

**European Citizens Against Globalization:
Public Health and Risk Perceptions**

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Many studies would argue that the diffusion of consumer products and the dissemination of scientific knowledge have encouraged greater homogeneity in the consumer markets of advanced industrialized countries (Strasser 2003; Wagnleitner and May 2000). Consumers in Europe and the US are courted by the same business conglomerates and are bombarded with the same product information, which leads us to expect that consumer attitudes and behavior increasingly converge. Moreover, North American Free Trade Agreement (NAFTA) and the European Union (EU) have entered into numerous trade agreements both at the bilateral and regional level, thereby removing nontariff barriers and increasing the flow of goods and services.¹ Greater circulation of goods and services brings increased competition, selection, and choice, and contributes to a decrease in national or regional differentiation and specialization.

From this we can make the safe assumption that consumers in advanced industrialized countries increasingly adopt similar patterns of behavior and express similar kind of preferences owing to the existence of “global” (actually American/Western) business practices and product selections. However, some striking exceptions exist. In the Western world, products are judged not only on price, quality, styling, packaging, and affordability but also on the basis of their health and environmental impact. People buy or shun products depending upon whether they are considered either beneficial or harmful. What is striking is that national markets identify different categories of products as dangerous or harmful in spite of numerous trends contributing to the homogenization of preferences, attitudes, and behaviors. When a product is deemed “immoral,” it usually involves food because this type of commodity receives more rigorous scrutiny than, say, detergent or furniture, and often encapsulates an aspect of national culture or

identity. Moreover, in the last two decades, consumers have become more demanding under the influence of the environmental and lifestyle movements of the 1970s, which drew attention to the existence of unhealthy or irresponsible corporate practices and to the unanticipated consequences of technological progress.

This paper will investigate the salience of environmental and health concerns to better understand why some products are defined as unnatural or unacceptable in the U.S. but not in the EU, and vice versa. The case studies involve tobacco and food containing genetically modified organisms (GMOs). On the one hand, as mentioned above, we would expect that consumers in the EU and the U.S. articulate more or less the same response to the appearance of new products or new information about existing products. On the other, national or regional markets single out different products as possessing special threats to the environment, community, or individual health (Beck 1992; Hood, Rothstein, Baldwin 2001; Renn and Rohrman 2000; Slovic, 2000). In the US, cigarettes and smoking have become stigmatized and labeled as highly damaging and unsafe. In contrast, in Europe, green (agricultural) biotechnology is regarded as a health and environmental threat with its attendant implication of being harmful and unpredictable.

To account for why smoking captured the health agenda in the U.S. while GMO dominated debates in Europe, this paper singles out cultural and institutional factors. A prerequisite for every movement with a specific agenda is that it must construct risks or dangers that the public recognizes as a genuine threat to the fabric of society. Although medical authorities address health risks, this does not guarantee that their message is heard and understood. For example, in the U.S., health voluntaries (e.g., American Cancer Society, American Lung Association) and medical experts were able to paint a credible risk scenario by inserting the risk of smoking in a familiar context that subsequently found a receptive audience

(Brandt 1997; Engs 2000; Gusfield 1998). Likewise, in Europe, opponents of GMO could present the potential risks to the environment, health, and farming in a language that was understood because it resonated with existing modes of thought and norms.

Cultural differences are probably of deeper significance in the case of tobacco control, which carries special American overtones and is highly unusual because it has succeeded in stigmatizing a legal product enjoyed by millions over the centuries. Whereas cultural factors also matter when comparing the fate of GM agriculture and food in the EU and U.S., an equally likely or an even more plausible explanation relates to the institutional differences between the two regions. The American regulatory machinery is considered effective and Americans trust public agencies to protect the food supply from contamination. In contrast, the European regulatory system exhibits some startling weaknesses and omissions, causing consumers to lose faith in the ability of national and European authorities to safeguard the supply of food.

Each of these points will be further elaborated below. First, the travails of the tobacco advertising ban directive proposed by the European Commission (EC) in 1989 to demonstrate the lack of interest in what ought to be considered one of the greatest public health problems of the 21st century will be examined. Next, the GMO controversy will be explored, explaining why the existence of transgenic crops and food assumed the importance it did in Europe while it was more or less ignored in the U.S. The conclusion will revisit some of the obvious differences between the U.S. and Europe to account for divergent reaction to tobacco and transgenic food as well as point out that—in spite of real existing cultural, political, and institutional differences—converging trends are nonetheless discernible.

Smoking and Tobacco Control

Not too long ago, smoking was associated with glamour and sophistication (Gately 2001). But ongoing research has drastically altered people's views of smoking as an innocent and harmless activity that enriches one's life experience. As early as the 1950s, the first English-language reports demonstrated a strong link between smoking and lung cancer. Since those first reports, many more have been published; all of them showing that smoking can lead to premature death and chronic illness. In the U.S., much of the debate has centered on the impact of cigarette smoke on "innocent bystanders" and a health/lifestyle movement emerged to push for curbs on smoking, to restrict the marketing activities of tobacco companies, and to educate the public about the dangers of tobacco (Bayer and Colgrove, forthcoming).

