Uneasy money: the Instituto Carlos Slim de la Salud, tobacco philanthropy and conflict of interest in global health

Tiffany Burch, Nathaniel Wander, Jeff Collin

ABSTRACT
In May 2007, the Instituto Carso de la Salud—now Instituto Carlos Slim de la Salud (ICSS)—was endowed with US$500 million to focus on priority health issues in Latin America, notably issues of 'globalisation and non-communicable diseases'. ICSS was soon criticised, however, on the grounds that its funding was derived from tobacco industry profits and that its founder Carlos Slim Hélio remained an active industry principal. Collaboration with ICSS was said to run counter to the WHO Framework Convention on Tobacco Control. The Institute’s then Executive President Julio Frenk disputed these charges. This research employs an archive of tobacco industry documents triangulated with materials from commercial, media, regulatory and NGO sources to examine the financial relations between Slim and the tobacco industry. The paper analyses Slim’s continuing service to the industry and role in ICSS. It demonstrates a prima facie conflict of interest between ICSS’s health mission and its founder’s involvement in cigarette manufacturing and marketing, reflected on ICSS’s website as a resounding silence on issues of tobacco and health. It is concluded that the reliance of international health agencies upon the commercial sector requires more robust institutional policies to effectively regulate conflicts of interest.

The August 2007 WHO Bulletin applauded the upcoming launch of ICSS, endowed by its founder with US$500 million to address priority health issues, notably ‘globalisation and non-communicable diseases’. (See the Institute’s website for the breadth of missions included under this rubric.) Former Mexican Health Minister and then Institute Executive President Dr Julio Frenk, twice candidate for Director-General of the WHO, and now Dean of the Harvard School of Public Health, described ICSS’s ‘new model’ as one ‘that has its own internal people carry out prospective analyses, define an agenda on the basis of that analysis and actively pick partners to … carry out that agenda’. A total of 10 prominent health and development experts announced themselves in the Lancet as ‘the Carso International Advisory Committee’, explaining ICSS’s priorities as encompassing work on infection, malnutrition, reproductive health, emerging diseases and ‘challenges due to the globalisation of health risks’.

However, ICSS’s emergence and prominence raises fundamental questions for international health. Slim, one of the world’s richest men, whose holdings include telecommunications, finance and retailing, also owns a 20% stake in the Mexican cigarette manufacturer Cigarra La Tabacalera Mexicana (Cigatam), with the majority interest currently held by Philip Morris International (PMI). Having previously served on the board of Philip Morris Companies, Inc. (renamed Altria in 2003), Slim joined the board of PMI when it was spun off from the Altria parent in April 2008. His annual compensation from PMI includes a retainer of at least US$100,000, reimbursement of travel and business expenses and shares worth US$140,000.

While the tensions in Slim’s simultaneous roles as health philanthropist and tobacco industry executive went unremarked in initial Bulletin and Lancet articles, the then editor of Tobacco Control Simon Chapman described Slim as ‘a direct beneficiary of massive sales of tobacco’, and questioned how ICSS advisory committee members reconciled this with ‘the spirit and obligations of WHO’s Framework Convention on Tobacco Control’. (See also Chapman) Article 5.3 of the Framework Convention on Tobacco Control (FCTC) outlines a commitment ‘to protect [tobacco control] policies from commercial and other vested interests of the tobacco industry’. Subsequent guidelines for its implementation clarify that this encompasses ‘protecting against interference not only by the tobacco industry but also … by organisations and...
individuals that work to further the interests of the tobacco industry’ (emphasis added).25

In responding to this critique, Executive President Frenk minimised Slim’s tobacco holdings and insisted that ICSS’s endowment was based entirely on shares from the telecommunications company América Móvil and the infrastructure development corporation Ideal: ‘No funds whatsoever derive from any financial or industrial interests in the tobacco industry’ (emphasis added).18 Chapman’s response to Frenk was rejected,24 and subsequently, the issues have not been explored within the scientific literature, while ICSS’s expanding governmental and NGO collaborations have heightened the need for such analysis.

