

## **Keynote Address**

### **Tobacco Control Advocacy; America's Life Saving Export**

Southwest Regional Tobacco Control Conference  
Phoenix, AZ, July 22, 2004

When Cheryl Ferguson kindly asked me – as a new citizen of the Southwest – to speak to your conference, I first, sadly, said, “No.”

I told Cheryl that, for the last 5 years, I have been working only overseas with tobacco control advocates in developing countries. I was pretty ignorant of the challenges you now face, barely aware of new developments; new threats; new opportunities.

Then it occurred to me that this was an opportunity to talk to fellow US tobacco control advocates about the amazing work of their colleagues in even the most hostile and challenging environments for tobacco control in the developing world.

There is inspiration for us in these stories. We sometimes despair at the obstacles we face. But these advocates have persevered in the face of obstacles and threats we can only imagine.

And we have much to learn from these colleagues.

For, just as there are vast differences between advocating for tobacco control in India or Romania and New Mexico and Arizona, so are there important commonalities.

For example, getting humans who, in principle, share the same goals to work collaboratively and strategically, without the divisive discords of ego and turf and money are common to all our tobacco control efforts, no matter where they take place. And strategies for ameliorating such discord developed in India or Romania may be equally helpful to us in our work here.

We can also glimpse in these stories illuminating lessons on the nature of the collective leadership it takes to bring harmony out of chaos.

And perhaps we can also learn – especially, now - how to advocate effectively with diminished resources from advocates who have advocated effectively for a whole country with far less than the budgets of many of our county programs.

But there is also room for pride. For the last 40 plus years, those who would advocate for tobacco control in developing countries have looked to us for guidance and a helping hand. As limited as our progress sometimes seems to us, the U.S. – along with a handful of other industrialized countries - has been a beacon of progress to those who have seen no progress in their homelands.

And we have been there to help. Indeed, among the sponsoring organizations of this conference, The Lung, Heart, and Cancer voluntaries each have proud histories, not only in the battles you have all been a vital part of in the US, but in parallel struggles throughout the world.

And you – each of you – may be surprised to learn that you don't have to be as amazing as Greg Connolly, to play an important part in helping fellow advocates around the world.

I don't want to talk you about statistics, but about people – the kind of people we can all identify with. So I would like to share with you three stories of great advocacy overseas that have moved and inspired me. I want to share some of the lessons I've learned from them that may be of use to you.

And I want to celebrate with you some of the vital contributions our American colleagues and organizations have made to the development of their capacity to achieve their goals – indeed to the recent healthful explosion of tobacco control achievements in every corner of the globe.

For, in a time when many of us are troubled by what America now exports to the world, American grown tobacco control advocacy skills and strategies have become uniquely welcome and benign exports.

## **FCA and the FCTC**

The dawn of the 21<sup>st</sup> century presented new threats and new opportunities throughout the world. The transnational tobacco companies, their American and Western European markets threatened by the successes of our tobacco control advocacy, now turned to the aggressive capture and expansion of vulnerable developing country markets.

But simultaneously, the World Health Association had the good fortune of acquiring a new Director General, Dr Gro Harlan Brundtland – both a deeply committed public health physician and a skilled political leader. In a recent poll, her Fellow Norwegian citizens, voted Dr. Brundtland, who had served her country as Prime Minister, one of the three greatest Norwegian leaders of the 20<sup>th</sup> century.

At WHO, Dr Brundtland’s signature initiative was to propose the first international treaty ever launched by WHO: the Framework Convention on Tobacco Control.

Against the determined opposition of the tobacco companies, and their formidable government allies, whom advocates ironically labeled, the tobacco “axis of evil,” principally Germany, Japan, and the US, Dr Brundtland and her WHO colleagues carried on a 5 year struggle to achieve approval by the world’s 150 health ministers of a strong, mandatory treaty requiring each country to adopt comprehensive national tobacco control laws and regulations.

Vital to that struggle was the emergence of an extraordinary “virtual” global network of Non-government Organizations, the Framework Convention Alliance.

The FCA drew together and coordinated the lobbying efforts of more than 200 organizations from 90 countries. 40-50 of whose advocates descended upon gray, cold Geneva for each of the six negotiating sessions.