European Union (*EC?*) officials expressed growing concerns about tobacco and the health of European citizens in the 1980s. Although health authorities can employ a range of policy instruments (e.g., taxation, public information/education, subsidization of smoking cessation programs, restrictions on tobacco marketing/advertising, etc.) to curb smoking, in the late 1980s, the EC had to settle for regulating the ingredients and packaging of cigarettes by: (1) stipulating the levels of tar and nicotine, (2) suggesting shocking warning labels, and (3) outlawing the sale of packs of less than 20 cigarettes. Its most ambitious and thus most controversial measure consisted of a proposal to institute a Community-wide prohibition on direct and indirect tobacco advertising (TAD1).

Tobacco kills 500,000 Europeans per year (Mackay and Eriksen 2002). Yet the EC encountered strong resistance when it attempted to pass meaningful restrictions on the marketing of tobacco products. Despite strong opposition from industry and selected national representatives, the EC passed the 1989 directive outlawing tobacco advertising on television

(89/552/EEC) and later directives regulating tobacco product labeling (89/622/ EEC and 92/41/ EEC), tar maximums for cigarettes (90/239/ EEC), and minimum tax levels for tobacco products (95/59/ EEC, 92/79/ EEC, 92/12/ EEC).

The most impressive and ambitious measure related to a comprehensive ban on tobacco advertising (i.e, radio, Internet, print media as well as cinema, posters, ashtrays, brand stretching, and tobacco industry sponsorship of events in the EC). The Tobacco Advertising Directive (TAD1- 98/43/EC) stalled for years thanks to the stubborn opposition of a minority of member states (Denmark, Germany, the Netherlands, and the UK; Bitton et.al. 2002). In December 1997, it finally gained a qualified majority vote and passed the Council but was then annulled by the European Court of Justice in late 2000. The Commission submitted a diluted version of the annulled TAD1 to the Council in December 2002, which approved the new tobacco directive (TAD2). It will go into effect in 2005.

Germany, Denmark, and the Netherlands were the staunchest opponents of an advertising ban in spite of their stellar record in environmental protection and comprehensive welfare programs. The UK and Greece also opposed the directive. In all four countries (excluding Greece), private tobacco companies dominated the cigarette market and overall smoking rates were high because social norms were tolerant of smoking and gender disparities in smoking rates were negligible. All four countries also shared a strong attachment to the concept of the self-governing individual and state agencies spurned the role of “nanny” or of shaping the lifestyle habits of consumers. In the same set of four countries – Denmark, Germany, the Netherlands, and UK – industry self-regulation was the norm and tobacco companies signed “gentlemen’s agreements” promising to abstain from targeting minors, to issue health warnings, and to abide

by existing marketing restrictions (Albak forthcoming; Berridge forthcoming; Cooper and Kurzer 2004; Duina and Kurzer 2004; Read 1996).

The directive passed the Council of Ministers in December 1997, however, after the Netherlands and the UK switched sides. By 1997, the center-left was in control of government in each country and officials made a formal commitment to improve public health. In addition, three new Member States had joined the EU in 1995 and two of them (Finland and Sweden) were strong supporters of tobacco control. When it came to the final vote, therefore, in December 1997, only Austria and Germany (with Denmark abstaining) opposed TAD1.

As soon as the directive passed, the German Federal government asked the European Court of Justice (ECJ) to annul it. The position of the German government is neatly summarized by the ECJ's own rendition in its judgment document (C-376/98). The German government claimed that TAD1 lacked constitutional grounds. "Instead of promoting trade in advertising media for tobacco products and freedom to provide services in that area, the Directive almost entirely negates those freedoms" (Section 24 of C-376/98). The ECJ agreed. It noted that the Treaty of European Union states that public health should be a consideration when measures for improving the single market are being taken (Section 78 of C-376/98). The ECJ thus annulled the TAD1 in October 2000 (Hervey 2001; Tridimas and Tridimas 2002).

Undaunted, the Commission went back to work and drafted a new directive, taking into account the objections of the ECJ. The TAD2 (COD 2001/0119) was published in May 2001 and differed from the TAD1 in one important way: It banned only direct tobacco advertising (Watson 2002).² In November 2002, the European Parliament passed the watered-down TAD2 and the 15 Ministers of Health reached an agreement on December 2, 2002 to have the TAD2 come into effect in the summer of 2005.

At long last, therefore, the advertising ban would go into effect. What firmed the determination of Ministers of Health to pass the directive was fresh thinking about the social, fiscal, and psychological costs of smoking, while popular interest in health casted doubt on many previous lifestyle habits (Omar, Dolwick, and Guindon 2003). Nevertheless, it is important to note that although restrictions on the marketing of cigarettes are finally in place, Europeans are complacent about passive smoking or environmental smoke, and smoking itself has not been “denormalized” (Studlar 2004). Whereas Europeans have become more health-conscious as more consumers join health clubs and people count calories, smoking confounds this trend. Although smoking rates in the U.S. have fallen to 22.8% of the population in 2001 from 25% in 1993, in Europe they are rising— to 39.4% in 2002, compared with 33.9% in 1995 (European Opinion Research Group 2003; *The Wall Street Journal* 2004).