This paper documents Slim’s past and, more importantly, current involvement in tobacco corporations, detailing tobacco’s significance in the development of his Grupo Carso (GC) and his historic and ongoing strategic value to the global tobacco industry. It examines apparent conflicts of interest issues raised by these relationships and concludes that such conflicts present wide ranging concerns for international health policy that extend beyond Slim’s role in ICSS or tobacco industry involvement in health charities most generally.

METHODS

Litigation against tobacco companies in the USA has resulted in the public release of more than 11 million internal tobacco industry documents since 1998,25—27 with new lawsuit discoveries required to be made available through 2008.28 In 2006, a US federal court extended this period for another decade, and additional documents continue to be added pending the final resolution of that suit.29 We searched this material via http://legacy.library.ucsf.edu/ between April 2008 and November 2009.

From initial keywords including ‘Carlos Slim’, ‘Cigatam’ and ‘Mexico’, searches were expanded via snowball sampling, producing new search terms including dates, names and file storage locations.30 Approximately 300 relevant documents were retrieved, of which 42 were critical to this study. We also searched websites and media reports related to Slim, his businesses and philanthropy, to Altria and PMI, and to Mexico/Latin America and public health, and critically re-evaluated findings in light of expanding understandings as documents were triangulated across multiple media, regulatory, academic and public health sources.31

The analysis is subject to the usual limitations of archival research: the documents are not a systematic sample nor do they permit reconstructing the universe from which they arose.32 Many industry documents were withheld with court assent as being legally privileged and the magnitude of potentially relevant documents that were withheld, despite discovery requirements, is unknown.33

Further, while the ‘ageing’ of these documents may raise some methodological questions, they have been used here in corroboration with other sources in what has been termed ‘tobacco documents-anchored research’ (Edith Balbach, personal communication, 14 June 2010). The documents presented here substantiate a longstanding pattern of financial and political relations between Carlos Slim/GC and Philip Morris/Altria/PMI. We have further documented such relations up to the present through a wide range of institutional web sites, news reports, ‘grey literature’, financial filings, etc.

A clear further limitation to this analysis, however, arises from the difficulties in disentangling the relationships of profit, power and prestige involving Slim personally, GC and subsidiary and parallel businesses, Fundacion Carlos Slim and subsidiary charities including ICSS, the Slim family as a collective entity and individual Slim family members and/or dependents. This complexity is exemplified in the instance of the 1.5 million Altria shares reported as being owned by Slim, ‘mostly indirectly through Inmobiliaria Carso’, in 2005.34 In a 2009 US Security and Exchange Commission filing, Bronco Drilling—owned by Inmobiliaria Carso and the GC financial company Banco Inbursa35—was required to report that, due to their majority control of Inmobiliaria and Inbursa, Slim, his three sons and three daughters effectively constituted a legal entity that ‘beneficially own(ed)’ all of Bronco’s shares.36 Similarly, as of

**Figure 1** Carlos Slim/Grupo Carso tobacco timeline.

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2009, GC reports that 12 Slim relatives, including 5 sons and 2 sons-in-law, sit on the GC Board and occupy top executive positions in GC subsidiaries.\(^4^7\) While such relationships may be unexceptional among Mexican elites, they increase the latitude for *patronismo*, that is, control through relationships of family, dependency and social obligation. Consequently, what Slim effectively controls may be substantially greater than what he personally owns. Similarly, as we observe below, Slim’s influence on the operations of ICSS do not appear circumscribed by his want of a formal institutional title.

Finally, because we have organised our findings somewhat thematically, we have provided a timeline to clarify the chronology of events in figure 1.

**RESULTS**

**Slim, tobacco, ICSS and health: finance, function, influence and interests**

The relationships between ICSS, Carlos Slim and the tobacco industry remain rooted in the finances of the Slim/GC commercial enterprise and in the services to the tobacco industry that Slim continues to provide. They have been and remain arguably antithetical to national, regional and global interests in public health.

