DECEMBER 1976 • 50¢

National Health Federation BULLETIN

NHF President Charles Crecelius with poster drawn by Cartoonist Ron Cobb of 'Vanguard' for Consumer Activist Ida Honorof. They have sued to halt vaccination program.

- **Suits Would Halt Vaccinations**
- **Congress Listened to Ford**
- **Pauling Sees No Epidemic**
- **Virus-Testing Scrutinized**

SEN. McGOVERN

Nutrition/Disease Relationship Told

McGovern Committee Hears From Top Professionals

Senators Push U.S. Office of Nutrition

We'd Be Short Nutrients If RDAs Were at Monkey Level

•

Let's Make 22nd Annual Biggest Yet!

THE
NATIONAL HEALTH FEDERATION
BULLETIN

Protection of Health Freedoms — *Published Monthly*

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CONTENTS

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Honorof, Crecelius Sue for Injunction

Swine Flu Vaccination Halt Sought in Court

Charging that government officials are guilty of "a deliberate coverup of the hazards of the swine-flu immunization program," Consumer Activist Ida Honorof, chairperson of People Against Political Vaccinations, and NHF President Charles I. Crecelius on Sept. 22 filed suit in federal court to enjoin the government from spending more money on the project "until full disclosure of the doubts and hazards" has been made to the public.

Defendants are President Gerald R. Ford and officials of HEW and the Center for Disease Control. The eight-page complaint reviews the history of the mass immunization swine-flu program from February when four cases allegedly were recorded in Fort Dix, N.J., recalling that on March 25, 1976, President Ford in a message to Congress sought a $135-million appropriation "to develop and implement plans to make the vaccine available to all Americans." He observed that ". . . we cannot afford to take chances with the health of our people."

With this statement, Ms. Honorof and Mr. Crecelius said in a press release, they "fully agree." They condemn, however, the failure of Mr. Ford and agency officials to also make public the potential hazards.

"Nothing in the President's message explained, directly or by implication, that administration of vaccines on such a scale is of doubtful merit, and of necessity is fraught with hazards to the health and life of many recipients.

"The government has engaged in a systematic, comprehensive, nationwide program to advertise, mobilize public support for, and implement the swine influenza program . . . recruiting federal agencies and state, county and municipal public health offices to inform the public of the plans for immunization, and to convince the public to request and receive the inoculation."

OPPOSITION IGNORED

"There has been no meticulous study or careful deliberation on the swine flu vaccine. The heads of the Department of Health, Education and Welfare and members of Congressional Health subcommittees did not call for opposing views — dissenting views were in fact neither sought nor permitted.

"Dr. J. Anthony Morris, FDA's leading authority on influenza trends, vaccines, and latent effects was fired in mid-July by Food and Drug Commissioner Alexander Schmidt for expressing concern about the effectiveness and risks

(Please turn the page)

associated with this new vaccine. His test animals in four laboratory rooms were destroyed by FDA personnel. Dr. Morris' study showed that a flu vaccine when inhaled by laboratory animals 'tended to enhance cancerous tumors.'"

The complaint points out that in 1972 during Senate hearings on laxity of the Bureau of Biologic Standards, "expert testimony proved that many vaccines licensed by the Bureau were substantially 'substandard, of low potency, and ineffective.' As a result of such testimony, the Bureau was transferred to the Food and Drug Administration, becoming the Bureau of Biologics. At many hearings, three of the four manufacturers presently producing swine flu vaccine were consistently revealed in a poor light, such as 'failing to report serious and even fatal side-effects of their drugs,' to the Food and Drug Administration and to physicians."

INSURANCE FIASCO

Refusal of insurance companies to indemnify manufacturers against possible lawsuits is cited in the complaint as evidence that "insurance companies obviously were aware of the true hazards—hazards which have not been revealed to the public." Congress then assumed liability by approving a $6.2 million appropriation.