30 to 40 FCA members, scraped and saved and scrambled to descend upon Geneva from every corner of the globe– from Nigeria and Kenya; Thailand and Malaysia; Sri Lanka and India; Uruguay and Honduras; New Zealand and St Lucia in the Caribbean.

They camped out in the corridors of the WHO in Geneva from morning to late night through each of 6 semi-annual marathon 1 to 2-week negotiating

sessions. They created an efficient intelligence network, passing critical information back and forth between allies on the official government delegations. They prepared briefing papers on every critical issue facing the delegates – and they recruited and brought to Geneva volunteer experts to support those briefings.

They published a daily bulletin each day of the negotiations, with news of the previous day's events, putting the spotlight on underhanded dealings, awarding the dirty ashtray to those who would weaken the treaty language; awarding the orchid to those who would stand up to the bully countries. The Bulletin became the primary source of information for every country delegation, and greatly helped to frame the issues before the negotiators.

The mighty Chinese delegation was so upset at being awarded the "Dirty Ashtray", that they filed a formal protest, insisting that this was impermissible *harassment!* . The US delegation, more than once the dishonored recipient of the dubious award, offered thinly veiled threats that sponsoring US organizations would not be treated kindly when they needed White House support for their domestic programs.

The negotiations fluctuated up and down; once strong provisions suddenly appeared weakened in the text revisions; WHO leadership stood firm; then appeared to cave in to US, German, and Japanese threats to walk out. The FCA members sometimes rejoiced; sometimes despaired; grew exhausted, burdened by the rigid bureaucracy of WHO, the unfamiliar chill, the uncongenial environment of Geneva.

But they didn't quit. Up until the last hours of the last negotiating session in May of 2003, it appeared that the US, Germany, and Japan had won. Under its governing principal of unanimity, Germany single-handedly had held up all the European Union countries from supporting a strong treaty. There would be no clear provisions calling for advertising and promotion bans or broad smoke-free public and work places. And the remaining provisions would be merely suggestions, not legal mandates!

One FCA member, who had to return from the last negotiating session to India one day early, reported sorrowfully to her colleagues that all seemed lost.

But past midnight, the rest of the world stood up. The countries of Africa, South Asia, Latin America demanded that the will of the majority be

respected. And, at the last moment, sullen but not mutinous, the US, Japan, and Germany, each backed away from their threats, and the strong versions of the treaty language were adopted, and the worlds health ministers unanimously voted its approval the next month.

As I speak, 168 nations have formally signed the Treaty, including, quietly, the US, Japan, and Germany, 90 % of all countries eligible- an astounding accomplishment. More important, 24 countries have taken the next step, with their parliaments, of formally ratifying the treaty .It is expected that the 40 ratifications necessary for the treaty to go into effect will be reached well before the end of 2004. When this occurs the requirements of the FCTC will be binding international law on every UN member nation that has ratified the treaty, requiring comprehensive national tobacco control laws that meet the treaty's high standards. Even Japan has ratified. Not, the outlaw US. [http://fctc.org/sign\\_rat/signed.shtml](http://fctc.org/sign_rat/signed.shtml)- for the list of countries who have signed and ratified

Lessons:

Formal coalitions have their uses, but they also entail significant risks. The hierarchical structure of too many coalitions engenders internal, undemocratic struggles for power and dominance, alienating and disempowering all but a handful of leaders.

Formal coalitions too often end up competing with members for money, media attention; undue credit for successes.

On the international stage, where the US is often a major source of funding and other resources, such dominance is doubly a risk today when many people see the US characteristically as bully, not collaborator;

The FCA structure has succeeded in large part because it avoided becoming a formal coalition until success was achieved; yet it is also more than a loose, uncoordinated network. It is a "structured network;" Its management is horizontal and democratic – 800 pound gorillas like the US and Canada carry no more weight than humming birds like St. Lucia. It's` executive Committee is nominated and elected by full membership – with no regard or preference to organizational weight. No actions can be taken in the name of the Alliance except by consensus- all must agree.