Moreover, although new laws adopted recently by various European countries appear to be stricter than American legislation – France, Ireland, and the Netherlands – enforcement is frequently laxer because of a lack of moral pressures to obey and implement the new rules.³ By contrast, in the US, there are high levels of individual moral expectations, which exercise palpable pressures to comply with anti-smoking regulations.

Thus, there continues to be a considerable gap in approaches and norms between the U.S. and the EU. This discrepancy can be traced to two cultural factors and one institutional difference. First, Americans tend to worry more about cancer than Europeans. In 1937, Congress established a separate cancer institute (National Cancer Institute) to pour resources into research at a time when coronary heart disease killed twice as many people as cancer. After 1945, the “war against cancer” dominated the popular medical debate as postwar affluence shaped new demands for good health and gave rise to fears of premature death. In Europe, war reconstruction

delayed the arrival of prosperity, while many European officials did not single out a specific disease for special government intervention (Patterson 1987).

American anti-tobacco forces were able to construct a credible risk partly because smoking could be linked to cancer. The U.S. is one of the few OECD countries that evolved a separate body of risk assessment to regulate carcinogens in food, air, waterways, workplaces, and drinking water. By one account, since the early 1970s, 21 different laws identify carcinogens for special treatment (Nathanson 1999; Vogel 2001). American obsession with cancer, in turn, can be traced to the fact that the American discourse calls on individuals to be responsible and maintain good health. Considering that individuals are supposed to make appropriate choices, it seems especially relevant to have an environment in which people can make career and life plans without having to accept unreasonable risks due to possible deadly contaminants (Cranor 1993; EPA 1992; Harrison and Hoberg, 1994). Cigarettes pose unacceptable risks to bystanders and therefore detract from the genuine efforts made by individuals to avoid unhealthy activities (Petersen and Lupton, 1996; Valverde, 1998).

Aside from the cancer link, the anti-tobacco forces had another cultural advantage over similar kinds of movements in Europe. American society is tolerant, for want of a better term, of state paternalism and public moralizing. Historically, the U.S. has had quite a few health-related social movements dedicated to altering individual behavior. American society is in this sense susceptible to movements in which health risks and individual behavior are linked (Morone 2003; Nathanson 1999). The American rhetoric on smoking emphasizes both the victimization of the smoker by Big Tobacco and the rights of the nonsmoker to expect clean air. Over time, the thrust of the discourse shifted to the rights of the nonsmoker and smoking turned into a vice or an indicator of moral febleness. Because nicotine is addictive, activists have a ready defense

against the allegation that consumers should be free to make their own decisions; most consumers do not 'choose' to smoke and would prefer to quit. Furthermore, according to tobacco control activists, the right of the self-governing individual should never be at the expense of the health of others. Passive smoke is said to harm others, especially innocent bystanders such as the unborn, children, and spouses.⁴

Passive smoking has gained enormous attention in the U.S. precisely because it is an answer to the nettlesome question of how to balance the risks versus the pleasures of cigarettes. The nonsmoking (not just anti-smoking) movement orders people to abstain from smoking because of the harm it may cause to others. This message has put enormous psychological pressures on the smoker to remain invisible and considerate of the needs of others. Many European governments have taken a more nuanced position on the question of suppressing the right to light up a cigarette in private spaces. The European approach to public health involves communal or environmental perspectives and is less ready to single out individuals for bad behavior or irresponsible decisions. Whereas the European public may in fact prefer smoke-free bars and restaurants especially since a minority (of a solid one-third) of the adult population smokes, there is nonetheless limited sympathy for forcing the service industry and the workplace to go smoke-free. Advocacy groups or nonprofit organizations in many EU Member States hesitate to propose measures that restrict individual freedoms whereas governments in countries like Germany, Denmark, and the UK are reluctant to engage in such social regulation, even on an issue of demonstrated individual and community public health risk (Hood, Rothstein, and Baldwin 2001; Brandt forthcoming; Sweeney 2004)

At the same time, it is important to remember that American political structures generate unique dynamics not replicable across the European context. The battle against Big Tobacco was

long and drawn-out and throughout this period the Federal government, and especially Congress, were receptive to the interests of cigarette companies. The anti-tobacco movement had to find alternate venues to pursue its policy agenda. They focused their resources on state governments and forged alliances with state officials staffing public health agencies and with local health voluntaries (e.g., American Lung Association, American Cancer Society, etc.). Many of the first laws against smoking in public were passed in states such as Minnesota and California (Bayer and Colman, forthcoming; Studlar 2002; Wolfson 2001). Fragmented political structures were both a liability and advantage to the tobacco control movement. The permeability of the political system, especially at the federal level, gave tobacco companies access to legislators and kept antismoking activists out of the legislative loop. But state governments outside the belt of tobacco-growing states were open to experimental measures to bring down smoking prevalence and subsequently introduced higher taxes, smoke-free public spaces, youth education programs, anti-smoking programs, and restrictions on tobacco availability and sales, and public campaigns.