Other points made by Ms. Honorof and Mr. Crecelius:

• Immunization was set to start in September and continue through November, but initially, Dr. Theodore Cooper (one of the defendants) said publicly (in April) that inoculation must start in July and be in full operation during August or September, and that "any delay beyond this timetable would doom the effort to failure," and if implemented in late September would be hazardous and ineffective.

• It has not been conclusively established that the swine flu virus is virulent, or that it even exists in man — responsible opinion in Great Britain holds that the Fort Dix cases may have been only an isolated event. "*Lancet*, respected British medical journal, has been highly articulate in its amazement and disbelief that such an irresponsible plan would be proposed and carried out by the U.S. government."

NO OTHER CASES

• There has not been a single case of contagious swine flu reported anywhere in the world since the four cases at Fort Dix in February 1976. In the past, no pandemic of influenza ever has occurred without being preceded by several local outbreaks in various parts of the world.

• Influenza vaccines in general, and swine flu vaccine specifically, "are not consistently effective in protecting recipients from the disease, nor even in causing a rise in flu-resistant antibodies. Dr. Morris says the flu vaccine now being manufactured 'produces the wrong kind of immunity.' It elicits systemic antibody measurable in the blood, but does not produce the local antibody in lungs and nose, needed to protect against infection by the flu virus."

• The risks to life and health from the high incidence of fever and other side-effects of the vaccine are substantial. Public health experts estimate that approximately 15% of those inoculated will suffer disabling illness. Arnold Chanin, M.D., states that 'most children should not be given influenza injections. The American Academy of Pediatrics never has recommended immunizing children routinely. The cumulative effects of repeated flu injections . . . is not known and may not be known for decades. Therefore, many school children without chronic respiratory disease will be unnecessarily immunized against the 1918-A-N-J virus.' Competent United States medical opinion believes the major flu-type disease to be expected in this country this winter is not swine flu, but swine flu-vaccine disease."

This information, continues the complaint, "is known to the defendants, but none of these facts have been disclosed to the public. Defendants and those associated with them have effectively concealed from the people the existence of the grave questions and hazards inherent in the mass inoculation program.

THE RIGHT TO KNOW

"Expenditure of federal funds for implementing and publicizing the program, without at the same time informing or allowing the public to know of the serious doubts and hazards involved, constitutes a violation of the people's right to know as secured by the First Amendment.

"The program is advertised as voluntary, and a matter of individual choice. However, the population is not and will not be in a position to make an informed choice or give informed consent to inoculation because the public has not been informed adequately, or at all, of the doubts and dangers involved. A national commission in August told the Center for Disease Control that more than 60 million forms printed for the swine flu program should be thrown out because they failed to explain adequately the possible risks of immunization. The flu immunization forms, printed for participants to sign, were identified as *'Registration Forms'* rather than *'Consent Forms.'* The word 'Consent' is *not* used, and the patient is not told he/she is giving permission for injection of the vaccine.

"Wherefore," concludes the complaint, "plaintiffs pray for a preliminary and permanent injunction enjoining and restraining defendants and persons acting in concert with them from continuing to expend funds appropriated by the Congress under Public Law 94266 . . . unless and until defendants have taken immediate, reasonable, and effective steps to disseminate information respecting the dangers and questions concerning the program on the same scale and with the same urgency as they have released and disseminated information in support of the program."

San Diego Man's Suit Faults Swine Flu Vaccine Program

Accompanying the complaint filed in U.S. District Court by Ms. Honorof and Mr. Crecelius is a 10-page affidavit submitted by Yale University graduate Lewis E. Cook, Jr., who has conducted research in the field of health for more than two decades.

Mr. Cook brought an action against the same defendants in San Diego where a federal judge ruled against him. "As an experienced fulltime researcher, student, counsellor, and lecturer on the cause, cure, and prevention of diseases (at Miami-Dade Community College, Miami, Fla.), and with a broad knowledge of pathology, virology, immunology and epidemiology in their application to influenza," he affirmed, "I was astonished and distressed when the government announced its plan to mass inoculate the population against what it calls 'swine flu,' and I undertook an independent investigation to determine, if possible, the genesis and evolution of the plan, its objectives, and the potential extent of hazards, risks, and abuses to the American people, and to seek full government disclosure of information to the public-at-large."