Currently the Executive Committee is mandated to represent the various regions of the world- one member each from each WHO region and three at large members. Currently, its President is from Malaysia and its other members are from New Zealand Sri Lanka, Pakistan, Uganda, South Africa, Uruguay, the United States, and the UK.

The FCA Coordinator (supported by an anonymous grant) enjoys no former power or authority, only the earned authority that comes from mutual respect and deference.

And FCA operates at incredibly low cost, continuously inter-connected through the Internet and occasional conference calls. It has no headquarters office; pays no rent. Grants of support go not to any central office, but directly to the members or for workshops and trainings and new negotiating sessions.

It most resembles a virtual collaboration.

Among the members of the Executive committee, there can be observed a full complement of the leadership roles required for a sustained, collaborative social movement:

Yussuf Saloojee has led South African NGO's successful effort to persuade and support the South African government's straitjacketing of multinational cigarette company marketing and advertising. When he speaks to a meeting of FCA members, he generates uncommon quiet and respect. He is a statesperson on an international level.

Judy Wilkenfeld, of the Campaign for Tobacco Free Kids, is the only American elected to the Executive Committee. She combines the legal and scientific expertise drawn from her leadership of the US FTC and FDA regulatory efforts to control tobacco marketing, with the modest warmth and generosity of her collaborative spirit. This is why The American Lung Association selected her for its for its "Unsung Hero" Award.

Shane Bradbrook the Executive Director of [Apārangi Tautoko Auahi Kore \(Maori Smokefree Coalition\)](#) is a forceful young advocate for the rights of indigenous peoples. He led the Alliance to stand up to the US effort to diminish the standing indigenous peoples by lumping them all into one category.

Philip Karugaba of Uganda is a young lawyer who combines his passion for the environment with a fierce determination to protect his country from the tobacco industry.

Dr Eduardo Bianco, an Uruguayan cardiologist has launched a number of regional projects, including efforts to increase media coverage of tobacco issues and an online tobacco control introductory course. In so doing, Eduardo has developed into a true resource for the region, appearing on television shows, radio interviews, and quoted all over newspapers in the region.

Finally, Mary Assunta of Malaysia -diminutive, in equal parts gracious, soft-spoken, and a fierce advocate for consumer justice - is the President,

There are several participants in this conference who have been through the Advocacy Institute's Tobacco Control Leadership Fellows Program. You will all remember the Institute's "taxonomy" of movement leadership. And you will all recognize that, among them, these executive committee members combine the requisite qualities of:

- Statesperson
- Scientific authority
- Communicator
- Strategist
- Spark Plug

And, above all, that most rare and cherished – and least recognized – leader, the ego-free Movement Builders

## **India**

As India's middle class grew with the computer-fueled prosperity of the 90's, India's middle class has grown to roughly the same absolute numbers of consumers – and the same purchasing power – as the US, despite the

continuing widespread poverty throughout the country. This has brought India a dual tobacco plague:

To the affluent came Philip Morris and BAT with all the seductive marketing prowess that had decimated a generation of Americans.

And, 20 years ago, to India's poor came a new, deadly product, a form of pouch tobacco, developed and cynically marketed to India's poor; to its poor women, who culturally would not be seen smoking; to its children, who would not be caught smoking; to millions who had been taught that *smoking* was dangerous – but has no idea that other tobacco products could also be lethal.

This product is called Gutka. A glossily packaged penny portion of pouch tobacco, to be tucked unobtrusively in the cheek. Few knew how destructive it could be – until the first outbreak of mouth cancer cases afflicting even users in their late teens and 20s.

Little had been done to curb tobacco marketing and promotion in India, though there had emerged several committed tobacco control advocates – especially in the great cities of Bombay (now renamed Mumbai) and New Delhi, though with a few isolated advocates in other cities. Early efforts to build a national coalition had failed.

In January 2002, 12 of these advocates came together in seaside resort hotel outside of Mumbai, which doubled as a site for the filming of scenes for Bollywood musical/romance movies. For five days they participated in an intensive training in strategic planning and movement organization for tobacco control. At the close of the 4<sup>th</sup> day, one of the participants rose up and urged his colleagues to continue their work into the night, and to form, on the spot, a new coalition – which they named the Indian Coalition for Tobacco Control) The ICTC).