However, innovative anti-tobacco measures at the state level did not directly challenge the tobacco industry. Rather, again because of the peculiarities of the American political system, activists employed a second strategy by fighting tobacco interests in court (Derthick 2002). Absurdly, American lawyers, not public health officials or physicians won the anti-tobacco war. Because the American regulatory style is open, adversarial, formal, and legalistic, public interests have the opportunity to challenge federal agencies or Congressional decisions in the courts and can rely on extensive tort litigation to hold the private sector accountable for harms caused by the use of a product. Over the decades, legal suits filed against the tobacco industry were decided in favor of the industry. But in the mid-1990s, trial lawyers adopted a new strategy based on aggregation of cases and filed private class action tort and state health care

reimbursement suits. The anti-tobacco camp won the cases owing to the release of damaging documents and change in public opinion (Parker-Pope 2001; Pertschuk 2001; Rabin 2001).

The tort litigation option has been widely studied in other countries but not widely emulated (Derthick 2001; Studlar 2002). Tobacco control activists in Europe cannot use the court system as a back up strategy if they fail to make progress through the normal political channels. However, the developments in the U.S. certainly have provoked interest and reflection in Europe. As norms and tolerance of smoking have perceptibly shifted, it has become acceptable to discuss the costs of treating smoking-related illnesses in public. In France, a local public insurance agency sued four tobacco companies to recoup funds spent to treat sick smokers to no avail (Alvarez 2003). Altadis, the successor company of the state-owned Spanish and French tobacco firms, was absolved in the 13 individual tobacco-related lawsuits filed against it in Spain and France. (Altadis News 2004). Tort litigation is much harder in Europe and public opinion does not castigate tobacco companies as the “bad guys” who need to compensate state agencies and individuals for the harm they have caused. Tobacco control is part of the public health agenda of every advanced industrialized countries, but its scope and effectiveness vary depending on whether society accepts certain premises about the moral status of smoking.

GM Controversy in Europe

Until very recently, smoking and tobacco have not prompted great health and environmental concerns in the EU. In contrast, the European public and nongovernmental organizations have agonized about and mobilized against GMOs. Because food products travel freely in the EU, the Commission is by necessity involved in the debate on GMO technology by assuming responsibility for setting common standards to ensure the free circulation of goods. Moreover, each Member State possesses a huge body of food law since bureaucrats began to

combat food adulteration, fraud, and dangerous foods during the earliest days of lawmaking. Because these national provisions generally constituted trade barriers, foodstuffs were among the Community's first priorities for harmonization to eliminate trade barriers. By the same token, Community institutions must pay heed to local traditions and food preferences; thus, the system of regulation that eventually evolved was complex and ingenious as it aimed to reconcile the tensions between product safety, market integration, and legitimate national regulatory concerns, relying on a mixture of expert committees, public agencies, and private bodies (Buonanno, Zabloutney, and Keefer 2001; Vos 2000).

In the minds of the European public, GM food is associated with a high probability of exposure to harm or danger. In contemporary analysis of risk, perceptions or probability of harm contain a futuristic element in that they refer to the inability to know the future consequences of a new technology (Giddens 1999). Genetic modification of plants falls under the term of "manufactured risks," something that is accidentally and unwittingly a byproduct of modern technology, are limitless and indefinable, uninsurable, and potentially catastrophic (Beck 1992). Expert communities are frequently called upon to assess risk scenarios, but they have been unable to resolve questions about long-term consequences. Their inability to give straight answers to problematic questions has fueled the public debate. In general, biotechnology divides the public and expert communities in Europe as scientists tend to minimize the risks while lay observers express deep concerns about the political, moral, and ethical dimensions of genetic innovation (Wales and Mythen 2002).

From the beginning, the Commission has had two different objectives in GMO regulation. First, it has tried to reconcile divergent risk assessments, which can undermine the internal market. Second, it has sought to protect consumers from unsafe food. The Commission

has produced numerous laws to address the complex dynamics of transgenic food products. The former DGXI (Environment and Consumer Policy) drafted the Contained Use Directive (90/219), dealing with laboratory experiments and requiring the user to carry out prior risk assessment. The Commission also issued the Directive on Deliberate Release in 1990 (90/220), requiring manipulated organisms intended for release into the environment to acquire official approval and undergo risk assessment studies prior to import, marketing, or release. Both directives provoked a storm of protest from industry, scientists, and the U.S. Immediate attempts were made to reform directive 90/219, which was finally amended in 1998 and introduced more scientific rigor in the classification of risk potential of micro-organisms and fell more closely in line with international standards (Patterson 2000). The Novel Foods Regulation (97/258) dealt with food products that contain, consist of, or are produced from GMOs and introduced the idea of labeling although it was soon supplemented by the Novel Foods Directive (1139/98) proposing the need for a label if “substantial” modification had taken place (Galloux, 1998; Hunter, 1999; Kettner 2001).