**Origins of ICSS funding**

Evidence from internal tobacco industry documents and web pages published at [carlosslim.com](http://carlosslim.com) challenges Frenk’s assertion that ICSS funds do not derive from the tobacco industry.\(^1^8\) The website notes that GC (originally Grupo Galas) was incorporated in 1980 ‘to obtain the majority stake in Cigatam, in which Philip Morris was a 29% partner’.\(^3^8\) While GC expanded dramatically via successive purchases in the 1980s and 1990s, the investment in Cigatam was ‘the first and most important because of its cash flow, providing the Group with sufficient liquidity to capitalise on available opportunities and thereby increase its acquisitions of big companies’ (emphasis added).\(^3^9\)

By 1995 Cigatam was Mexico’s most profitable domestic cigarette company, generating 24% of GC’s revenue and 32% of its net income.\(^4^0\) In 1997, immediately before Slim was elected to its board of directors,\(^4^1\) the Philip Morris parent company increased its stake in Cigatam to 50%, paying GC US$400 million.\(^4^2\) Shortly after the inauguration of ICSS in 2007, Slim/GC further profited by selling an additional 30% of Cigatam to PM/Altria\(^4^3\) at a price of US$1.1 billion.\(^4^4\) By 2008, Cigatam commanded 55% of the Mexican cigarette market and continued to increase its profits.\(^4^5\) \(^4^6\) The Slim/GC enterprise continues to benefit from its remaining 20% share of Cigatam,\(^4^7\) as well as from holdings in PM.\(^4^8\)

During the early 1980s, Slim/GC also became the largest shareholder in Cigatam’s main competitor, Cigarra La Moderna (CLM), which was partnered with British American Tobacco (BAT), though seemingly less openly than was Cigatam with PM.\(^3^8\) \(^4^8\) In 1985, ostensibly ‘to avoid antitrust problems’,\(^4^9\) Slim sold his 40% stake in CLM (which then held a 75% share of the Mexican market)\(^5^0\) to competitor/colleague Alfonso Romo Garza for US$32.4 million.\(^4^9\) \(^5^0\)

The local power and profitability, as well as the attractiveness of these two Mexican companies to the international tobacco industry continued to increase. Though formally competitors, Cigatam and CLM were described as functionally cooperative, being said to constitute an effective merchandising duopoly\(^\)\(^5^1\) that controlled 98% of Mexico’s cigarette market in 1997.\(^5^2\) In 1990, when the government of Mexico shut down the parastatal Tabacos Mexicanos (Tabamex) leaf-buying agency for reasons of corruption and incompetence (Tabamex had been established in 1972 to protect growers from cigarette manufacturers’ buying practices),\(^5^3\) the tobacco duopoly vigorously refilled the vacuum: Cigatam’s leaf-buying arm Tabacos Desvenados (Tadesa)\(^5^4\) together with CLM’s leaf-buying division Agroindustrias La Moderna\(^5^5\) came to dominate the trade in Jalisco-Nayarit and Veracruz,\(^5^3\) \(^5^6\) \(^5^7\) where 92% of Mexico’s tobacco is grown.\(^5^8\) Philip Morris’ interest in increasing its control of Cigatam and BAT’s in buying CLM have both been attributed in part to this enviable control of both ends of a large and growing national market.\(^5^1\) When the Garza family sold its share of CLM (which it owned through Empresas La Moderna (ELM)) on to BAT in 1997, they received an astounding US$1.7 billion\(^7^1\) \(^7^2\) \(^7^3\), a 500% profit on their 1985 investment; thus, demonstrating the rapidly rising value of the Mexican cigarette market. Meanwhile, in 1996, the year before PM increased its stake in Cigatam to 50%,\(^4^2\) the Mexican company contributed US$3.4 million in license fees to Philip Morris for manufacturing Marlboro and Benson & Hedges, and almost US$90 million in dividend payments.\(^4^0\)

Slim’s direct involvement in PM/Altria intensified during his service on the company’s board of directors from 1997 to 2006, and he benefited additionally from annual retainers and share accumulations.\(^6^0\) Altria’s 2005 Annual Report, the last full year in which Slim served, showed him owning over 4 million company shares, almost 1.5 times that of then-Chairman Louis Camilleri.\(^6^0\) In 2000, Slim purchased 5.9 million shares at greatly depressed prices,\(^6^1\) selling them for a profit of US$63 million 1 year later.\(^6^2\) Slim retained 1.5 million Altria shares when he retired from its board in the spring of 2006.\(^6^3\)

