ARTICLES

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Going like Gangbusters: Transnational Tobacco Companies "Making a Killing" in South America

This article reports on the recent growth of transnational tobacco companies (TTCs) in South America. Although some scholarly attention has been directed toward such growth in Asia and eastern Europe, South America has also been targeted by the TTCs' aggressive expansionist practices in recent years. Fighting "Big Tobacco" is entirely different from combating most public health problems. Unlike cigarettes, most infectious diseases and maternal and child health problems never provide profits to transnational corporations and governments. Also, most public health problems (with alcohol being another notable exception) are not exacerbated by extensive advertising campaigns that promote the cause of the health problems. Supported by data gathered during three months of fieldwork in Ecuador, Peru, Chile, and Argentina in 1997, this article suggests that the TTCs' marketing strategies override cultural differences in the choices people make regarding smoking and health. Combining critical medical anthropology and public health, this article concludes that unless dramatic actions are taken, an avoidable outbreak of tobacco-related diseases will eventually reach epidemic proportions on the South American continent. It is also a "call to arms" for more medical anthropologists to investigate tobacco-related matters around the world. [cigarette transnationals, tobacco control, public health, political economy, South America]

Cigarette smoking is the leading cause of preventable disease and death in the developed world today and will soon likely be so in the developing world if present trends continue. Although smoking has been declining in developed

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countries in recent years, cigarette consumption has been rising in developing countries, where the brunt of the tobacco epidemic will be felt in the 21st century.

The World Health Organization (WHO) estimates that roughly one-third of the world's population over the age of 15 are smokers (WHO 1997). In response to widespread domestic attacks during the past decade, the tobacco industry has increasingly pursued new markets outside the United States, primarily in Asia and eastern European countries, but also in Africa and Latin America. As smoking popularity wanes in developed countries, developing countries are expected to provide 85 percent of the world's 1.64 billion smokers by the year 2025, up from the present 72 percent (Hammond 1998a; Mackay 1997).

Data on cause of death in many developing countries are problematic. However, of the 30 million adult deaths worldwide in 1990, an estimated three million were caused by cigarettes. In the year 2000, tobacco may already be causing two million deaths annually in developing countries (WHO 1997), and if current smoking patterns continue, 70 percent of the world's tobacco-related deaths in 2020 will occur in developing countries (World Bank 1999).

By the time today's children reach middle age, it is estimated that tobacco-related deaths will have tripled in number, to 10 million per year. This rise is predicted to be sharpest in developing countries, with a 700 percent increase in just one generation (McGinn 1997). Stated another way, according to WHO estimates, if current smoking patterns continue, more than 500 million people alive today will eventually be killed by tobacco use, and by 2030 smoking will be the single biggest cause of death worldwide (*AP World News* 1999).

Anthropological literature on tobacco, both globally and in the New World, is remarkably scant, considering tobacco's historical importance and its more recent impact on illness and premature death. In the past, the few anthropologists who wrote about tobacco focused on its ritual use and traditional growing patterns. Wilbert (1987), for example, has documented the religious and cultural uses of tobacco in South American cultures, while Goodman (1993) reports on the historical importance of tobacco for shamanistic healing among Amerindian cultures. Early historical aspects of tobacco and smoking in Papua New Guinea are reported by Haddon (1947) and Hays (1991).

Today, however, such traditional patterns are nearly "extinct" everywhere, having been overwhelmed since World War II by aggressive marketing by transnational tobacco companies (TTCs). It is perhaps not surprising, then, that the few social scientists who have recently reported on tobacco have focused on health-related concerns associated with the recent global expansion of commercial cigarettes. What is surprising is how little research has been done on current tobacco issues, given the global impact of tobacco and its inherently anthropological nature.

There have been very few studies of tobacco by medical anthropologists in the post-TTC era, especially compared to the attention paid to alcohol and other drugs worldwide. Social scientists have examined tobacco's global expansion in general terms (Corbett 1999; Stebbins 1990, 1991) and more specifically in Africa (Yach 1996), Asia (Nichter and Cartwright 1991), Oceania (Marshall 1991, 1997), and Mexico and Guatemala (Stebbins 1987, 1994). Reports by social scientists concerning the continent of South America, however, are scarce.[1]

This article is situated at the intersection of critical medical anthropology and public health and is explicitly concerned with the contemporary marketing of tobacco products (especially cigarettes) in South America. As such, it is also a "call to arms" for more medical anthropologists to investigate contemporary tobacco production, marketing, consumption, and legislation, and how these activities collectively affect human health. This understudied topic clearly requires more anthropological research, including ethnographic, grounded inquiries of diverse users' beliefs, attitudes, and behaviors, alongside attention to influences affecting policy makers' decisions in the capitalist global economy.

This article employs a political-economy perspective (Morsy 1979) to address this shortcoming, reporting on the aggressive tactics employed by the TTCs to attract new smokers. Using cross-national comparisons, it suggests that the TTCs' economic greed overwhelms cultural factors, encouraging South Americans to smoke in record numbers, especially those who can afford cigarettes. Before discussing tobacco in South America and making recommendations for reducing tobacco's toll there, this article first examines the transnational cigarette companies' global influence.

Big Tobacco's Global Clout

The global expansion of cigarettes was dramatically enhanced after World War II, when the U.S. government began promoting tobacco exports to the developing world, including Latin America (Shepherd 1985). In the early 1960s, under the guise of providing assistance to needy countries, the U.S. Food for Peace program began shipping hundreds of millions of dollars worth of tobacco to Asia, Africa, and Latin America. By encouraging smoking, this program helped lay the groundwork for the later penetration of these countries by the tobacco multinationals (Taylor 1984).

This pales in comparison, however, with the assistance the U.S. government provided to the tobacco transnationals in the 1980s (Hammond 1998a). At a time when U.S. Surgeon General Koop was calling for the United States to become a "smoke-free society by the year 2000," the Reagan and Bush administrations used their economic and political clout to help American-based TTCs gain access to markets in Japan, South Korea, Taiwan, Thailand, and China (Stebbins 1991). By creating new demand, cigarette sales in Asia skyrocketed as health officials had feared (Peto 1996). The impact of U.S. promotion of cigarettes overseas is especially ironic in the case of South America: "The U.S. exports huge quantities of tobacco to Colombia, Mexico, and other countries with whom it is continually wrestling to reduce the cocaine trade. Yet 40 times as many U.S. citizens die from tobacco use as from the use of all illegal drugs combined" (McGinn 1997:23).