By the close of the workshop, they had formed Task forces, with volunteer coordinators and workers, to implement concrete advocacy plans to work towards the major objective of passage by the Parliament of comprehensive national tobacco control legislation, as well as state bans on Gutka sales.

By February 2003, they had succeeded in persuading the Health Ministry, the Cabinet, and the Parliament to agree to schedule Parliamentary

consideration of a strong, model national law (which had been stalled for nearly 1 ½ years), including a full ban on advertising and direct and indirect promotion).

Six states, led by Mumbai's home state of Maharashtra, had banned Gutka.

Two working groups met that month, augmented by new volunteers from other states and cities. – One in Mumbai one in Delhi. To avoid cries of a power grab by others not involved in the organizing of the coalition, they had renamed themselves the Advocacy Forum for Tobacco Control (The AFTC).

Nonetheless, they developed a combined action plan:

They planned a targeted media advocacy initiative to highlight the need for the legislation, and to spotlight, when and where necessary, the inevitable industry efforts to weaken the bill and further delay Parliamentary action.

The media advocacy plan included the timely unveiling of an India Tobacco Death clock – tolling the number of lives lost to Tobacco in India *since the day the government had first sent the tobacco bill to the Parliament for action*.

They planned outreach to their personal networks of advocates throughout the country to mobilize direct lobbying efforts both in Delhi and in the home districts of key parliamentarians.

They followed through – and in May 2004, the Parliament debated, and enacted without weakening amendments one of the strongest national tobacco control laws in the world – a law that – if effectively enforced – would save millions of lives in this country of close to 1 billion people.

After the vote, on the floor of the Parliament, Parliamentary leaders rose to single out the work of the AFTC in building national support for the new law.

Through the summer and fall, the AFTC worked quietly, but doggedly, to make sure that the Health Ministry developed and issued strong regulations to implement the law.

Then, in February 2004, they convened again – again surrounded by the stage settings and actors filming yet another Bollywood Romance.

This time they planned and organized 6 Action Groups, each headed by one or two coordinators operating out of their home organizations. The primary focus of each Action Group was an advocacy strategy for aggressive *enforcement* of such discrete aspects of the law as non-smoking in all health facilities and all public offices.

The group could not agree upon the membership requirements, formal governance structure or headquarters to formalize the AFTC into a legal non-government organization.

Since roughly a third were from Delhi and a third from Mumbai, think what it would be like trying to decide who would run a coalition with equal representation of New Yorkers and Washingtonians –each of whom are convinced they are the natural center of action and power!

This failure, however, proved a disguised blessing. The AFTC simply suspended the formalizing of their coalition. Instead, they agreed that each of the four key Action Groups would operate autonomously – two in Mumbai; one (focused on strengthening the new law) in the National Capitol, Delhi, and one in the city of [?]. Each Action Group would have its own budget, and reach out to mobilize other activists committed to the Action Groups objectives and prepared to work to implement its plan.

The Action Group coordinators would function as the informal coordinating committee for the AFTC, reporting to the whole membership on their progress.

What lessons might we, in the Southwest, learn from these Indian achievements?

- 1) A formal coalition may not be the most effective structure for mobilizing advocacy. Indeed, the effort to organize such coalitions may leach both energy and financial resources from decentralized Action Groups formed by those who bring personal commitment to the Tasks.
- 2) Not everyone in the network needs to sign on to every action. So long as each Action Groups objectives are consistent with the network's

- overall goals, the Action Groups have the freedom and flexibility to respond swiftly to both opportunities and threats.
- 3) Structured networks flourish best when there is central support and coordination, not control. And that coordination is possible when the network coordinators are not competing for money, credit, or publicity.

Two individuals have been central to the success of the AFTC: Prakash Gupta and Shoba John.

Dr Gupta is, beyond questions, India's leading tobacco control authority. A distinguished scientist, the epidemiologist who broad India's tobacco pandemic to light, Prakash has equally become expert in the arts of advocacy. Perhaps most important, he enjoys the profound respect and trust of all Indian advocates, whether from Mumbai or Delhi or beyond – not least because he does not need or seek power or publicity.