Thus, while ICSS’s endowment might have come immediately from shares of the telecommunications and development companies América Móvil and Ideal,\(^1^0\) it was profits from Cigatam/CLM/Tadesa and Slim’s multiple relations with PM/Altria that financed GC’s expansion into those industries. Tobacco money enabled GC to purchase a share of the privatised Telefones de Mexico (Telmex) from the Mexican government in 1990, which became the basis of GC telecommunications holdings,\(^3^9\) \(^6^4\) from which América Móvil was spun off in 2000.\(^3^9\) Ideal was similarly spun off from Grupo Financiero Inbursa in 2005,\(^5^5\) which had functioned for CG to ‘to invest and manage excise tax ‘float’ funds’,\(^4^0\) that is, taxes Cigatam collected continuously from cigarette sales, but only paid over to the Mexican government periodically. PM documents and [carlosslim.com](http://carlosslim.com) web pages demonstrate that ICSS’s funds originated in the tobacco industry as illustrated in figure 2.

**Carlos Slim’s strategic value to PM**

Documents indicate that PM viewed Slim’s presence on its board as useful to its relationships in Mexico and with the Mexican–American community. When Venezuelan tobacco executive José Antonio Cordido-Freytes retired in 1994,\(^5^6\) PM sought to fill his board position from among a list of ‘candidates of Hispanic origin and … members of the outgoing cabinet of President Carlos Salinas of Mexico’.\(^6^7\) In 1997, after increasing its share in Cigatam,\(^4^2\) the Philip Morris parent company announced the election of Carlos Slim,\(^4^1\) hailed by then Chairman and CEO Geoffrey Bible as ‘an absolutely brilliant businessman who brings to our company extensive expertise in the international marketplace’.\(^4^1\) A total of 46 US Hispanic elected officials, publishers, corporate heads and community activists were identified as receiving a letter from Bible calling
Instituto health issues with a government of
tell you what a breath of fresh air it is to discuss important
engage the Health Minister in a stimulating discussion. I can
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[42x369]relations with the Hispanic community
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[42x457]valuable insights to our company concerning the
[42x468]s appointment.68 69 Bible described Slim as
brining valuable insights to our company concerning the
international marketplace, US–Mexican relations, and our
relations with the Hispanic community’.70

Even before his elevation to its board, however, Slim had been
serving as a PM conduit to the Mexican government. Without
a ‘real corporate affairs function’ in Mexico, PM had ‘tradition-
ally relied on the chairman ... of our corporate partner [that is,
Slim] ... to represent us in these matters’.71 If anything, this
reliance intensified: in 1999, PM’s Vice Chairman for External
Affairs and General Counsel Murray Bring thanked Slim for
having him and his wife as personal guests and for arranging
meetings with key Mexican ministers. Bring appreciated Slim’s
arrangement of a ‘very productive and constructive’ meeting
with President Ernesto Zedillo and ‘the opportunity to meet the
Treasury and the Health Ministers at your home ... [and] to
engage the Health Minister in a stimulating discussion. I can’t
tell you what a breath of fresh air it is to discuss important
health issues with a government official who is both intelligent
and open-minded’.72

Slim’s value to PM was further demonstrated when the
company made a substantial donation to a Slim family charity
consistent with its wider ‘influence’ strategies.73 Shortly after
the death of Slim’s wife Soumaya in 1999, a Philip Morris
Mexico executive recommended making a contribution in her
honour to the Telmex Foundation in support of programmes she
had championed.74 Bring seconded this proposal, observing it
was ‘consistent with [PM’s] own corporate contributions’ focus
on food and hunger’, and recommended a gift of US$100 000 to
recognise ‘an active Director ... who is making, and continues to
make, a significant contribution to the Company’.75 Acknowl-
edging Bible’s ‘concern that our contribution not appear to
Carlos to be paltry’,76 Bring noted this would allow them to
‘advise Carlos that this is equal to the largest contribution we
have ever made in these circumstances’.77