Although the Commission worked to clarify the confusion about formulating common principles of risk assessment and management, the European public harbored considerable skepticism with regard to green (agricultural) biotechnology (Gaskell, Thomson, Allum, 2002: 356). The reluctance to accept GMO technology as harmless or beneficial came to a boil in late 1996 after it was disclosed that a large shipment of Roundup Ready soybeans (produced by Monsanto) were ready to enter the EU market. Environmental groups organized an anti-GMO campaign with the potential to claim the support of a large proportion of the European public. Some governments (France, the UK, and the Netherlands), initially receptive to GMO technology, buckled under and declared their support for a temporary halt on the marketing of

GM products. The matter reached a stalemate, however, when the governments of Austria, Italy, and Luxembourg invoked the safeguard clause in directive 90/220 to ban the import of GM soybean. After the unilateral declaration, the Commission was forced to issue a moratorium on the production and distribution of GM seeds and food in 1998, a situation that annoyed and continues to bother U.S. government officials and American farmers (Becker and Barboza 2003).

The opposition to GMO is routinely attributed to Europe's espousal of the precautionary principle. Its formulation, succinctly stated, is that it is better to err on the side of caution, or "better to be safe than sorry" (Majone 2002; Vogel 2001). European officials claim that, in the absence of scientific proof of risk, nobody should assume the absence of risk. Therefore, officials should undertake proportionate measures to remove or reduce threats of serious harm. Not knowing what the long-term detriments are of GM seeds/food, the EU position is that we must assume that the product is not safe unless otherwise proven. U.S. trade negotiators believe that this attitude prevents the unwarranted entrance of GMOs into the EU market. To them, this type of reasoning must conceal ulterior motivations. In the U.S., after all, hardly a debate has occurred on GMO. Yet Americans are very health conscious and are equally obsessed about "risks."

However, Americans define risks differently and hold very different ideas about food and food production. For one, agriculture carries different connotations in Europe because farms are smaller and located closer to cities. Farming is seen as more of a special institution that is integrated in urban life and helps sustain disadvantaged regions and the environment (Ledilow 1999). In the U.S., farming is highly industrialized or mechanized, capital intensive, removed from urban centers, and found in thinly populated states. Americans perceive farming as yet another industry on par with auto making or steel production. They do not harbor the same sentimental ties and ethical concern for the preservation of rural life (Echols 1998).

Accordingly, European citizens favor traditional foods and minimal processing, while being skeptical of new technologies. In contrast, Americans have been more willing to accept new technologies, an attitude that encourages business innovation and a flexible regulatory system supportive of changing technology. Accordingly, the Commission has lent support to the preservation of traditional agriculture and actively promoted natural products over the years. The FDA on the other hand has banned raw milk cheeses and traditional cured meats because they are deemed unsafe.

Nevertheless, cultural idiosyncrasies are only part of the explanation. What seems of greater importance is that GMO development took place in totally different political-institutional circumstances. One major difference is that Americans trust their regulatory machinery whereas Europeans do not. In spite of their cozy ties to industry, Americans are generally satisfied with the functioning of the EPA, FDA, and USDA (all three of them claim authority over GM food), while Europeans doubt the competence of regulatory agencies and the veracity of its official statements (Bray 2003; Gaskell, Thomson, Allum 2002). These doubts turned into public outrage and colored opinions on green biotechnology. In turn, European interest groups have exploited discontent and negative views with respect to agricultural biotechnology to raise their public profile and launch political actions against GM food (Bernauer 2003).

What fed public outrage and distrust were the shocking revelations of genuine mismanagement and regulatory omissions by the Commission and national agencies. Of the many incidents contributing to public outrage none caused as much distress as the news about bovine spongiform encephalopathy (BSE; Mad Cow disease; Chambers 1999). Apart from being upset by the thought that one could die from eating meat, consumers were stunned to discover that the agrofood industry was producing beef by feeding meat and bone meal to ruminants.

Above all, the outbreak of the BSE crisis in March of 1996 pointed to severe shortcomings in national and Community management in this area. In spite of considerable public anxiety, authorities in Brussels and Member States had continued to reassure consumers that BSE was not transmissible from ruminants to humans, a claim that ended up being both unwarranted and untrue.

Not surprisingly, the institutional failures epitomized by the BSE crisis resulted in a general public distrust in all Community action in the field of consumer protection (Grant 1997; Jasanoff 1997; Murphy-Lawless 2003; Vos 2000). Other food scares, many of them extensively described in the mass media, included toxic residues in chickens and salmon, dioxins in milk, unhealthy fats in margarine, sewage-contaminated meat, food and mouth epidemic, and avian flu (Buonanno, Zabloutney, and Keefer 2001). Building on this nascent consternation, European newspapers published startling headlines linking Ready Roundup soybeans with “Mad Cow disease.”⁵ In some countries, particularly France, other major scandals shook public trust in the judgment of ministry officials and experts. Earlier, the French public became aware of the cavalier attitude taken by French officials and medical experts when faced with the possibilities of HIV-contaminated blood products in the mid-1980s. Because no action was taken at that time, France registered a relatively high rate of infection among those who relied on blood transfusions or blood products (Steffen 1999). The reverberations of this crisis were still felt in the late 1990s.