Cigarettes are among the most commonly manufactured items on earth. In 1990, approximately 5.5 trillion cigarettes were produced, the rough equivalent of 1,000 cigarettes for each adult and child on earth. In the mid-1970s, developing countries consumed only 41 percent of the world's cigarettes. Just ten years later, that proportion jumped to 61 percent and is expected to hit 70 percent by the year 2000 (McGinn 1997).

As smoking in developed countries is increasingly under attack from various fronts, the world's largest TTCs view the developing countries as their salvation.

In the words of Philip Morris's (PM) CEO Geoffrey Bible, "the international market opportunity is what will keep us a growth company for many years to come" (Somasundaram 1996).

Although more and more countries adopt restrictions on direct cigarette advertising, the TTCs have not reduced their advertising budgets. Instead, they have devised ways to skirt these bans by sponsoring logos on clothing lines, racing boats, backpacks, coffee, and even travel agencies. They also distribute free samples and promotional materials on school grounds, shopping malls, and other places where young people gather (Hammond 1998a).

Overseas, just as they have done in the United States, the TTCs spend millions of dollars to influence legislation, to fight advertising restrictions, and to try to downplay the health effects of smoking. Unfortunately, many people and governments in developing countries "are not yet fully aware of the [health] risks [of smoking] and lack the resources to counter ruthless marketing by the industry" (Mackay and Crofton 1996:206). If nothing is done, tobacco-related disease, disability, and deaths in developing countries will inevitably rise dramatically.

The world's largest multinational cigarette companies, PM and British American Tobacco (BAT) (now referred to derisively as "Big Tobacco") are among the world's largest corporations.[2] The world's largest multinational tobacco company, PM operates in 54 countries and controls about 16 percent of the global market, with its Marlboro brand commanding 8.4 percent of global cigarette consumption (Hammond 1998a, 1998b). The company's emphasis on exports is significant: since 1990 PM's cigarette sales in the United States have risen by only 4.7 percent (Hammond 1998a, 1998b), while during the same period PM has more than doubled its international cigarette sales volume and increased its income from those sales 800 percent (Frankel 1997).

In 1997, for the first time ever, PM made more profit from its foreign sales (711 billion cigarettes) than from its domestic sales (235 billion cigarettes) (Hammond 1998a). No wonder, then, that PM's chairman and chief executive officer reported in 1995 that "worldwide, tobacco is going like gangbusters" (Cunningham 1996:211). Two years later he told PM's shareholders at the 1997 annual meeting, "I can assure you that Philip Morris will compete ferociously for an even bigger share of the international market" (Frankel 1997:7).

British American Tobacco, the world's second-largest multinational tobacco company, with subsidiaries in 65 countries, controls about 15 percent of the global cigarette market. As will be seen below, BAT is especially active in Latin America, where it currently controls 60 percent of the market, almost double that of its nearest competitor, PM (Hammond 1998a).

Big Tobacco in South America

Until the mid-1980s, anthropological research on tobacco in South America was basically limited to its magico-religious, medicinal, and recreational use among native societies (Wilbert 1987). Today, with cigarette advertising widespread throughout the hemisphere, tobacco use has acquired an entirely different meaning from that of its earlier noncommercial status.

Tobacco promotion is now ubiquitous in South America, typically targeting women and the young, "a strategy so common that it can be found practically

anywhere big tobacco goes" (McGinn 1997:24). In addition to billboards and table umbrellas, the sponsoring of sports and cultural events and other promotions are mushrooming everywhere, in an attempt to generate good will and product identification. Cigarette ads, in addition to promoting unhealthy and addictive products, present another obstacle for public health proponents: the revenues that tobacco advertising generates discourage the media from reporting on the hazards of tobacco, "a particularly serious problem in developing countries where awareness of the harmfulness of tobacco is low or even nonexistent" (Cunningham 1996:xvi).

In recent decades, South American markets have increasingly been penetrated by a wide variety of North American products, including soft drinks, fast food chains, movies, and automobiles. Cigarettes from the United States and Europe represent a fairly inexpensive way to appear "modern," thanks in large part to their advertisements' portrayal of smoking as something done by sexy, vigorous, and successful "northerners."

Fighting Big Tobacco is entirely different from combating most public health problems. Unlike cigarettes, most infectious diseases and maternal and child health problems do not provide profits to transnational corporations and governments.[3] Similarly, most public health problems are not exacerbated by extensive advertising campaigns that promote the cause of the health problems. Most public health problems are relatively easy to identify. However, when positive images associated with smoking are common in television and radio advertising and on billboards, street signs, and kiosks throughout the region, the challenge is far more difficult.

Governments in developing countries are often preoccupied with fighting other health concerns, such as high infant mortality and communicable diseases. For most South American countries, tobacco use as a public health problem has not been assigned the same status as the control of infectious diseases or maternal and child health problems. It is interesting to speculate about a more serious public response to tobacco:

> If a virus or bacterium were killing as many people as tobacco does, that would be cause for general panic. . . . To some extent our familiarity with tobacco has blinded us to its danger. Our most basic challenge may therefore be cultural: we need to find ways to value our public health. Once we have done that, tolerating tobacco won't make any more sense than tolerating smallpox or polio. [McGinn 1997:27]

As long as any nation's most powerful decision makers choose to value corporate profits more than the well-being of its people, cigarette smoking will continue to exact enormous health costs on large numbers of its citizens.

The antismoking movement in most South American countries is in its infancy, still largely the preserve of a few hard-working but underfunded doctors and researchers. Few have experience in combatting the coming tobacco epidemic, while the TTCs have not only experience, but also comparatively limitless resources to promote their products. A few countries have established government programs for the control of tobacco use, but in general these efforts have been poorly funded and inadequately staffed.

Thus, the future looks very promising for the TTCs in South America, especially in countries where the average smoker smokes fewer than half the number of

cigarettes as the average smoker in developed countries. In addition, many people in South America have comparatively little knowledge of the health consequences of smoking. Most antismoking activities (including education programs) in South America are relatively unorganized and poorly funded (Cunningham 1996).

Methodology

Based on three months of research in four South American countries, this article provides substantial evidence that transnational cigarette companies are extremely active in the region. Firsthand data were gathered in Ecuador, Peru, Chile, and Argentina during the first three months of 1997. During those months, I spent time not only in each country's capital city, but also in smaller cities and towns, and even quite remote rural areas, including the southernmost town in the world, Ushuaia, Argentina, departure point for most tourist trips to Antarctica.