In March 2008, less than a year after the launch of the ICSS,
Slim became a director for the newly independent PMI, when it
was spun off from the PM/Altria parent company.76 His general
directorial duties are to ‘foster the long-term success of the
Company ... [by] establishing broad corporate policies, setting
strategic direction, and overseeing management, which is
responsible for the day-to-day operations of the Company’.78
Specifically, he serves on PMI’s Regulatory Affairs and Product
Innovations Committee, which could be understood as a
continuation of his de facto regulatory affairs services for PM/
Altria, and on the Finance Committee that makes such strategic
decisions as setting the limits for corporate debt and borrowing,
and setting dividend payments.45 Moreover, under New York
Stock Exchange rules, among all PMI’s directors, only Slim and
CEO Louis Camilleri could not be considered ‘independent’:
Slim’s ownership of and executive position with Cigatam made
him effectively a member of PMI management under US regu-
lar rules.19

Who controls ICSS?
If Slim had no further role than the financing of a health charity,
itis would still present a problematic case of ‘white coating’—the
tobacco industry clothing itself in the respectability and good-
will of medical research and healthcare provision.77 78 While
Slim appears to have no official role in ICSS per se, he remains
the Chairman Emeritus of GC,19 within which ICSS and its
parent the Carlos Slim Foundation, are described as ‘a funda-
mental part of Carlos Slim Helú’s business strategy and
culture’.79 As Slim has stepped back from the day-to-day
management of GC’s commercial activities, he has focused more
on managing its charitable foundations.39 It was over his
signature that the Grupo Carso Plan 2009 reassured ‘employees,
clients, investors, suppliers and the general public’ (our transla-
tion) that, despite difficult economic times, GC remained
profitable and committed to its charitable projects, among
which were detailed ICSS programmes for reducing maternal
and infant mortality and increasing breast cancer awareness.80

As the public face of ICSS, Slim involves himself directly in
ongoing activities at high levels. In June 2008 the First Lady of
Panama met with Slim ‘to sign an agreement that will allow
Carso Health Institute and the government of Panama [to]
implement joint actions in matter of [maternal and child]
health’.81 A subsequent announcement by the First Ladies of
Honduras and Panama that ICSS was partnering with their
Coalition to combat stigmatisation and discrimination against

Figure 2  Financial flows between
Carlos Slim enterprises and
transnational tobacco companies.
people with HIV/AIDS stated that ‘Slim will support the [Coalition of] First Ladies of Latin America in its campaign against AIDS’ (our translation).82

As recently as February 2010, Slim presided over the inauguration of a new Slim Initiative in Genomic Medicine, a collaboration with the joint MIT/Harvard-based Broad Institute and Mexico’s National Institute of Genomic Medicine, demonstrating his ‘visionary commitment to public health in Latin America ... and his interest in the improvement of health in the region’ (our translation).83 While it is not possible to specify Slim’s contribution to the establishment of such high-level alliances, his visible participation nonetheless remains important to the public functioning of the health charity.

Similarly, although Slim does not sit on the ICSS board of nine directors,84 only one, physician Dr Octavio Ruiz, appears not to have crosscutting relationships with Slim/GC/ICSS. Of the remaining eight, three are family members (son Marco Antonio, also CEO of Inbursa and a GC director;85 son-in-law Arturo Elias, a GC director and a key Telmex executive,87 described as Slim’s spokesman85; and daughter Vanessa), a fourth is a GC executive (Raul Zepeda, a Telmex attorney and Inbursa director86), two are directors of GC and/or its subsidiaries (Jose Kuri and Roberto Kriete86), the seventh, Dr Guillermo Palacios y Santos, received the 2009 ‘Carlos Slim Prize for a Research Career’ (our translation) worth US$100000,87 and the eighth, Dr Roberto Tapia-Conyer, is employed by ICSS as its director general.88 Moreover, as a senior figure in the Mexican Health Ministry, Tapia-Conyer publicly defended the Ministry’s 2004 concessions to Cigatam, PM and BAT made in exchange for their payments to the national social security programme.89 As part of the agreement made by then Health Minister Julio Frenk, Mexico waived its authority to regulate details of advertising and cigarette package design, including agreeing no graphic warnings, and effectively undertook that future tax increase or tobacco control regulation would not financially harm the companies.90 This agreement was reached on WHO World No Tobacco Day (51 May),91 and arguably breached Mexico’s commitments under the FCTC,92 which Mexico had become the rst country in the Americas to ratify only 3 days earlier.92 Criticised vociferously by public health advocates in Mexico and abroad, the agreement was not renewed by the new government in 2006.93

Finally, it cannot be overemphasised that Slim, who is said to remain in close communication with his three sons and two sons-in-law,94 the active managers of his business interests,95 is not simply any wealthy patron. His family holdings were reported to comprise more than 5% of Mexico’s 2006 gross domestic product and to account for one-third the value on Mexico’s US$422 billion stock exchange.14 Consistently ranked alongside Bill Gates and Warren Buffett as one of the three richest men in the world,14-17 Slim’s signiﬁcance within a national economy 1/14th the size of the US substantially exceeds that of Buffett and Gates.

