



Gail McGovern, President  
American Red Cross National Headquarters  
2025 E Street, NW  
Washington, DC 20006

18 December 2014

Re: Tobacco industry donations to the American Red Cross

Dear President McGovern,

We, the undersigned, are writing to you as fellow public health organizations to urge you to reject contributions, both financial and technical, from the tobacco industry. The American Red Cross holds a well-earned reputation for enhancing public health and addressing serious health concerns facing our nation. As a result, the Red Cross emblem is one of the most highly recognized symbols of health in all its forms around the world. The acceptance of tobacco industry funding and the resulting association of the emblem with the tobacco industry undermine both the reputation and those goals.

As you are certainly aware, tobacco kills over 480,000 people across the U.S. each year, and accounts for nearly 20% of all deaths. It is the leading preventable cause of death in the United States and in the world. Indeed, tobacco is a man-made epidemic that kills many times more people than weapons and natural disasters combined, and the tobacco industry is the vector of spread of this epidemic.

The Red Cross/Red Crescent Movement is respected around the world for protecting life, health and human dignity. To lend its enormous credibility, connections and influence to an industry that sells and promotes a product that kills 6 million people a year is a serious violation of the most basic principles of public health. It contradicts the mission of the Movement and compromises the credibility that is the basis for its effectiveness and enormous impact around the country and the world. Regulations on the use of the emblem clearly state that the sale of tobacco is directly contrary to the Movement's objectives, and require that linking names or logos of tobacco companies with those of a National Society be avoided (Article 23, Subparagraph d). Finally, association with the tobacco industry hobbles the capacity of the Red Cross to confront the non-communicable diseases that have become a serious threat not only to health, but also to economic growth.

Yet apparently the American Red Cross still accepts tobacco industry "social investments", including a 2012 donation of \$100,000 for relief efforts for Hurricane Sandy. This sort of "social investment" is a form of promotion by the tobacco industry that aims to win the goodwill of the public and policymakers by downplaying the lethal nature of the tobacco business. In fact, as recently as October 2014, the American Red Cross had a dedicated page on its website highlighting its long-term partnership with the Altria Group, having received more than \$10 million dollars.<sup>1</sup> The Altria Group is the largest US tobacco corporation and parent company of Philip Morris USA, which distributes the most popular cigarette brand in the world, Marlboros. Internal tobacco industry documents have revealed that the alliances forged by these

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<sup>1</sup> <http://www.redcross.org/ADGP/AltriaGroup>

investments are used to undermine adoption and implementation of the effective tobacco control measures that protect populations from this serious health threat.

The incompatibility of tobacco industry interests with health was acknowledged by the Red Cross/Red Crescent Movement as early as 1986. In Resolution 30 of the 25th International Conference of the Red Cross/Red Crescent, it is said that “tobacco smoking is incompatible with the attainment of *Health for All by the Year 2000*,” and that “passive smoking violates the right to health of nonsmokers.” The resolution calls on National Red Cross/Red Crescent Societies to: support measures of the World Health Organization for the implementation of strategies on smoking control, encourage the total ban, restrictions or limitations on tobacco advertising.<sup>2</sup> Through the World Health Assembly, all countries of the world have acknowledged the incompatibility of tobacco and health, including with the endorsement of the Political Declaration generated by the 2011 UN High-level Meeting on Noncommunicable Diseases (NCDs).<sup>3</sup> This principle is strongly reflected in the Global Action Plan on Noncommunicable Diseases (GAP) that was adopted this year at the 66<sup>th</sup> World Health Assembly. The GAP calls for strong measures of tobacco control as outlined in the WHO Framework Convention on Tobacco Control (FCTC), including strong bans on the advertising and promotion of tobacco.<sup>4</sup> The United States government sponsored the resolution urging the WHA to adopt the GAP, which will serve as a framework for government health policy on NCDs for the coming decade. FCTC Guidelines for Implementation of Article 13 also explicitly call for banning so-called “corporate social responsibility” schemes from the tobacco industry as a form of sponsorship.<sup>5</sup>

In compliance with Movement regulations and respecting the principles of the FCTC, the International Red Cross/Red Crescent Museum in Geneva recently returned a donation from the Japan Tobacco International Foundation, thus providing a strong precedent for other Red Cross components to similarly reject tobacco industry funding. <sup>6</sup>

We call on the American Red Cross to reexamine its fundraising and communications policies and take all measures possible to protect itself and the Red Cross/Red Crescent Movement from the compromises and risks of associating with the tobacco industry. In particular, we urge it to:

- end all associations with the tobacco industry, including acceptance of funds (either for the American Red Cross or for appeals for Red Cross activities elsewhere) or collaboration either with the industry itself or with any activities that it funds
- establish clear and strong policies prohibiting seeking or accepting funding from the tobacco industry or collaboration with tobacco-industry-funded activities, and ensure that all local branches adhere to them.
- use its position of leadership within the Red Cross/Red Crescent Movement to establish clear norms against association or collaboration with the tobacco industry and encourage other National Societies to do the same.

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<sup>2</sup> International Review of the Red Cross (1986) , no. 256, 31.08.86 accessed on 10 November 2012 at <http://www.icrc.org/eng/resources/documents/misc/57jmdz.htm>

<sup>3</sup> Political Declaration on Non-communicable diseases  
[http://www.un.org/ga/search/view\\_doc.asp?symbol=A/66/L.1](http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1)

<sup>4</sup> World Health Organization Global Action Plan on Non-communicable Disease  
[http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1)

<sup>5</sup> [http://www.who.int/fctc/guidelines/article\\_13.pdf?ua=1](http://www.who.int/fctc/guidelines/article_13.pdf?ua=1)

<sup>6</sup> *Swissinfo: Red Cross Museum tries to return tobacco money*  
[http://www.swissinfo.ch/eng/culture/Red\\_Cross\\_museum\\_tries\\_to\\_return\\_tobacco\\_money.html?cid=35076824](http://www.swissinfo.ch/eng/culture/Red_Cross_museum_tries_to_return_tobacco_money.html?cid=35076824)

- publicize the adoption and promotion of these norms and policies. CVS's recent decision to stop selling tobacco products is an excellent case study in the positive publicity that this can have for the Red Cross/Red Crescent Movement and educational value that this can have for the general public as a result of media coverage.

We would be pleased to meet with you to provide further information or to explore other ways in which we could support or assist you in efforts to resolve the problem.

With highest regards,

**Phillip Gardiner, Dr. P. H.**

Co-Chair, African American Tobacco Control  
Leadership Council (AATCLC)

**Professor Richard Daynard**

President, Public Health Advocacy Institute  
(PHAI)

**Cynthia Hallett**

Executive Director, Americans for Nonsmokers  
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**Doug Blanke**

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**Laurent Hubert**

Executive Director, Action on Smoking and  
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**Maggie Mahoney**

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**John Stewart**

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**Stanton A. Glantz, PhD**

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