The findings reported here include information obtained in the United States as well as data from the following sources in South America: (1) interviews with key health personnel in each country (including physicians, antismoking activists, health ministers, and Pan American Health Organization [PAHO] personnel working with tobacco issues); (2) observations of cigarette-related phenomena, including a variety of types of cigarette promotions and advertising in a variety of media (radio, television, newspapers, magazines, billboards, and paraphernalia such as bumper stickers, drink coasters, and clothing); (3) observations of smoking-control efforts, including the use of "No Smoking" signs, antismoking stickers, brochures, and posters; and (4) library and archival information, including unpublished in-country surveys carried out by local researchers.

This article emphasizes the overwhelming problems associated with tobacco issues in South America, but also includes some rare success stories. Data concerning cigarette promotion and tobacco-control efforts are provided here on a country-specific basis when appropriate, although much of what is reported for any one country has relevance to the entire continent.

As we turn now to a country-by-country discussion, one overall impression to keep in mind is that while there are definite differences among the four countries, one overriding commonality stands out: smoking in South America is directly correlated with social and economic class. This is just the opposite of what is found in the United States, where poorer people are more likely to smoke than the middle and upper classes.

At the risk of oversimplifying an explanation for this, it is quite likely that the poor in South America simply do not have the money to smoke to any significant extent, while aspiring middle- and upper-class South Americans are not only eager, but also financially able, to enjoy northern "luxury" goods, whether they be cars, beverages, or cigarettes. Unfortunately, children in South America (both boys and girls) seem all too eager to copy the "glamorous" lifestyle portrayed not only in cigarette ads but also by smokers in television programs and movies.

Social and economic class involves culture in myriad complex ways, and culture is clearly a powerful influence on many health-related decisions. However, this research found that smoking rates in South America appear to be much more related to "ability to purchase" that any cultural factors. Although cigarette consumption is far lower among South America's indigenous population, this is less a

consequence of their ethnic or cultural identity and due more to their comparative poverty (and perhaps also because some are still growing their own tobacco and using it in noncommercial ritual ways).[4] Thus, the significantly lower cigarette consumption rates (to be discussed below) in Ecuador and Peru (as compared with their wealthier neighbors to their south) are best explained by their significant indigenous population (relatively scarce in Chile and Argentina) and their concomitantly weaker purchasing power. The lower rate in Peru (and to a lesser extent in Ecuador) might also be partly due to coca chewing competing with smoking to "fill the niche" of daily substance use.

Other generalities concerning South America include the following: (1) smoking is more prevalent in urban than rural areas, (2) smoking is decreasing slightly among men, while increasing dramatically among women and children, and (3) South American smokers on average smoke far fewer cigarettes per day than U.S. smokers. We turn now to brief consideration of four specific countries, presented in the order they were visited in 1997.

Big Tobacco in Ecuador

Of the four countries considered here, Ecuador has been the least aggressively targeted by the TTCs, probably because it has the smallest and least urbanized population (Table 1). Smoking in Ecuador, while problematic, is not nearly as prevalent as it is in wealthier South American countries. The TTCs have not made the inroads they have elsewhere on the continent, probably because Ecuador (with its large, but poor, indigenous population) does not have as significant a wealthy or even middle class (Table 1).

With an estimated 80 percent of Ecuador's cigarette business, PM dominates that nation's market (World Tobacco 1994), taking advantage of a variety of favorable conditions. These include: (1) advertising being allowed on television (though the hours are restricted to late night and must not be associated with sports or cultural programming); (2) low taxes, which allow for low prices and thus higher consumption; and (3) access to influential legislators who can stifle any meaningful antitobacco legislation. In addition, cigarette promotion benefits from the fact that "there is flagrant noncompliance with and nonpunishment of infractions against existing anti-tobacco legislation" (PAHO 1992:189).

In Ecuador, cigarette advertisements are unavoidable, especially in Quito and Guayaquil, but also in tiny villages in the mountains and in the lowlands. Both of the nation's largest airports welcome arriving passengers with huge, colorful, and lighted Marlboro signs, overwhelming the few tiny *"No Fumar"* (No Smoking) signs. The cities' "superhighways" include massive cigarette billboards, and the fashionable shopping districts sport billboards with rotating, three-sided panels, so that passersby are offered a different display of eye-catching smoking promotions every three seconds. Umbrella tents with cigarette ads are ubiquitous, as are promotional efforts of an endless variety, including decals and stickers on doorways, street signs, and commercial enterprises of all kinds.

The effects of advertising are seen in an Ecuadorean study that found that 90.1 percent of respondents reported seeing cigarettes advertised on television, 62 percent had heard ads on radio, and 33 percent had seen them on billboards (Maxwell 1989). One interesting strategy employed in the advertising of "foreign" cigarettes

TABLE 1
Population, Percent Urban, and Per Capita GNP (All Figures 1997).*

Country	Population (Millions)	Percent Urban	Per Capita GNP in US$
Ecuador	11.9	62.0	1,390
Peru	24.4	71.2	2,310
Chile	14.6	85.8	4,160
Argentina	35.4	86.9	8,030

* Box 1997.

in Ecuador is the use of English-language phrases (even though the packets are all made in Ecuador) such as "filter cigarettes" and "richly rewarding." This strategy is likely used to suggest to smokers that smoking elevates them to a higher (i.e., English-speaking) socioeconomic status. What is key here is the *symbolism* attached to the power and status of the English language, recalling Sahlins, who suggested that advertising agents and anthropologists alike are often "hucksters of the symbol" (1976:217).

Ecuador's tobacco-control efforts show mixed results. The following story (shared by Dr. Carlos Salvador Garcia, a Quito physician) reflects the difficulties faced by Ecuador's small but tenacious group of antismoking health advocates. After the group had spent six years working for a substantial tax increase on cigarettes, the proposal was finally passed by Ecuador's congress and signed by Ecuador's president during his first four months in office in 1996. However, just 24 hours later the tax increase was rescinded by the same congress. In all likelihood, this quick reversal came about in response to bribery by tobacco interests. Antitobacco activists are quick to note the irony of working six years on something that is finally passed, only to have it undone in just one day, surely a record for legislative action in Ecuador! Another example of who is winning the tobacco wars in Ecuador is seen in the following: a recent six-part antitobacco soap opera was canceled after only two of the six programs aired, due to tobacco industry pressures on the local television station.

On the positive side, after a five-year struggle, the antitobacco activists (led by Dr. Salvador Garcia) did manage to get Ecuador's congress to pass modest tobacco-control laws in 1994, including a ban on smoking in many public places (including schools, cinemas and theaters, religious buildings, and most public transportation) and the inclusion of health warnings in televised cigarette advertisements. These laws remain in place today, although enforcement is problematic.