ICSS and the health consequences of tobacco

Global mortality attributable to tobacco is staggering in its scale and increasingly inequitable in its distribution. Total deaths are expected to rise from 5.4 million in 2005 to 8.3 million in 2050, by which point they are projected to decline in high income countries by 9% while doubling from 3.4 million to 6.8 million across low-income and middle-income countries.96 It is clear that globalisation is contributing to this shift, with the World Bank having concluded that trade liberalisation ‘has a large and signiﬁcant impact on smoking in low-income countries, and a smaller, but still important effect on smoking in middle-income countries, while having no effect on higher income countries’.97

Following 2008 population estimates, Mexico ranked 15th in the world in terms of number of male smokers (11.3 million)98 and 19th in terms of female smokers (3.8 million),99 15% to 20% of male deaths and 5% to 10% of female deaths in 2000 were thought attributable to smoking.26 As ICSS was launched to ‘prioritise work on ... emerging diseases, such as heart disease, cancer, and other chronic and degenerative diseases, as well as ... challenges due to the globalisation of health risks’,14 all characteristic consequences of tobacco smoking, it is reasonable to ask what ICSS says and does about the subject.

Neither tabaco (tobacco) nor cigarillo (cigarette) are indexed on the ICSS website. Fumar (smoking) and dejar de fumar (smoking cessation) are each indexed once and lead to the same web page described below. Tabaquismo (tobacco addiction) is indexed twice: the rst reference is that which also indexes dejar de fumar.

The principle reference to smoking is presented under a programme titled Vive Sano (‘Live Healthy’), described as ‘an innovative strategy intended to promote behavioural changes through the adoption of healthier lifestyles’. Tabaquismo is sandwiched between ‘sedentarism’ and ‘excessive consumption of fats and carbohydrates’, referred to as ‘risks of suffering non-communicable diseases’, and the focus of the programme given as an ‘emphasis on diabetes, hypertension and obesity’ (our translations).99

Vive Sano comprises five ‘objectives’: (1) ‘raising public awareness ... [through] healthful messages’; (2) ‘motivating people to adopt and maintain healthy lifestyles ... through strategies ... which endorse healthy eating, physical activity and smoking cessation’; (3) ‘offering quality outpatient medical attention’; (4) ‘using new communication technologies to support health education and promotion’; (5) ‘educating, assisting and supporting self-care and monitoring by people with risk factors ... and their families’ (our translations).100 Already Vive Sano seems weak, but its inadequacy from a tobacco control perspective emerges starkly when it is compared to the best practice recommendations of, for example, the US Center for Disease Control and Prevention; to wit: ‘preventing initiation among youth and young adults; promoting quitting among adults and youth; eliminating exposure to secondhand smoke; identifying and eliminating tobacco-related disparities among population groups’.101 Vive Sano makes no mention of youth, initiation prevention, elimination of secondhand smoke, or issues of population disparities, and its acknowledgement of cessation is vague at best. Compounding silence with misdirection, Vive Sano’s ‘objectives’ are illustrated with a frankly erotic photograph of a young woman in lycra shorts measuring the circumference of her well-toned thigh.100

The one additional index of tabaquismo on ICSS’s web site—a 2008 press release announcing ICSS’s cosponsorship of a Healthful Longevity programme in Pachuco, state of Hidalgo—mentions youth and health resource-deprived populations but only in the context of ‘treating chronic illnesses in the population of limited resources and identifying risk factors among youth’. Located in a diabetes centre, Healthful Longevity ‘is focused on evaluation of the state of health of healthy people and people with risk factors for four diseases: diabetes, obesity, hypertension and elevated cholesterol and triglycerides’. Again, tabaquismo is simply sandwiched between ‘overweight’ and ‘sedentarism’ as a ‘risk factor’ (our translations)102 with no elaboration of causes, consequences or remedies. The 2 web
indexings for *tabaquismo* contrast with a total of 20 combined returns for *obesidad* (obesity) and *sobrepeso* (overweight).

