.

His editorial, presented with the authority of a magisterial bull, is both ignorant and irresponsible. Mr. Enright unfairly attacked “anti-smoking activists”, those in the health community working to reduce the terrible toll caused by the tobacco industry and its apologists, accusing them of ignoring the science of SHS. But more damaging, he misinformed hundreds of thousands of CBC listeners on one of the key issues in tobacco control and, through that disinformation, caused harm to public health.

First, he opened his essay by saying that the 1964 report of the U.S. Surgeon General “established for the first time the clear linkage between smoking and lung cancer.” Not correct on two points. It was not just a “linkage” with or association between smoking and lung cancer and it was not “the first time” a causal relationship was found. The report of the U.K. Royal College of Physicians and Surgeons established the causal relationship between cigarettes and lung cancer in 1962.

Second, Mr. Enright correctly gave weight to the authority of the 2014 USSG’s report but he ignored the same source when he concluded “passive smoking” or SHS “clearly doesn’t” cause lung cancer in non-smokers. His views on the tobacco issue somehow reduced his incentive to consider the conclusion on this matter in the same 2014 USSG’s report that prompted his polemic. In “Major Conclusions” the Surgeon General says”

“4. Exposure to second-hand smoke has been causally linked to cancer, respiratory and cardiovascular diseases....”

Third, Mr. Enright, inexplicably uses as the basis for his rant, a news report of a study discussed at a conference, not an article in a peer-reviewed journal. There have been dozens of peer-reviewed articles on the subject in question published in the last two decades. Using a “weight of evidence” approach standard in epidemiology, the Surgeon General concluded in 1986 and reaffirmed in both 2006 and 2014 that SHS does cause cancer in non-smokers.

Fourth, Mr. Enright demeaned “anti-smoking activists” for saying that “second-hand smoke kills”. To this he “pronounce[s]” “Well no, it doesn’t.” In fact, a warning on Canadian cigarette packages put into law in 2001 read: “Second-hand smoke can cause death from lung cancer and other diseases.” Clearly such a warning, in the face of a litigious tobacco industry, was carefully vetted by both Health Canada experts and by Justice Canada lawyers before it appeared in legislation. The tobacco industry, knowing full well that this particular warning was a major threat to sales, decided not to litigate as the warnings were clearly evidence-based and would stand up in court.

Fifth, Mr. Enright attributes the finding that SHS can cause morbidity and mortality in non-smokers to these same “anti-smoking activists”. Overlook on this occasion that “anti-smoking” is tobacco industry language designed to associate tobacco control work with the “antis” of the alcohol prohibition movement. On its face, Mr. Enright’s accusation about who originated the finding is both ridiculous and mischievous. Tobacco control activists did not create the evidence that SHS kills. That conclusion is the finding of respected researchers, the Surgeon General and other prestigious authorities, and reflects the work of the field of epidemiology in several countries. The so-called “anti-smoking activists” have simply been acting in the public interest by educating the public about this significant risk. If not captured by substantial bias, why would Mr. Enright object to smokers being informed that their spouses, children, or co-workers are subject to a significant risk from SHS?

Finally, Mr. Enright was quick to declare that he is an ex-smoker, to give his polemic a greater sense of neutrality. Curiously, in previous essays on the tobacco issue where he also undermined the work of the health community, we note that he failed to inform the audience that he was, at that time, addicted to tobacco.

In fact, Mr. Enright has a well-established history of bias on the tobacco issue. Not long ago, he read an editorial attacking an award-winning Canadian health organization for its position in opposition to a repugnant tobacco industry sponsorship. Using misinformation once again and without apparent embarrassment, he defended St. Michael’s University of the University of Toronto for taking a \$150,000 donation from Imperial Tobacco to fund a programme – we are not joking – in corporate social responsibility! This despite the fact that virtually every member of the programme’s ethics advisory board resigned over the sponsorship. Oblivious to what was going on around him, he read his editorial at a time when Canadian provinces were suing the tobacco industry for alleged conspiracy and fraud.

Ms. Enkin, in cases involving libel where an individual or organization is harmed, one of the remedies usually demanded and ordered is a corrective statement. Libel laws are in place to correct misinformation and to repair damage. Libel laws are rooted in principles of fairness and justice. There is no libel suggested here. What we hold is that principles of justice and fairness in this case also demand that a very substantial corrective opinion be broadcast on the same programme, a response that exposes the misinformation and attempts to repair the damage to public health caused by Mr. Enright. After all, Canada's public network must be committed to not broadcasting and promoting false statements about health risks.

And because we have been connected to Mr. Enright's "anti-tobacco activist" organizations, the non-governmental organizations large and small that Mr. Enright sideswipes in his journalism, we would ask that we be consulted by the CBC with respect to what might be an appropriate remedy for what we believe to be wrongful, irresponsible behaviour.

In the preparation of this complaint, we consulted with James Repace, a senior policy advisor at the U.S. Environmental Protection Agency for 19 years. The EPA produced the landmark 1993 report that concluded that SHS "is causally associated with lung cancer in adults, and ETS [environmental tobacco smoke or SHS], by the total weight of evidence, belongs in the category of compounds classified by EPA as Group A (known human) carcinogens." Other Group A carcinogens include benzene, arsenic, asbestos and radionuclides.

We have appended Mr. Repace's letter which calls the Enright essay "an appalling display of willful ignorance" and note that Repace is one of the world's most published authorities on SHS. His curriculum vitae is enclosed.

In conclusion, we ask that you investigate this complaint and discuss any remedies with the undersigned. You may reach us through the CJTF letterhead.

Yours sincerely,

Mary Jane Ashley, MD, Professor Emeritus of Public Health,  
Faculty of Medicine, University of Toronto, and  
Chair, Expert Panel on the Renewal of the Ontario Tobacco Strategy (1999)

John Blatherwick, CM, OBC, CD, MD, FRCPC  
Chief Medical Health Officer (1984-2007)  
City of Vancouver and Vancouver Coastal Health

Neil E. Collishaw

Research Director  
Physicians for a Smoke-Free Canada

Garfield Mahood, OC  
President  
Campaign for Justice on Tobacco Fraud

Donald Neal MD, CCFP  
Adjunct Professor, Department of Family Medicine,  
University of Western Ontario  
Ontario Coroner  
Goderich Ontario

Richard Schabas, MD, MHSc, FRCPC  
Medical Officer of Health, Hastings and Prince Edward  
Counties Health Unit, and Chief Medical Officer of  
Health, Province of Ontario (1987-1997)

Stan Shatenstein  
Editor and Publisher, STAN Bulletin  
Smoking & Tobacco Abstracts & News

Richard S. Stanwick, MD, MSc, FRCPC, FAAP  
Chief Medical Health Officer  
Vancouver Island Health Authority

Alix Stevenson, BA (HONS), LLB  
Goderich, Ontario

Fernand Turcotte, MD, MPH, FRCPC  
Professor Emeritus of Preventive Medicine and Public  
Health, Faculty of Medicine, Laval University

c.c. Michael Enright, The Sunday Edition