Even when laws are followed, the results are not always effective, as in the example of televised cigarette commercials, where the required health warning at the end of the ad is on the screen for less than one second, not nearly enough time to be read. In many cases, not only do people not care what the antismoking laws are, but they also often do not even know about their existence. The common opinion in Ecuador is that there really is no recourse for the nonsmoker, as there are no penalties or fines for violating most "No Smoking" rules.

Antismoking activists in Ecuador show no signs of giving up. Every May 31, to celebrate "World NO Tobacco Day," Ecuador's AntiTobacco League organizes nationwide events to promote a life free from tobacco. In 1994, 10,000 school children came together in Quito in a massive demonstration that helped pressure Ecuador's president to sign into law the modest restrictions noted above (this according to Dr. Salvador Garcia).

Few published studies exist concerning cigarette smoking in Ecuador. A national opinion survey funded by the International Children's Defense Fund, published in 1995, reported on the consumption of cigarettes and alcohol among boys and girls ages 6 to 17. This study found that 72.1 percent of all 17-year-old respondents answered in the affirmative to the question "Have you ever smoked?" To the question "Does your teacher smoke during class?" 38.1 percent of the 17 year olds said "Yes," reflecting the difficulties of enforcing the national law banning smoking in schools (Barnen de Suecia 1995:5). Significantly, no direct instruction on smoking and health is required in Ecuador's six primary grades.

Based on several unpublished studies conducted during the 1980s, it has been estimated that approximately 35 percent of Ecuador's adults smoke, with most smoking fewer than seven cigarettes per day (PAHO 1992). A 1991 study of Ecuador's two largest cities found males nearly three times more likely to smoke than females (Ockene 1996). These figures appear quite similar to those of the other three countries under study here (Table 2).

A 1989 industry report shows that cigarette consumption among urban Ecuadorean males is more than double that found in rural areas, with the difference between urban and rural women being even more pronounced (Tobacco International 1989). With one of Ecuador's best-selling cigarettes ironically named *Progreso,* progress on the antitobacco front faces stiff competition.

Big Tobacco in Peru

Unlike its neighbor to the north, Peru has been very aggressively targeted by Philip Morris and British American Tobacco in recent years. Offering twice the

TABLE 2
Estimated Smoking Prevalence among Men and Women Age 15 and Over, Latest Available Year,[a] and Per Capita Cigarette Consumption.[b]

Country	Percent of Men Age 15+ Who Smoke	Percent of Women Age 15+ Who Smoke	Annual Per Capita Cigarette Consumption
Ecuador (1991)	45.5*	17.4*	350
Peru (1989)	41.0	13.0	880
Chile (1990)	37.9	25.1	1,000
Argentina (1992)	40.0	23.0	1,780

[a] Collishaw 1996, except for Ecuador (Ockene et al. 1996).
[b] PAHO 1992. (Note: Annual per capita cigarette consumption in the USA at this time was reported to be 3,370.)
* Ecuador data for urban population only and therefore likely overstated here.

population of Ecuador and being more urbanized (Table 1) and thus more easily reached with advertising and other promotional propaganda, Peru provides a potentially lucrative market for foreign cigarettes, especially PM's Marlboro and BAT's Lucky Strike.

Peru's smoking prevalence is extremely low when compared with wealthier South American countries and even with not-so-wealthy Ecuador (Table 2). The low smoking rates in the early 1990s reflect the country's large (but poor) indigenous population, as well as its then-depressed economy; at that time only Bolivia and Haiti had lower per capita GNPs in the Western Hemisphere (PAHO 1992). The TTCs expect per capita smoking rates to increase significantly, and they are very visibly investing in Peru, hoping to "make a killing" as the nation's economy recovers.

As in Ecuador, cigarette billboards and other promotional materials in Peru are impossible to avoid, and television ads further entice Peruvians to "come to where the flavor is." With North American scenes and themes and people dominating the images, the absence of anything "Latin" in the advertising is striking. The craving for everything "northern" is noted in an industry report, in which Marlboro's marketing director says, "Monday through Thursday [Peruvians] smoke whatever, but come the weekend when they are out with their friends, they are sure to pick up a pack of Marlboros" (Stinson 1994). The allure of the Marlboro brand is evident in the oft-repeated claim (which I was unable to verify) that Peruvians frequently put cheaper, local cigarettes in a Marlboro pack, so as to appear to be smoking the more prestigious product. In Peru, as in Ecuador, the symbolism of "the north" is a key cultural image that is being consciously manipulated, while also encoding multiple meanings for consumers. Once again, the symbolic value of anything North American in Peruvian society is clear.

Peru's cigarette market was a monopoly until 1994, when President Fujimori loosened import restrictions. In the first year after the import ban was lifted, Marlboro created 2,600 new "points of sale" in Lima (where one-third of Peru's people live), and Lucky Strike installed almost twice as many (5,100) in that same brief period (Stinson 1994). Many of these points of sale are at candy and ice cream outlets, commonly frequented by children. Targeting a different market, Marlboro and Lucky Strike also sponsor numerous events at nightclubs and bars. Their first-year efforts resulted in each of them gaining 6 percent of the formerly closed Peruvian market (1994), a market share that has almost certainly grown since then.

Industry experts hope to capitalize on Peru's recent history by offering smokers a new form of "personal expression." As noted in a tobacco industry report, in Peru, Marlboro and Lucky Strike "represent more than foreign products. In a country where choices were strongly limited by six different governments during 40 years, choosing what you smoke has political and social connotations, especially with a product so strongly linked with lifestyle and status" (Stinson 1994). The promotional efforts of both of these foreign cigarettes emphasize "freedom" and "choice," with no reference to addiction and disease.

The cigarette industry is not without its vocal and visible opponents. Tobacco control in Peru is noticeably more vigorous than in Ecuador, due in no small measure to the tireless efforts of Dr. Luis Pinellos Ashton, who has been fighting the cigarette industry for over 20 years. While he was Peru's Minister of Health during the 1980s, Dr. Ashton persuaded the nation's president to pass a national law

mandating a 326 percent tax increase on cigarettes, with a unique stipulation that a portion of the proceeds be dedicated to building and equipping a cancer hospital (PAHO 1992).

The cancer hospital serves an enormous population today, but only after overcoming unanticipated obstacles. The original tax increase resulted in the widespread smuggling of cigarettes into Peru from Bolivia and Brazil. This smuggling caused a sharp decline in tax revenues and led to the cigarette tax eventually being lowered significantly, in order to ensure the funding supply necessary to build the hospital (according to Dr. Ashton).