He attests that his investigation revealed:

"The vaccine is not safe – it is a poisonous substance which poses a threat to life and health; there is no likelihood of an influenza epidemic in 1976 for which swine flu vaccine could be an effective preventive agent; mass vaccination is an irresponsible scheme without merit, offering no benefits, and with an inherent potential high risk of illness or death to recipients.

"Full scientific identification and detailed definition of 'swine influenza' have not been disclosed to the public – it remains only an abstract unsubstantiated claim of a few government bureaucrats; since the occurrence of the alleged 'swine flu' incident at Fort Dix in February 1976, there has not been a confirmed case of 'swine influenza' anywhere in the world; tangible evidence that an epidemic may be a possibility in 1976 has not been disclosed; the formula of ingredients and precise method of production of the vaccine have not been disclosed; the method of determining the 'proper dosage' and 'potency' have not been disclosed.

"Unless a disease called 'swine flu' is proved to exist, a vaccine cannot be formulated which can allegedly prevent it – in fact, it is not possible to formulate a vaccine which can be proved to prevent what is called 'swine flu.'"

POISON SUBSTANCE

"This vaccine, if it contains 'killed viruses' and other chemicals as publicized, is a poisonous substance which must by its very nature produce severe adverse effects, including disabilities and deaths. Immediate and short-term effects may be obvious, but long-term effects may be difficult to ascertain although they may contribute to development of cancer and other fatal chronic diseases in many recipients. Inasmuch as it is generally agreed among scientists that a virus is a nonliving, immotile, nongrowing, inert organic element, the exact nature of 'live' or 'killed' or 'dead' virus never has been disclosed – just how something that never was alive can be 'killed' or 'dead' has not been revealed to the laity nor within the scientific community. In the same vein, it has not been explained just how these lifeless particles are able to 'attack' people and other living organisms, nor how they are able to produce diseases such as influenza, polio, and others. Lacking such knowledge, it is difficult to understand how scientists can legitimately formulate a vaccine purported to prevent a viral disease such as the alleged 'swine flu.' Information which refutes these erroneous but specious hypotheses is in the literature, although not yet generally disseminated, which explains fully the nature and function of live viruses, their essential relationship to living and dead cells, and the error of attributing diseases to viral causes.

"The probability of a 'swine flu' vaccine epidemic is high, if the mass inoculation plan is implemented; potential effects of the vaccine apparently are recognized by the vaccine manufacturers, leading them to refuse to produce and distribute it without indemnification from liability."

'TIED TO GOVERNMENT'

Mr. Cook said proponents of the program "all appear to be either tied to the government in a self-serving capacity, or within the bureaucracy itself wherein dissenting voices have reportedly been severely dealt with by termination of employment, or transfers, and threats and intimidation."

However – "even government spokesmen are 'hedging' – apparently realizing it is an unwarranted and dangerous scheme but must be vigorously pursued in spite of the risks, hazards, and costs, since it was the subject of defendant Ford's presidential proclamation which cannot be retracted without severe adverse political repercussions and embarrassment in an election year. An example is Dr. Donald J. Millar, director of the Center for Disease Control's Bureau of State Services, who stated 'I'm not saying the people who criticize us are wrong.'"

Pointing out that the government changed the inoculation goal from 215 million persons to 80 million, and that the "normal dosage has been reduced to impotency in order to reduce the high risk of death and severe illness," he suggested that this renders "the entire program a sham. Those under 18 years of age have been excluded because of severe expected side-effects, and the millions of chronically ill and aged will receive a 'special' inoculation consisting principally of A/Victoria vaccine."