In short, when the news of the commercial availability of GM soybeans spread, the average shopper suspected that the authorities were either ignorant or willfully concealing troubling information about GM food. In 2002, 4% of Europeans believed that political parties released reliable information on biotechnology, 5% put their faith in industry, 14% trusted their national government, and 48% believed the information issued by consumer organizations

(Commission of the European Communities, 2002). Trust in government organizations regulating emerging technologies and managed their risks was low with the result that risk perceptions were high (Siegrist 2000).

Although European citizens are deeply suspicious of unfamiliar agricultural practices *and* reassuring scientific pronouncements, GM also has become a target for the anti-globalization movement, which is stronger in France (much of the anti-GMO campaign was led by José Bové, member of the *Confédération Paysanne*) than in Sweden or the Netherlands (Heller 2001; 2002). Also, it has become a rallying point for organic farmers who constitute a vociferous lobby in the UK and Austria but less so in Spain or Finland, a country with the fewest qualms concerning biotechnology and GMO (Rusanen, et.al 2001). Nature lovers also have joined the anti-GMO bandwagon because they prefer to keep rural spaces open. Accordingly, GMO has become a target for critics of the decision-making procedures of the EU, a rallying point for the anti-globalization movement, and a cause for small vulnerable farmers, traditional agriculture, and environmentalists (Bray 2003).

By comparison, in the U.S. the debate on plant biotechnology took place in the early to mid-1980s, when few commercial products existed and new laws to cover genetically modified foods or plants did not exist until the early 1990s. Legislation divided responsibility for regulating GM crops and food products among three agencies: the U.S. Department of Agriculture (responsible for determining if crops grown from GM seeds posed a threat to other crops), the Environmental Protection Agency (the monitor of the environmental effects of GM crops), and the Food and Drug Agency (the regulator of the safety of GM foods). Congress decided that existing legislation was adequate to enable all three agencies to discharge these

responsibilities; therefore, legislation to specifically address genetically modified products was not needed.

In 1992, the FDA issued a policy statement announcing that it would not treat a food product any differently simply because it was grown from genetically modified seeds. The FDA's 1992 Statement of Policy also addressed the critical issue of GM food labeling. In the agency's view, labeling was only necessary if "a new plant variety differed from its traditional counterpart such that the common or usual name" no longer applied to the new food or a safety of usage issue existed to which consumers must be alerted. Since the FDA considered food items produced from GM seeds as "substantially equivalent" to those produced from conventional ones, no labeling would be necessary (Dunlop 2000; Young 2003). Indeed, according to the FDA's interpretation of American law, to require labeling would be to risk misinforming consumers, since they would be provided with meaningless information (Bernauer 2003; Joslin and Patterson 2002; Vogel and Bensedrine 2002).

Although American NGOs and branches of international nongovernmental organizations (Friends of the Earth and Greenpeace, for example) argued that labeling of GM products would be desirable, they were not in principle opposed to the technology. One of the most vocal food-related consumer groups in the U.S.– the Center for Science in the Public Interest– had no official position on the genetic engineering of foods (Echols 1998). Selected public organizations have taken a decidedly pro-business viewpoint by arguing that GM technology can alleviate world hunger and will help less-developed countries (Breunig 2001; Moore 2000). Infrequently, an activist group has tried to generate publicity for GMO and the Center for Food Safety has used legal action to review current biotechnology practices and to force through mandatory labeling. But its actions did not draw much attention because for the most part consumers did not

fundamentally disagree with the position taken by a united biotech industry and remained indifferent to the halfhearted campaigns by American consumer/environmental NGOs to publicize the issue.

From the beginning, the framing and parameters of the debate differed in the U.S. and EU. In the U.S., narrow science dominated risk assessment whereas quantitative studies sought to identify the precise health risks posed by GMO products. But in Europe, critics succeeded in challenging the narrow scientific assessment to introduce other risk dimensions and thus extend the focus to include other possible long-term unwanted consequences of agricultural biotechnology. For example, opponents raised the question whether in the absence of risks to human health and safety, society should approve of a mode of production that plays with the natural order in order to increase profits or production volumes.

American and European differences in risk assessment with respect to green biotechnology can be attributed to three trends. First, the American climate in general is more favorable to green biotechnology and regulatory agencies have passed rules to conserve this friendly environment for large agro-pharmaceutical companies. Second, the FDA was unconcerned about new processes of production and only examined the impact of new products on human health and safety. It claimed that the products resulting from GM technology were the equivalent of the conventional variety. Third, public ideas about food vary in the U.S. and EU. While upper-income households in the U.S. are willing to spend extra money to consume organic produce and products, most Americans are accustomed to mass-produced, assembly-line food. Europeans are on the surface more attached to national culinary traditions and are more likely to expect food products to be fresh and natural.

All of these points may account for why European NGOs jumped on the anti-GMO bandwagon and snatched this opportunity to raise their own public visibility and that of the issue. From the beginning, European NGOs inserted themselves in the decision-making process to try to influence the overall outcome. Environmental and consumer groups had contacts with officials staffing the former DG XI (Environment, Consumer Protection, and Nuclear Safety) and pushed hard for a process-oriented evaluation of GMO instead of an American-style product orientation. NGOs held up the Danish and German approaches, centered on the precautionary principle, to argue against self-regulation and against product-oriented rules (where the final product is evaluated for possible harmful consequences rather than subjecting the method of production to assessment; Patterson 2000).