**DISCUSSION**

ICSS’s funding from telecommunication and infrastructure shares ultimately derives from the tobacco industry. By Slim’s account, it was the large cash flows generated by cigarette manufacturing, and by our analysis, additional profits from shares in domestic and transnational tobacco companies that financed GC’s expansion into these other sectors.

Frenk responded to Chapman’s critique of ICSS being funded by a tobacco magnate by accusing him of applying double standards: ‘A significant number of foundations, universities, and other civic organisations in rich countries have been established thanks to fortunes that were entirely or mostly derived from tobacco’.18 But the tobacco links at play here are not matters of ancient history: GC, which parents the Carlos Slim Foundation of which ICSS is a subsidiary, retains a 20% share in the pre-eminent tobacco company in the largest market in Spanish-speaking America,102 and Slim and his family have benefited from owning large volumes of shares in Altria and PMI. Slim’s involvement in the current fortunes of PMI is shown by his designation as effectively a member of management under New York Stock Exchange rules. By serving PMI, the founder of what would be Latin America’s most influential health charity has agreed to promote the long-term interests of the world’s leading tobacco transnational.

The profits, power and prestige of Slim, his family and GC are substantially derived from selling cigarettes; their ongoing engagement in this business suggests their continued acceptance of this activity as unproblematic. Using ‘tobacco money’ to address pressing regional health needs, even when ‘diluted’ by other revenue streams, publicly reinforces this perception.

Conflict of interest can be defined as competition between private/personal interests and those specific to a position of trust,104 and resides in the structure of situations as much as in the inclinations of individuals.105 Recognising that conflicts of interest arising from relationships with the commercial sector could jeopardise trust in the decision-making process and the integrity of decisions, WHO requires consultants to disclose not only overt interests ‘that could unduly influence the expert’s position’, but also apparent interests that ‘could result in the expert’s objectivity being questioned by others’ and potential interests ‘which any reasonable person could be uncertain whether or not should be reported’.106 These are internal guidelines formally binding only on the WHO itself. Nonetheless, being so well informed by the history of tobacco industry interference in health policy, they might stand as model for governments and other actors facing these issues.

While some degree of conflict of interest may be inescapable in public–private collaborations,104 the potential for conflicts is exacerbated by lack of transparency,107 and heightened by the appearance of deceit and/or manipulation.108 The Committee of Experts on Tobacco Industry Documents identified precisely these elements in tobacco industry activities, concluding that: ‘the role of tobacco industry officials … was often concealed … hid[den] behind a variety of ostensibly independent quasi-academic, public policy, and business organisations whose tobacco industry funding was not disclosed … relying heavily on international and scientific experts with hidden financial ties to the industry … quietly influence[ing] other UN agencies and representatives of developing countries to resist WHO’s tobacco control initiatives’.109

In 2009, a report produced in conjunction with the Third Conference of FCTC Parties (COP3), examined ongoing tobacco industry interference in Southeast Asian health policymaking,110 while WHO updated its general tobacco industry interference observations as well.111

The tobacco industry strategies we have noted—turning other UN agencies and developing countries against WHO tobacco control initiatives,109 making payments to Mexico’s Seguridad Social in lieu of stricter national legislation110 and alternating between carrot and stick approaches to financing academic medical research17—fall into a common pattern of using of cash to buy legitimacy and influence institutional and public policy while generally concealing industry interest and presence behind third parties or closed doors. Hence, the World Health Assembly caution regarding tobacco industry influences on WHO delegations,112 the singling out of the tobacco industry in WHO’s disclosure requirements,106 and the specific crafting of FCTC Article 5.3 in response.23

The fundamental conflicts identified here, passed over by ICSS without acknowledgement or proposed mitigation, already suggest that the organisation is ill suited to addressing the health challenges that it has undertaken. ICSS claims commitment to combating health risks arising from globalisation,13 yet tobacco use is the foremost cause of preventable deaths worldwide,113 and the primary vector of the tobacco pandemic is a global industry led by PMI and BAT with the collaboration of regionally significant partners like Cigatam and CLM.114 115