(Please turn the page)

FEAR TACTICS

In comments about the fear campaign waged by the government to induce people to be vaccinated, noting that an HEW publication accompanied Social Security checks, Mr. Cook said: (The publication) "states 'The Public Health Service feels there *could* be a major swine flu epidemic in the United States this fall and winter *unless* people get vaccinated' and '*almost everyone may be susceptible* to the disease.' In questions and answers, it asks, 'Is the danger of swine flu higher for certain people?' and replies, 'Yes. Groups hardest hit include people 65 or older, and those with chronic heart or lung disease, diabetes, or chronic kidney disease.'

"It doesn't reveal," he continues, "that the risk of severe adverse effects of the vaccine, including death, is also highest for the groups mentioned. It asks 'Can the shot give me the flu?' but doesn't answer with a plain yes or no — nor does it reveal that the vaccine is likely to make a person hypersensitive and subject to much more severe symptoms than if he/she had not received a vaccination, as well as increasing one's susceptibility to flu symptoms and other diseases. The last statement on the card states that 'the Public Health Service still recommends that you get vaccinated to become protected.' The apparent purpose is to persuade senior citizens to subscribe to the vaccination plan without revealing the serious risks and hazards involved."

ANALYSIS OF PLAN

"If an epidemic were a real possibility, as alleged, the plan in its present form would leave nearly all Americans vulnerable and would not or could not prevent or lessen effects of an epidemic. The only possible effect of inoculation of 80 million persons will be to induce adverse effects ranging from minor to severe illness, hypersensitivity to any form of influenza or other disease, thus producing much more severe symptoms than if the vaccine had not been given, and thousands or millions of deaths. The cause of such deaths may be carefully covered up by attending physicians who may atrribute the deaths to pneumonia, heart attack, old age, and other causes rather than the real cause — vaccine poisoning."

If inoculations started in mid-October, and one million persons per day were inoculated (the figure set by the government as possible), and since the "flu season" starts in December, continued Mr. Cook, "at the maximum, only 45 million persons could be vaccinated before the alleged potential influenza epidemic, thus 170 million unvaccinated persons would be subject to an epidemic, plus at least 25 million of those vaccinated who would have been hypersensitized by the vaccine and first to experience severe flu symptoms, leaving only a possible 20 million who 'might possibly but without certainty' be invulnerable to influenza symptoms, and they may have been invulnerable without vaccination."

Ruth Desmond Watched It Happen

How Congress Danced to Ford Tune on Flu Indemnification

A "blow-by-blow" account of how the swine flu indemnification bill was rushed through Congress in response to White House pressure was presented by Ruth Desmond, president of the Federation of Homemakers, in the organization's July-Oct. newsletter.

Mrs. Desmond, also editor of the newsletter, said that in the 17 years of its existence, the Federation of Homemakers "has attended Congressional hearings where three of the four manufacturers of the swine flu vaccine have been revealed in a poor light . . ."

She then recounted events leading to quick congressional approval of the plus $6-million measure to indemnify drug manufacturers against possible legal damages:

"It was hoped," she wrote, "that Congress would wait until returning on August 23 to take action on HEW indemnification legislation. When the HEW bills were handed to Senate and House Congressional Subcommittees for study and immediate action, I rushed off on the mimeograph machine an *Alert* directed to members in New York, New Jersey, and Massachusetts. Envelopes were hand-addressed and in the mail to several hundred members August 6 (all-night effort).