In the mid-1990s, NGOs were able to articulate inchoate concerns and then reformulate them in the context of the prevailing climate of heightened anxiety about BSE and other contaminated foods (Bernauer 2003). For example, in France and Greece, mistrust of authorities and anti-globalization sentiments fused and became part of the opposition to GMO generally. In the UK, Prince Charles joined the debate on behalf of Britain's nature conservation and royally dismissed the idea of "tampering with nature." In Austria, small-scale organic farmers expressed deep concerns about the long-term survival of their sector if GM crops were planted next to organic fields/farms since cross-pollination was impossible to prevent. NGOs succeeded in neutralizing the influence of the pro-agro-biotech sector because Europe's was less developed than that of the U.S.,⁶ was fragmented across different national jurisdictions and R&D laboratories, while operating in a more difficult legal and business climate.

Siding with NGOs was the European Parliament, which since the 1997 Amsterdam Treaty has had greater decision-making powers and has challenged the Commission and Council

when it considered relaxing rules or granting exemptions. Members of Parliament have been especially insistent on comprehensive labeling requirements. In July 2003, after years of wrangling, the EP, Commission, and Council were able to agree on the exact threshold at which point a product will need a label indicating that it contains traces of GMO. This issue bedeviled easy compromise because the Commission intended to permit GM and non-GM foods to be sold in supermarkets side by side. Processed food, with undetectable or nonexistent GM ingredient(s), could be sold without GM labeling (Paarlberg, 2001). But Member States were unhappy and refused to approve this step because consumers wanted firm guarantees that non-GM foods were totally free of any GM elements. In July 2003, the European Parliament adopted two amendments to Directive 2001/18 (deliberate release of GMO) and established guidelines for labeling and tracing GMO from “farm to fork.”⁷

Regulation 1830/2003 (passed July 2003) on labeling and traceability provides for comprehensive information by labeling all food and feed containing, consisting of, or produced from a GMO. The European Parliament agreed that many products will contain unintended presence of GM material as contamination or mixing can occur at any point of the process, namely during cultivation, handling, storage, and/or transport. A product will be labeled GMO-free if it contains less than 1% of GM material because it is practically impossible to achieve products that are 100% pure. That compromise cleared the way for resuming the approval of requests for developing or selling GM seeds and food although the Council of Ministers was divided whether to approve the import of Bt-corn in December 2003.⁸ Thus, although many of the obstacles have been removed, GM products still face barriers when seeking markets in the EU.

Conclusion

Certain products are exposed to moral evaluations because of their putative negative externalities. However, advanced industrialized societies identify different product categories as morally suspect in spite of the fact that consumer markets have been “globalized” and people have been exposed to more or less identical scientific and product information. As I have tried to argue, cultural processes and institutional configurations account for why Americans worry about tobacco while Europeans fret about GMOs.

Cultural variables play a role since health or environmental risks must resonate with the cultural norms and modes of thinking of a society. Tobacco control found a receptive audience in the U.S. because of its history of lifestyle or health movements with moralizing messages. Nonsmoking campaigns share an established American tradition of public moralizing and of seeking to alter the habits of consumers/citizens, whereas in Europe such traditions are weaker.

During the last 10 years, while overcoming the hostility of economically powerful tobacco industries, virtually every democratic industrialized nation has enacted laws that curtail cigarette advertising, impose new taxes on cigarettes, and ban smoking in selected public arenas (e.g., hospitals, public transportation, catering industry, schools, workplace). The turn toward more forceful forms of regulation has been motivated by the perceived inadequacies of a voluntary approach based on specific agreements between industry and the state and the recognition of the long-term health, psychological, and economic burdens associated with smoking. The 52nd World Health Assembly on May 24, 1999, decided to establish an intergovernmental negotiating body to draft and negotiate a proposed WHO Framework Convention on Tobacco Control and Tobacco Control. All member countries have agreed to ratify the Framework Convention in a special plenary session in 2003. In short, what began as a

quixotic battle by health activists and consumer advocates in the 1970s has turned into a common policy target in all advanced industrialized countries.

However, until very recently, smoking failed to arouse the interest of European health voluntaries, social movements, expert communities, and political organizations. The reason for this indifference and lack of activism (until very recently) is complex but is partly due to the fact that powerful forces consisting of tobacco firms, farmers (in Southern Europe), advertisers, retailers, print media, distributors, and governments (ministries of finance) obstructed and delayed political action against smoking (Gilmore and McKee, forthcoming; Hayes 2000; Taylor, 1984). These forces were especially influential in countries that would otherwise have been at the vanguard of the European anti-smoking movement— namely Denmark, the Netherlands, and Germany. European governments in general seek solutions to public health problems in communitywide programs while individuals are not singled out and are not held accountable for their own health.