Shoba John is the *only* person among India's 1 billion people who works full time on tobacco control – thanks to a very modest salary from Canada's far-seeing International NGO PATH Canada. Like Dr Gupta, Shoba shuns the limelight – though she can be an eloquent spokesperson for tobacco control; though young, she became a favored spokesperson chosen by the Framework Convention alliance to speak in Geneva for the FCA.

In a society that requires diffidence by the young for elders, Shoba has perfected the art of pushing the cultural envelope almost to the tearing point in prodding her colleagues to action and holding them accountable for their commitments. Like Dr Gupta, her great strength lies in the universal trust and affection she has earned among her colleagues.

There are several participants in this conference who have been through the Advocacy Institute's Tobacco Control Leadership Fellows Program. You will all remember the Institute's "taxonomy" of movement leadership. And you will all recognize that, between the two of them alone, Prakash Gupta and Shoba John – again - combine the requisite qualities of:

- Statesperson
- Scientific authority

- Communicator
- Strategist
- Spark Plug, and, most important,
- Movement Builder

## **Romania**

Five years ago, a Romanian computer engineer with a good salary from his job with an Italian computer firm, Cornel Radu-Loghin, decided to fund out of his own pocket a new advocacy organization, Aer Pur Romania. At the 1997 World Conference in Beijing, he met for the first time and teamed up a leading Romanian pneumonologist Dr. Florin Mihaltan.

Some of you have been fortunate in finding kindred spirits and (sometimes behind the scenes) allies *in* government, and you know how vitally important such allies can be. Cornel found Dr. Luminita Sanda, the public health official in the Health Ministry assigned responsibility for national tobacco control policy. Deeply committed to tobacco control; fiercely determined; fearless, risk-taking in challenging weak-willed (or tobacco friendly) colleagues throughout the government; yet strategic in building bridges to key decision makers, Luminita, in 2002, forged a silent but powerful partnership with Cornel and Aer Pur Romania.

By 2004, Aer Pur Romania had help mobilize successful action throughout Romania

- To enforce ignored rules on smoking in some hospitals
- To enforce rules on non-smoking in some school
- To rid one major city of all cigarette billboards
- To utilize WHO's annual No Smoking Day to organize the well-publicized transformation of the Capitol Bucharest's center city as a smoke-free zone.
- To spur Romanian government leadership of Eastern European countries in fighting in Geneva for a strong FCTC and,
- To spur important movement towards a comprehensive national tobacco control law.

Two months ago, in a workshop near Bucharest, Aer Pur Romania mobilized four new Action Groups with concrete strategies and action plans:

- To spread enforcement of smoke-free rules in all health care facilities
- To attain universal enforcement of smoke-free schools
- To persuade vanguard businesses in 4 of Romania's 6 largest cities to adopt and enforce smoke-free workplaces
- To promote Romanian Parliamentary ratification and legislative implementation of the FCTC

And, also in 2004, Aer Pur Romania spearheaded the formation of the Romanian Network for Smoking Prevention, which received recognition and accreditation from the European Network for Smoking Prevention as Romania's primary NGO for mobilizing tobacco control advocacy.

Intriguingly, there was formidable competition for this recognition. A competing Romanian Coalition sought recognition (and the funding that could flow from that recognition) from the European Network. It boasted a far longer list of coalition organizational members than the Aer Pur supported Romania Network. The European Office of the World Health Organization, itself part of a complex, too often inert bureaucracy, trended to support such informal coalitions

But the credentialing committee looked behind the paper. The Coalition turned out to be just that: a paper coalition, with no serious history of tobacco control advocacy. The Romanian Network was more a horizontal structured network of Action Groups, but it was *real!*

Are their lessons for us in the Southwest to be drawn from the model of Aer Pur Romania? I think so.

- 1) In a poor country where many people are forced to hold 2 or 3 jobs to survive – one volunteer told us her university professorship paid her only enough to pay her heating bills during the cold winters – an effective network of advocates was created entirely by volunteers.
- 2) As in India, action comes not from a formal, hierarchical, expensive coalition structure, but from a less formal, coordinated network of Action Groups made up of dedicated volunteers, not the dead hand official signatures of organizational bureaucrats.