"It was hoped sufficient letters of protest would reach key congressmen to defeat this legislation. On August 10 the President took the matter under his personal supervision—calling on key congressmen. First the bill was passed by the Senate with only a voice vote — about 20 senators present. Since

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'IMPOSSIBLE'

"The concept of effective immunization of all 215 million Americans was an impossibility from the beginning, and a deliberate hoax when promulgated, since it is beyond present physical and technical capabilities to immunize all Americans against swine flu. To inoculate 215 million persons at the rate of one million a day would take until the end of August 1977 with all nationwide public health facilities working five days a week exclusively on swine flu vaccinations. The folly of such a program is obvious, since by the time half the people were inoculated, the first recipients once again would be susceptible to influenza, since the 'effective' period would have expired. The entire swine flu story has been a series of fabrications, lies, deceptions, contradictions, blunders, mistakes, errors in judgment, misinformation, self-interest, political expedients, concealment of information, retribution, fear tactics, and utter disregard for the rights, health, lives and welfare of the public . . ."

the full House Commerce Committee could not obtain a quorum to vote on the bill, the Senate version was rushed to a specially-called meeting of the House Rules Committee where time was allocated for it to be debated that evening on the House floor – only one dissenting vote!

"Then late that evening I sat in the House gallery to hear it debated. Scare tactics were used to influence the voting. The 1918 epidemic was conjured up to frighten members. This apparently 'phantom' epidemic was compared to the polio epidemics we endured for years, with its thousands of victims. The debate on the legality of the HEW indemnification bill was brushed aside by the dramatics of proponents of the program. The final vote was cast about 8:20 p.m., with 250 members voting for indemnification, and 83 courageous members voting against it. The battle against it was led by Representatives Moss of California and Dingell of Michigan, with Representative Waxman logically agreeing with them."

Her article concluded with a listing of the names of those voting against the bill, and the suggestion members "write to express your thanks for the concern about your liability from this legislation."

The Federation of Homemakers was founded in 1959, and has been influential in consumer health legislation. Its address is P.O. Box 5571, Arlington, Va.

Testing of Live Viruses Examined

Vaccine Regulation Bureau Getting Once-Over by GAO

By INDERJIT BADHWAR

The General Accounting Office is in the first stages of kicking off a major investigation of the Bureau of Biologics, the federal agency that regulates the manufacture of vaccines and biological products.

Investigators are engaged in what one source described as a "preliminary review" of issues to be probed. And the final investigation, while it will consider BoB's performance in regulating influenza vaccines, is also expected to focus on numerous other programs of the agency.

Some years ago, under prodding from Sen. Abe Ribicoff, GAO reported that the vaccine agency had utterly failed in its mission of assuring that safe and effective influenza and adenovirus vaccines reach the market.

So severe were the consequences of this report that the agency's chief, Rod Murray, was forced to resign, and BoB was transferred from NIH (where it was called the Division of Biological Standards) to the Food and Drug Administration.

According to sources, GAO's review is expected to delve into

(Please turn to Page 10)

LINUS PAULING BELIEVES GOVERNMENT SWINE FLU VACCINATION 'SHOULD HAVE BEEN STOPPED'

Dr. Linus Pauling, two-time Nobel Prize winner, says that after it became clear "there wasn't much chance of an epidemic," the swine flu inoculation program "should have been stopped." It is "not worthwhile for people to have vaccine injected when the possibility of an epidemic is as small as it seems to be now."

Speaking from the Linus Pauling Institute of Science and Medicine in Menlo Park, Calif., Sept. 27, he made these comments to NHF President Charles I. Crecelius who taped the brief interview for replay at upcoming NHF conventions.

Dr. Pauling, whose new book, *Vitamin C, the Common Cold, and Influenza*, was published in October (available at NHF, Monrovia, $3.50), said that in his opinion "it isn't worthwhile to take the chance on side-effects – even mild side-effects – with the possibility of serious side-effects from vaccination."

Vitamin C, he said, "taken in proper amounts, will control influenza as effectively as the common cold. It's even possible to stop an attack if a large amount of Vitamin C is taken within an hour or two of the first signs of the illness. Vitamin C bolsters the natural protective mechanisms of the body in such a way as to give protection against all viral and bacterial diseases, including, in particular, influenza."