Dr. Ashton also successfully persuaded Peru's president to pass a comprehensive national antismoking law in 1993. The law's 14 articles list numerous public places where smoking is prohibited, including most public and private institutions and all public transport (CLACCTA 1996a). One unique aspect of this law is the required wording of the "No Smoking" signs: "Prohibido fumar en lugares públicos como éste. Fumar es dañino para la salud" ([Smoking is prohibited in public places like this. Smoking is harmful to your health]). This wording not only tells people that smoking is prohibited in the place where the sign is posted (e.g., a bank, a government office, a bus), but it also informs people that smoking is prohibited in all other such places, even if there is no sign. In addition, the required wording tells people why smoking is prohibited in such public places, although it does not mention the health hazards of passive (secondhand) smoking.

This law, if seriously enforced, would provide better protection against secondhand tobacco smoke than exists in most jurisdictions in the United States. Unfortunately, it is not widely promoted and is frequently ignored and rarely enforced.

Other tobacco-control measures in Peru include a ban on televised cigarette ads except between the hours of 1 a.m. and 5 a.m., and a law requiring that a health warning appear on cigarette packs covering at least 10 percent of the front of the pack. While this represents a more visible health warning than that found in Ecuador, it is only half the 20 percent size requirement originally passed by Peru's congress. The health warning was reduced in response to strong lobbying by the tobacco industry.

Peru, like Ecuador, holds annual World NO Tobacco Day events each May. In 1996 the demonstration made the Guinness Book of Records for "fastest arborization," when more than 5,000 schoolchildren planted 2,000 trees in less than 30 seconds in a new "park" in an area of Lima that had previously been a wasteland adjacent to one of Lima's worst slums. Another year's event involved a 50-foot-long "cigarette" that was brought in by truck to a popular city park, where school children bashed it to pieces in front of the media. The 1997 event featured over 4,500 large "carpets" bearing antismoking messages, one for each Peruvian who had died due to cigarettes in the previous year (Ashton 1997).

Another important antismoking group in Lima is CEDRO (Centro de Información y Educación para la Prevención del Abuso de Drogas [Center for Information and Education for Drug Abuse Prevention]). Under the direction of Dr. Flavia Radovic, CEDRO publishes widely distributed pamphlets and booklets on how to stop smoking and organizes events such as a two-day symposium on "Women and Tobacco," which included 18 sessions led mostly by Peruvians, but also by two Brazilians, a Venezuelan, and a Cuban (CEDRO 1995).

Cigarette smoking is clearly associated with education (which in turn is associated with income), as is seen in a 1995 report on drug use among urban Peruvians. As noted above, however, the association is quite the opposite of what is found in developed countries, where increased education correlates with decreased smoking. The Peru study reported that only 29.3 percent of those with "no schooling" had ever smoked, compared with 43.9 percent of those with only primary schooling, 56.3 percent of those with secondary schooling, and 80.6 percent of those with university training (Rojas and de la Mata 1996).

Even physicians were found to smoke at rates similar to the larger population. A study of 3,128 medical doctors in Lima in the early 1990s found that 73.4 percent had smoked at some time in their lives, and 25.7 percent were current smokers, despite near unanimity among them that smoking was a serious health problem (Ashton 1993).

Despite these vigorous antismoking efforts, PM and BAT continue to view Peru as fertile ground for increasing their cigarette sales. With its highly aggressive marketing techniques, deep pockets, and a history of success elsewhere, the tobacco industry promises to provide an increasingly problematic challenge to Peru's public health advocates in the years to come.

Big Tobacco in Chile

In this study of four countries in South America, Chile has more in common with Argentina than with the two countries addressed above. Highly urbanized (Table 1), with a comparatively small indigenous population, Chile is seen as a very promising market by the TTCs. Chile's comparatively strong economy and its sizeable middle class help explain why smoking is noticeably more prevalent than in Ecuador or Peru (Table 2). Unlike developed countries, but typical of South America, the highest smoking prevalence in Chile is among the highest socioeconomic levels, including health professionals (Sepulveda 1991).

The Chilean cigarette market is dominated by British American Tobacco. Selling Lucky Strike and other brands at over 33,000 points of sale (Misdorp 1990), BAT controlled 97.5 percent of Chile's cigarette market in 1994, with PM holding the other 2.5 percent (World Tobacco 1994). However, BAT will likely see its market share shrink, in light of the fact that in 1995 PM began selling Marlboros in Chile for the first time (World Tobacco 1995).

In 1994 Chile's cigarette market was reported to have experienced one of the highest consumption growth rates in Latin America in recent years and was forecast to grow at 8.5 percent during the 1995–2000 period, a rate exceeded only by Argentina's 11.4 percent (World Tobacco 1994). Aggressive advertising and marketing campaigns by both BAT and PM will likely increase Chile's per capita cigarette consumption, which in 1990 was "relatively low" by industry standards (under ten cigarettes per day) (Misdorp 1991a). One such strategy is to attempt to minimize the sale of single cigarettes, a common practice in much of South America. On the assumption that many smokers lack the money to buy a normal-sized pack of 20 cigarettes, in 1995 many cigarette brands were being offered in more affordable packs of ten cigarettes (World Tobacco 1995).

Advertising, of course, is another tool industry uses to increase sales. Billboards, posters, and the usual array of visible promotional materials (all without

health warnings) are almost impossible to avoid throughout Chile, especially in metropolitan areas. Tobacco companies also employ glamorous young women to hand out free cigarettes to children and adults in shopping malls, video arcades, and discos.

BAT's targeting of females and youth has recently come under scrutiny by the British Medical Association, which in 1998 urged Prime Minister Tony Blair to take an active role in restricting tobacco companies from using aggressive marketing to target women and children in developing countries. BAT's official response was predictable: "It is quite legal and acceptable practice to target a specific section of the population, such as women. BAT does not target children" (BBC Online 1998). Despite such industry denials, their efforts likely attract young smokers, especially women (Department of Health and Human Services [DHHS] 1994: 157–203).

Chile has conducted many more studies on smoking (primarily in Santiago) than either Ecuador or Peru. In 1991, Dr. Cecilia Sepulveda, Director of the Cancer Program for the Minister of Health, summarized the existing studies concerning Chilean smokers by noting that "the prevalence of smoking shows a clear increasing trend especially among the young and women" (1991:36–37). One recent study reported that 53 percent of Santiago's secondary school children smoked cigarettes (Florenzano et al. 1993). Chilean teenagers give the same reasons for smoking as teens in developed countries: they see smoking as a rite of passage into adult life, an opportunity to join the sophisticated and beautiful people (Mackay 1995). Clearly, one cultural and symbolic attachment of smoking in Chile (and elsewhere) is that it is viewed by the smoker as a "marker" of adulthood and sophistication.