Instead, of much greater concern, is the adoption of agricultural biotechnologies. Less optimistic about science and technology in general, European consumers reject genetic engineering of essential traits of food crops out of fear that it will harm human health, the environment, and farming. Benefits of green biotechnology are moreover questionable, for they do not enhance the flavor, taste, or nutritional value of the product but rather appear to enrich the pockets of gigantic agro-pharmaceutical companies and large industry-sized farms. What spurred political action led by environmental and consumer organizations were public outrage at government agencies and scientific establishment for concealing the true state of knowledge about the long-term implications of BSE crisis for human health.

Although we will never know for sure, it could be that European concerns about GM food would have been less public or emotional if BSE and other food scandals had not erupted earlier. Had these scandals not happened, the regulatory apparatus would still be inadequate and ineffective, but the objections to GM foods could possibly have been less animated and heated. To be sure, nongovernmental organizations exploited feelings of discontent and distrust in the wake of the shocking revelations about BSE. Since risk perceptions are inversely related to trust (in that if the latter declines, the former increases), “Frankenfoods” epitomizes what is wrong with Community legislation and national enforcement mechanisms to safeguard the food supply.

Once European NGOs succeeded in forcing GM products off the supermarket shelf, several international food processing companies pledged not to use GM corn or soybean (Wales and Mythen 2002).⁹ Many of these food processors are American or at least have operations in the US. To comply with this new commitment to GM-free food products, U.S. food processors and food companies are urging farmers and seed handling firms not to mix approved and nonapproved GM seeds. Farmers, in turn, avoid growing types of nonapproved GM seeds. More significantly, Gerber, Heinz, McGain, and Frito Lay have all announced that their products will be GM-free (Young 2003). The practical result is that market pressures constrain the commercial viability of products containing or produced by GMOs as food processors, seeing the handwriting on the wall, shun this new technology. Therefore, it is possible to argue that the turmoil in Europe has frightened American food manufacturers and has convinced them to bring fewer GM products to market.

The U.S. and the EU do not differ so much in terms of risk assessments, precautionary principle, or interest group mobilization. A more accurate way of summarizing the differences is to point out that Americans define health differently and are less hesitant to focus on individual

behavior and responsibility. Smoking and cancer go hand in hand, thus giving anti-tobacco groups a powerful weapon in their lengthy struggle against the industry and its allies. In addition, American society is supportive of moralizing lifestyle movements.

Since anti-smoking measures are part of public health legislation in every EU Member State, the gap between the EU and the U.S. has narrowed. In addition, GMO has proliferated in the U.S. in the wake of the turmoil and uncertainties in Europe; thus, the gap here also has narrowed. In Europe, tobacco control was instigated from above and did not involve widespread political mobilization by social actors. In the U.S., corporate actors decided to limit their dependence on GM products afraid of a possible consumer backlash. Different political dynamics, therefore, have contributed to converging trends and developments. Cultural norms and modes of thinking continue to differ but pressures coming from above (national health agencies and corporate actors) nonetheless generate converging outcomes.

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Endnotes

¹ Nontariff barriers include quotas, import/export controls, and public procurement policies favoring domestic firms. But environmental and health regulations also may discriminate against foreign firms because they help protect domestic producers from imports, which face a higher burden.

² Many Member States had already banned advertisements in public entertainment places.

³ The Netherlands banned smoking in the workplace, but also staircase, hallways, conference rooms, cafeterias, and restrooms. It is contemplating extending the smoking ban to hotels, bars, and restaurants. Ireland banned smoking in workplaces, restaurants, and pubs. Sweden intends to introduce a smoking ban in the catering industry in 2005.

⁴ One of the first widely discussed studies (1981) of second-hand smoke compared the lung cancer rate of wives exposed to smoking husband vs. nonsmoking husbands (Bayer and Colman, forthcoming).

⁵ The French newspaper, *Libération*, published the striking headline, "*Alerte au soja fou*" linking the GM soybeans with BSE (Vogel and Bensedrine 2002).

⁶ The U.S. firm Monsanto controls 80-90% of the world market for GM seeds. To succeed and recoup its enormous investments, it needs a biotech friendly regulatory climate!

⁷ The directive sets out the principles for environmental risk assessment, postmarket monitoring requirements, including long-term effects associated with the interaction with other GMOs and the environment; mandatory information to the public with the requirement to ensure labeling and traceability at all stages of market placement. It limits approvals to a maximum of 10 years and forces firms to consult with the Scientific Committee(s) and the European Parliament. All authorization must be approved by a vote of qualified majority in the Council of Ministers. DG Health and Consumer Protection, "Question and Answers on the regulation of GMOs in the EU." MEMO/04/85 (Brussels, April 15, 2004).

⁸ Six Member States opposed the lifting of moratorium (and the commercialization of canned Bt-sweet corn): Denmark, France, Greece, Luxemburg, Austria, and Portugal. Six Member States were willing to permit the sale of Bt-sweet corn: Finland, Ireland, The Netherlands, Sweden, Spain, and the UK.

⁹ However, GM elements also are found in flavorings, additives, coloring, and preservatives. Nobody is talking about prohibiting minuscule quantities of GM matters found in these ingredients used in thousands of products. The European public still consumes trace amounts of GMO.