- 3) And, as in India, the key to the network's success has been its self-effacing, behind-the-scenes, collaborative, horizontal leadership coordinating but not dominating self-actuating Action Groups.

Romania, like India, has been blessed with a complement of movement leaders.

Cornel Radu-Loghin has been their preeminent movement Builder and strategist. Dr. Florin Mihaltan, their scientist/expert/statesperson; Luminita Sanda the "Inside advocate" complement to Cornel's "Outside advocate." And strong regional leadership in other major Romanian cities has mirrored their efforts in the Capitol, Bucharest.

### **Helping Hands Across the Oceans**

No one who observed the Framework Convention Alliance's creation and its triumphant advocacy could doubt the importance of the role played by American NGO's.

They helped form it; helped train and counsel its members; provided critical funding support for it; and roiled up their sleeves to share in the day-to-day, unglamorous tasks of advocacy.

The Campaign for Tobacco free kids, The Lung Association, The Cancer Society, The Heart Association, Action for Smoking and Health – each gave heart and soul to the effort.

They stood shoulder to shoulder with their counterparts from smaller, poorer countries so that the rest of the world would know that the Administration did not speak for either the best policy science or the conscience of the US.

In those last hours of the negotiations, when the treaty was in danger of being gutted by the US delegation's heavy-handed obstructionist tactics, the US groups had had enough.

Despite not so veiled threats by members of the US government delegation that they would no longer be welcome at HHS or the White House, the CEO's of Lung, Cancer, and heart issues tough statements – released in

Geneva at a highly publicized press conference heard loudly in Washington - excoriated the Administration. They demanded that the US either submit to the will of the world's nations, or simply go home.

The US members of the FCA were scrupulously careful to avoid the appearance and the reality of seeking to dominate the FCA. But:

- They provided logistical support for organizing and getting the FCA lobbyists to Geneva;
- They provided science-based talking papers supporting the key FCTC provisions, and legal expertise in exposing weakening language in the successive treaty drafts
- They designed and helped produce the daily FCA Bulletins
- They leant their media advocacy experts to the FCA cause, and gained effective media highlighting of the FCA's messages.
- They hunted and pleaded and dug deep to provide and find financial support for the FCA Coordinator and other critical expenses.
- They sought and brought to Geneva potent expert witnesses to persuade the delegates - such as a former senior US Trade Negotiator bearing witness that Tobacco exports should be excluded from trade sanctions.
- They furnished a Tobacco Death Clock that WHO Director General Brundtland unveiled at a timely press conference to dramatize the lives at stake in a producing a forceful FCTC.
- They provided lobbying, media advocacy and strategy planning training for the less experienced FCA members
- They provided on-line counseling, and
- They helped mobilize flurries of international letters to key country political decision makers, when requested by members in recalcitrant countries.

I've been lucky enough to work through the American Cancer Society's International tobacco control program in Romania and India, and I'm proud to say that there have been similar, modest ways that we've been able to support their great work.

I have to confess that in 45 years of tobacco control work, nothing has been more satisfying and heart-warming.

From the heart of the US Southwest, tobacco control in Romania and India – even Mexico - may seem remote and foreign to your work.

Yes, your counterparts in these countries do not want to hear what we Americans have been doing with tens of millions of dollars – while they have done so much with a few thousand dollars.

But as you can readily see, there are many, many modest, but crucial ways you can help – most, without leaving home.

And the rewards are unimaginable – just think of what it means to make even a marginal contribution to reducing tobacco use prevalence in a country with a billion people – hundreds of millions of children!

And just think of what it means to hear from an overseas friend today words of gratitude, not anger and scorn - such as this heart-felt fourth of July note on the FCA list-serv from Mary Assunta, of Malaysia, President of the FCA – and winner of the World Conference’s Luther Terry Award for outstanding tobacco control advocacy:

“To my friends” Mary wrote, “at a season when it is easy to criticise and accuse, today I think of all my American friends (and I have many) and I thank God for you and the many more who strive to make a difference.

Happy 4<sup>th</sup> July

From across the oceans where the sun rises earlier

Mary”