While there are some antismoking efforts in Chile, they are few and underfunded when compared to the resources utilized by the tobacco industry. Nevertheless, the Ministry of Health has endorsed a variety of legislative proposals, some of which have become law. For example, all cigarette advertising (including individual packs) must have a health warning, although it is weak ("cigarettes may cause cancer") and not prominently located on the packs. Cigarette advertising is permitted on television, but "only" between 10 p.m. and 6 a.m.

In 1995, after five years of negotiations, the Chilean congress adopted a multifaceted antitobacco law that includes: (1) health warnings on cigarette packs (but not on billboards); (2) no smoking on all forms of public transit; (3) no smoking in elevators, classrooms, and other state public buildings; (4) no advertising in any media targeting audiences under age 18; and (5) penalties for violations. With the exception of the smoking ban on public transit (which is surprisingly well respected in taxis, buses, and trains), these laws are sporadically enforced, and no one could remember an instance of a fine being imposed for any violation.

The economic and social costs of smoking are well documented in Chile, and they are occasionally reported in the public media. For example, a June 1, 1995, newspaper article (published the day after the annual World NO Tobacco Day) stated that 9,000 Chileans die each year from smoking and hundreds of thousands suffer secondhand smoke damage to their health, "because of Chile's four million smokers." In this article, Chile's Minister of Health is quoted as saying that Chile loses 30 billion pesos annually from illnesses and lost productivity due to tobacco,

a figure that he noted does not include the health problems of secondhand smoke (Solar 1995).

In summary, Chile faces problems similar to those found elsewhere in South America. Modest legislative and policy interventions against tobacco advertising and smoking in public places continue to be debated and are occasionally passed into law. However, PAHO's 1992 comments on Chile continue to ring true today: "The tobacco industry appears to be effective at curbing such legislation through political pressure and economic influences" (1992:131).

Big Tobacco in Argentina

Of the four countries studied in 1997, smoking in Argentina was by far the most noticeable, an impression supported by PAHO data (Table 2). Not only is per capita cigarette consumption higher than reported for the other countries, but so is the average number of cigarettes smoked per day. Industry reports claim that Argentina's average smoker consumes 17.7 cigarettes daily, roughly 2.5 times the number reported for Ecuador (Tobacco Reporter 1996). As reported elsewhere in South America, the prevalence of smoking was directly correlated with education level and social class (PAHO 1992). These figures also suggest that the minimum number of cigarettes needed to support an addiction has not been reached by Ecuador's population, perhaps due to its weaker purchasing power, as reflected in the country's lower per capita GNP.

With roughly 35 million people, Argentina is the second most populous of the Spanish-speaking South American countries (only slightly smaller than Colombia). Because of this, and its highly urbanized population (Table 1), its large middle class, its small indigenous population, and its comparatively strong economy, both PM and BAT have long been active in Argentina. In 1994 these two giants controlled almost equal shares in the national cigarette market (52.5 percent for PM and 47.5 percent for BAT) (World Tobacco 1994).

Marlboro was first introduced into Argentina in 1972. Only in the 1990s, however, did PM begin "going like gangbusters" in Argentina. In 1991, for example, Marlboro was only the third best-selling brand in Argentina (with only 12 percent of the market), trailing two BAT brands, Derby and Jockey Club (with 26 percent and 17 percent of the market, respectively) (Misdorp 1991b). However, by 1995, due to saturation-level promotion strategies, Marlboro had gained control of 36 percent of the market, while its two closest competitors dropped to only 14 percent of the market each (Tobacco Reporter 1996).

In the land of the gaucho, Marlboro's recent domination of its competitors coincided with its strategy to abandon the "cowboy and his horse" image so popular in the United States and elsewhere throughout the world. Instead, its current ads emphasize car racing and the machismo associated with it. Although Argentina's 1986 law prohibits cigarette ads from using sports images or showing "physical exertion" (Misdorp 1989), Marlboro's auto racing theme dominates the cigarette advertising landscape. In addition, Marlboro sponsors cultural and sports events in Argentina to an even greater extent than seen elsewhere in South America. Once again we see a symbolic association that draws on the dominant cultural imagery of masculinity and power.

R. J. Reynolds has also recently been very aggressively promoting its Camels brand in Argentina (Misdorp 1996). A variety of new promotional efforts resulted in Camels' Argentine sales increasing by 50 percent. These included inserting coupons into packs of Camels that could be redeemed for posters, boxer shorts, shot glasses, and, for ten lucky winners, Harley-Davidson motorcycles. So popular were the advertisements in buses for Joe Camel and his "Hard Pack" blues band that they were "disappearing almost as fast as they went up" (Hammond 1998a:18)

Marlboro offers Argentine smokers similarly enticing "gear" offerings. Based on the number of "points" accumulated from empty cigarette packs, smokers can cash them in for jackets, T-shirts, coolers, duffle bags, jackknives, baseball caps, thermoses, and sweaters—all with the Marlboro insignia prominently displayed. Marlboro's promotions all stipulate that points are only awarded for cigarette packs with "legally imported from the USA" stamped on the package, a strategy that reflects the desirability of products from the United States.

Evidence of Marlboro's presence is everywhere, with a reported 110,000 points of sale for cigarettes in Argentina as of 1991 (*Tobacco Journal International* 1991), including the southernmost town in the world, Ushuaia, a frontier town where smoking is noticeably popular. Laws passed in 1994 by the town of Ushuaia and also in the surrounding province of Tierra del Fuego prohibit smoking in government buildings and public transportation. However, evidence of either law was difficult to find in March 1997. One bank's several prominent "No Fumar" signs were widely violated, despite the presence of bank guards and dozens of bank customers inside.

The small city is a tourist mecca in the austral summer, serving as the departure point for most cruises to Antarctica. Yet its well-equipped tourist office knew of no restaurant with a "No Smoking" section. And in the Fin del Mundo (End of the Earth) museum, the director of the museum regularly smokes in the museum store, immediately beneath a prominent "No Fumar" sign. An example of the pervasive presence of the tobacco industry is seen in the case of an upscale department store whose "No Fumar" signs were competing with in-store shopping baskets provided by PM, with the Marlboro label pasted on all four sides of each basket. The absence of taxes on cigarettes (and other imported goods) in Tierra del Fuego means that cigarettes cost less than half of what they cost in Buenos Aires. "At that price, who is not going to smoke?" one smoker asked.