Frenk’s defence of ICSS concludes with a call for ‘serious research’ into the financing of foundations by harmful industries, and the subsequent generation of guidelines ‘to promote transparent and ethical behaviour from all parties, in a way that places the pursuit of health equity as the supreme value’.18 In the case of tobacco, the industry’s record of malfeasance in undermining health policy is well established, compounding the intrinsic conflicts between public health and corporate interests.70 109–111 ICSS expanding presence at the heart of Mexican and more broadly Latin American health policymaking and provision,2–6 and its strategic connections, notably through its founding Executive President Dr Julio Frenk, to the Clinton Global Initiative,6 12 116 the Gates Foundation,5 the Harvard School of Public Health,12 the Harvard/MIT-based Broad Institute,56 Seattle’s Fred Hutchinson Cancer Research Centre119 and other philanthropic and research institutions at the heart of international public health affairs mean that the impacts of ICSS actions will likely grow in consequence.

Tobacco industry threats to public health are specifically recognised in the WHO FCTC Article 5.3, requiring states to protect their public health policies from tobacco industry interference. The recently published implementation guidelines for this article explicitly state that:

> Parties should not allow acceptance by any branch of government or the public sector of political, social, financial, educational, community or other contributions from the tobacco industry or from those working to further its interests, except for compensations due to legal settlements or mandated by law or legally binding and enforceable agreements.

On the basis of the evidence presented here, these guidelines immediately put in question the legitimacy of working with ICSS by the Governments of Mexico and Spain or their agencies. While these guidelines formally speak to the responsibilities of signatory governments, it is not unreasonable to suggest that their spirit should be honoured by the health-oriented NGOs, research institutions and charities who partner with committed
CONCLUSIONS

As the authors of Global Health Watch 2 wrote: ‘[I]t matters if philanthropic spending is based on wealth that has been accumulated unethically’.126 While the implications of this observation hardly end with the tobacco industry, tobacco can, at the very least, be presented as a defining example. Despite international agencies’ increasing strategic engagement with and reliance upon the commercial sector,126 the attention given to the terms of such engagement has been strikingly inadequate. Reviews of governance arrangements for global health initiatives have consistently identified the inadequate attention paid to the screening of corporate partners and the management of potential conflicts of interest.127 128 A review of 18 public–private infectious disease partnerships found that only 4 undertook screening of potential partners,129 and I reported informally that it would ‘accept donations from donors with poor social responsibility, “but we are going to be expensive”’.128 Another report similarly found that, ‘influential actors, both within and outside WHO … regarded the very concept of conflict of interest as an obstacle to new and closer engagements with industry’.130 Such findings highlight the need for a comprehensive review of WHO’s Guidelines on working with the commercial sector to achieve health outcomes,131 a need insufficiently addressed by the WHO Secretariat’s recent report on partnerships.132

ICCS can reasonably be viewed as essentially the tobacco-funded gift of one of the world’s richest men. Its emergence as a significant force aimed at shaping the public health agenda of a continent therefore makes urgent the need for a broader debate about the role of corporate philanthropy in international health.

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The paper was based on the MSc dissertation titled ‘Tobacco, philanthropy, and conflict of interest: Assessing the Carso Health Institute’ by TB, who undertook the bulk of the industry document research. TB wrote the first draft of the subsequent paper. NW added research on Carlos Slim and his finances, the tobacco industry documents, financial filings and Slim, ICCS, industry and related websites and publications. It demonstrates that Slim remains an important tobacco company protagonist on the Mexican and international stages and that it is difficult to separate his tobacco-based earnings from ICCS’s ostensibly tobacco-free funding. This creates a prima facie conflict of interest between ICCS’s agenda to shape Latin-American health policy and research regarding the health consequences of globalisation and the sale of a product that is the leading cause of premature mortality and morbidity worldwide. With reference to the FCTC and WHO’s institutional efforts to manage such conflicts, the paper concludes that increased interaction between international health agencies and the commercial sector demands the development of more robust institutional policies and practice to protect against potential conflicts of interest.

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