Despite (or perhaps because of) the tobacco industry's very visible presence, Argentina has one of the most developed tobacco prevention and control movements in the Americas, involving mostly nongovernmental organizations (PAHO 1992). Two of the most respected are the Argentine Anti-Cancer League (LALCEC) and the Argentine Anti-Tobacco Union (UATA). Leonardo Daino, executive director of LALCEC, is a very enthusiastic and energetic public health professional. His group, now over 20 years old, has reportedly helped at least 24,000 Argentines stop smoking. But his primary focus is on preventing children from starting smoking. As he told me, "Children are the best messengers of public health. They learn it in school, and take it home to their parents." In 1994, LALCEC produced a widely circulated 140-page book, *Cigarettes Are Filthy: How to Quit Smoking, and Not Relapse a Week Later.* The organization has most recently expanded its activities by becoming very active in promoting nonsmokers' rights.

The UATA has as its slogan: "For new generations of nonsmoking Argentines." Among its other efforts, UATA has been actively promoting smoke-free hospitals. Both UATA and LALCEC were instrumental in helping Buenos Aires host the eighth World Conference on Tobacco or Health in 1992, which was attended by a record 1,045 people, including 455 Latin Americans (CLACCTA 1996b).

Despite Argentina's numerous antismoking groups, tobacco-control efforts in Argentina are mixed. Since 1986 all cigarette packs (but not billboards, posters, and the like) are required to have health warnings. Nevertheless, it is easy to find packs without any warnings. Cigarette ads are permitted on television, but only between the hours of 10 p.m. and 8 a.m. (Chapman and Leng 1990), the least restrictive hours among the four countries studied. Even while smoking bans are gaining, enforcement is typically lax. And even where there are "No Smoking" signs, people frequently ignore them and smoke wherever they want.

Reminiscent of similar problems in Ecuador, significant antismoking legislation (pushed by UATA) was passed by the Argentine congress in 1993, only to be vetoed subsequently by the president, who claimed that Argentina needed the tobacco-based revenues that might be jeopardized by such antismoking efforts. The rescinded laws would have banned cigarette advertising, banned cigarette sales to minors under age 16, banned smoking in public places, and would have required that nicotine levels be indicated on cigarette packs.

Many Argentines believe that the veto was the result of industry bribes at the highest level. Following the veto, several provinces and municipalities expressed their disappointment by passing their own smoking-control laws. Some of the provinces have strong antitobacco laws that enjoy varying degrees of enforcement and respect. However, even in the National Museum of Fine Arts in Buenos Aires, smoking is explicitly permitted throughout the exhibition halls.

As if public health advocates did not have enough problems with enforcement of local laws, in 1998 the Los Angeles Times reported that Philip Morris and British American Tobacco had joined forces to "fix prices and divide their markets in Argentina" (as well as Venezuela, Costa Rica, and elsewhere). Their respective Argentine spokespersons did not deny the reports of agreeing to control the Argentine market, but they did say they had broken no laws (Haskel 1998).

Recommendations for Combatting Big Tobacco

The four South American countries examined above, like most developing countries, are losing their battle against Big Tobacco. Yet anthropologists, with very few exceptions (Marshall 1991, 1997; Nichter and Cartwright 1991; Stebbins 1987, 1990, 1991, 1994, 1997; and Willms 1991), have yet to weigh in very much on these crucial health issues, despite their relevance to medical anthropology.[5] Recommendations for combatting the TTCs' devastating impact on developing countries have been suggested for at least 20 years, coming from developed countries, developing countries, and global health entities such as the WHO. Health experts have accurately predicted the coming "smoking epidemic" and have offered a variety of proposals intended to minimize its impact.

Suggestions prior to 1990 included (1) health warnings on all cigarette packs, (2) a ban (or severe restrictions) on cigarette advertising, (3) a ban on free samples, (4) a significant increase in cigarette taxes to discourage consumption,

and (5) public education programs in schools and for the general public (Stebbins 1990). Few of these recommendations have been implemented in South America (or in most developing countries) in any meaningful way.

Not surprisingly, then, the current "wish list" of antitobacco recommendations includes many familiar suggestions: (1) restrict or ban tobacco advertising, (2) raise tobacco taxes, (3) earmark a share of tobacco taxes for public health programs, (4) develop antismoking campaigns targeted at children, (5) dismantle subsidies for growing tobacco, (6) crack down on smuggling, (7) promote disinvestment, and (8) practice antitobacco diplomacy (McGinn 1997).

At the 10th World Conference on Tobacco or Health in Beijing in 1997, the need for international coordination of tobacco-control efforts was recognized. At the same time, the following new recommendations for individual countries were presented: (1) ban not only direct advertising but also indirect advertising; (2) mobilize organizations concerned with women and children around the tobacco epidemic; (3) seek out potential donors to finance antismoking campaigns, including nicotine replacement therapy manufacturers; (4) educate health professionals as role models for smoking prevention; (5) establish a supportive environment for tobacco-control efforts by influencing public opinion; and (6) coordinate all levels of antismoking efforts within each country, including governmental agencies and NGOs (Samet et al. 1998).

In addition, bans on smoking in schools, hospitals, public transportation, and other public places are important. Governments should also restrict the cultivation, manufacture, and advertising and sales of tobacco products, with special regard for the protection of nonsmokers, children, and pregnant women. These efforts, combined with others, would help to "banish" cigarette smoking by making it undesirable, unattractive, and publicly unacceptable. Obviously, the South American countries under review here are far from realizing these goals.

As for the ongoing call for health warnings on every cigarette pack, a 1998 study of 56 countries worldwide found that 42 percent of the countries had no warning requirement or had only a very general health warning (Aftab et al. 1999). In general, U.S. companies doing business in foreign countries do no more than required by local law. Thus, U.S. tobacco companies' labeling practices represent a lethal double standard under which non-Americans are often denied the information made available to U.S. residents. Clearly, U.S. companies abroad should be required to use health warnings that are *at least* as informative as the weak ones they use in the United States. Of course, given the higher illiteracy rates in developing countries, the effectiveness of *any* health warning is problematic.

In many countries, the possibility of premature disease and death has not seemed to have motivated people to avoid smoking. Thailand may have come up with a better way to discourage smoking. Because such traditional health warnings as "Smoking causes lung cancer" or "Smoking makes you look older than your years" have failed to inspire Thai people to not smoke, a new health warning has recently been required on cigarette packs there: "Warning: Smoking Causes Impotence" (Wannabovorn 1998). The new warning is reportedly having more of an impact that the earlier warnings. It is interesting to speculate how such a warning about impotence would be received in South America, where "machismo" is still a dominant cultural theme in many areas. With the TTCs' pervasive and persuasive

advertising capabilities, it is likely that they would find ways to deflect such concerns, if cigarette sales were threatened.

Each developing country has within its power the capacity to ban tobacco advertising, raise cigarette taxes, banish tobacco subsidies, and fund aggressive anti-tobacco education campaigns. Unfortunately, most governments lack the political will to do so. Most developing countries would rather not challenge the highly orchestrated, expensive, and ubiquitous tobacco promotions. Instead, they hide behind the TTCs' claims that tobacco creates important jobs and provides essential revenues to poor countries with limited resources. And some policy makers undoubtedly are influenced by cash "contributions" that benefit them personally (Taylor 1984). Perhaps not surprisingly, similar problems are reported by Jernigan (1997) and Riley and Marshall (1999) regarding the expansion of the alcoholic beverage industry into developing countries. The advertising and marketing strategies of the TTCs and the alcohol companies are remarkably alike, which is not surprising since they sometimes have interlocking directorates (e.g., Miller Brewing Company is owned by PM).

While no one expects the TTCs to make any meaningful concessions regarding these recommendations, it is possible that such global entities as the WHO, the World Bank, and the United Nations could make a difference in the fight against the coming tobacco epidemic. For example, in 1999 the WHO announced plans to negotiate a world treaty on controlling the use of tobacco. The tobacco treaty talks "will constitute a global complement to national and local action, and will support and accelerate the work of member states with weaker tobacco control programs" (*AP World News* 1999).

The World Bank in 1999 reported that developing countries would save millions of lives without hurting their economies if they adopted a range of measures to control tobacco use, including raising cigarette taxes, banning advertising, and providing information on the health risks of smoking (Action on Smoking and Health in the United Kingdom [ASH UK] 1999).[6] In May 1999, in his message on the occasion of the annual World NO Tobacco Day, U.N. Secretary-General Kofi Annan joined in the call for heightened action against cigarettes, stating: "In many developing countries, where the ill-effects [of tobacco] are not known, smoking puts an intolerable strain on health care resources [whose] impact is staggering" (Comtex 1999). His remarks included calls for legislation to curtail access to tobacco products and educational efforts to prevent young people from starting and to help those addicted to quit (Comtex 1999).

Conclusion

There is every indication that the tobacco giants, unlike the lungs of the addicted users of their products, have a very "pink" future, especially in the developing world. While the cigarette companies publicly claim that they have been treated unfairly in recent years, the facts show that they have been making a killing (in more ways than one) even while being forced to pay out unprecedented sums of money to settle pending lawsuits.

The global impact of tobacco is enormous. The WHO estimates that every 10 seconds another person dies from tobacco use. The WHO predicts that between 1998 and 2025, 500 million people worldwide will die of tobacco-related diseases.

This is the equivalent of a Vietnam war every day for 27 years, or a Bhopal every two hours for 27 years, or a Titanic every 43 minutes for 27 years. Former Surgeon-General Koop notes that while Bhopal and the Titanic were accidents, tobacco deaths are not. "They are the predictable result of a malignant industry that manipulates, packages, advertises, and sells its products at every corner of the globe" (1998:393).

South American governments, facing funding shortages for more immediate urgent health problems, often view the more distant health consequences of cigarette smoking as less pressing. Only recently, owing to the TTCs' vigorous promotional efforts, has smoking become widely popular in many South American countries. Because the onset of many of the most important diseases associated with smoking is often delayed 20 to 25 years, many governments have chosen to ignore such "distant" problems. However, within the next 10 to 15 years cigarette smoking will have been prevalent in many countries long enough to cause mortality rates to approximate those now seen in industrial countries.

The highly centralized governments in most South American countries provide an ideal opportunity for effective nationwide laws to be passed. However, this same centralization makes it very easy for tobacco lobbyists to influence policy, as compared with the United States, where state, county, and municipal governments can (and often do) adopt a wide variety of antismoking regulations (Stebbins 1997). In the absence of strong political will to rein in the Marlboro man and his associates, TTCs will continue to influence cultural perceptions of smoking, always downplaying its serious associated health risks.

Anthropologists, with our special knowledge of culture, history, politics, and human biology, can provide unique insights that will help policy makers understand why smoking's popularity continues to increase, despite the overwhelming medical evidence about its deleterious effects on human health. Unless strong actions are taken by developed nations and the developing nations, an avoidable epidemic of tobacco-related illnesses will unfortunately soon become a reality in areas of the world already burdened by seemingly insurmountable health problems. Opponents of smoking, woefully underfunded, use creativity and enthusiasm to try to combat the profit-driven TTCs. In spite of their best efforts, the TTCs' highly sophisticated marketing techniques and promotional gimmicks suggest that the prevention of an avoidable epidemic of smoking-related diseases is a dream that may go up in smoke.

NOTES

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1. The Pan American Health Organization (PAHO) published two documents in 1986 concerning commercial cigarettes in South America (PAHO 1986a, 1986b) and a more complete report in 1992 (PAHO 1992). PAHO also collaborated with the Department of

Health and Human Services to produce the 1992 Surgeon General's Report on Smoking in the Americas (DHHS 1992).

2. R. J. Reynolds (RJR), which had been the third largest multinational cigarette company, controlling about 4 percent of global cigarette sales, sold all of its cigarette business outside of the United States to Japan Tobacco in 1999 (Reuters 1999). Despite being smaller than its two competitors, RJR had recently operated in 57 countries and had enjoyed a 75 percent increase in its international sales since 1990, amounting to 41 percent of its total sales (Hammond 1998a). For interesting parallels concerning transnational alcoholic beverage manufacturers, see Jernigan 1997.

3. In addition to the alcoholic beverage industry, another obvious recent exception is the infant formula promotions by Nestle and other companies (Campbell 1984).

4. For similar findings regarding Mexico's indigenous population, see Stebbins 1987:531–532.

5. A special issue of *Social Science and Medicine* addressed the anthropology of smoking (Willms and Stebbins 1991).

6. In 1992, the World Bank decided to no longer fund any tobacco development projects anywhere in the world, after having determined that tobacco was an economic drag on every country where a tobacco industry existed. The World Bank also concluded that it makes good economic sense to lend money for antitobacco activities in health projects (Barnum 1994:361).

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