Commenting on the likelihood of a swine flu epidemic this winter, the famed scientist said: "I don't think there's going to be an epidemic of swine flu – I would be astonished if there was. There were some small outbreaks in Fort Dix, N.J., which was the basis of the vaccination program. Only 4% of the personnel at Fort Dix came down with swine flu – showing it wasn't very infectious then. Since then, for over six months, there hasn't been a single case of swine flu reported anywhere in the world.

"Studies made of patients – volunteers who received injections of the swine flu virus from Fort Dix – show that this is only a quite mild influenza, so it doesn't look very dangerous in any case. But the fact there haven't been any cases since the Fort Dix outbreak indicates very strongly there isn't going to be a swine flu epidemic."

He said that in 1918 "conditions were worse – many people were exhausted from the long war, and soldiers were bunched together in camps, exposed to flu virus under quite unsatisfactory conditions. The deaths that occurred, of course, were mainly from pneumonia, and we know how to control pneumonia much better now than 50 years ago . . ."

Dr. Morris Found One Vaccine Strain From Live Virus To Be Carcinogenic

(Continued from Page 8)

whether BoB has properly regulated the development and clinical testing of live influenza vaccines. Numerous studies are now under way to develop flu vaccines from live virus.

This research has been necessitated because a large body of scientific opinion holds, and repeated World Health Organization studies have shown, that the flu vaccines now on the market — manufactured from killed virus — are not effective in preventing the disease.

In fact, much of the opposition to the federal swine flu vaccination program stems from scientific doubts about the effectiveness of the swine flu vaccine. This vaccine, too, is manufactured from killed virus, and scientists opposed to the program argue that if history is any guide, the swine flu shots will be useless against a swine flu pandemic — should it occur.

But the development of the vaccine from live virus — some strains already have been tested in humans — has posed numerous problems. One such strain, TS(1)E, being developed by an NIH scientist as an investigational new drug, was found to be carcinogenic in independent tests conducted by a BoB microbiologist, Dr. J. Anthony Morris.

TS(1)E had already been tested in humans when Morris made his findings in carefully-controlled studies. The project was subsequently killed.

Other similar projects have had to be stopped because of adverse data, and GAO is likely to ask whether BoB should have allowed clinical (human) studies with these live virus vaccines before the necessary animal test data was completed, and whether BoB has taken any action to follow up the human beings who were used in clinical experiments.

There also are reports that BoB had some indication that it is possible for strains of live influenza vaccine to revert to wild influenza in some recipients of the shots — creating the possibility that the vaccine itself can set off the feared pandemic. The GAO study is likely to probe whether BoB took any action on the basis of this information, or whether it chose to ignore it.

Other possible areas of GAO's investigation:

• BoB has licensed WI-38 cells in growing polio virus vaccine. WI-38 is a cell line obtained from the lung tissue of the aborted human fetus. Until this development, it was usual to grow these vaccines in cells obtained from ducks, chickens, dogs, and monkeys. But these cells have long been known to be highly contaminated, and therefore a possible health hazard to recipients of vaccines. WI-38 supposedly is free from contamination, and therefore safer.

The use of WI-38 has, however, been challenged on the theoretical ground that since the vaccine is grown in fetal cells which reproduce rapidly, a cancer threat may be involved, because after all, the main attributes of cancer is the rapid and inexorable multiplication of cells. On this basis alone, BoB did not license the product for almost a decade.

But now, with the licensing of the WI-38 strain, numerous other questions have been raised within and outside BoB. A recent panel reviewing viral vaccines for BoB said in its report: ". . . One should give thought to the future availability of WI-38 cell stocks as well as to any other problems which might arise and preclude their use for vaccines."

"This statement," according to one source, "is probably a guarded reference to the fact that several potential problems with the cell line have been recognized, based on scientific data accumulated in the past two years."

For example, a cell line similar to WI-38 — it too is grown in the human lung embryo tissue — has been found to contain the so-called C Particle. Researchers believe this C Particle is related to the onset of cancer. But WI-38, used in vaccine production, has not yet been tested to see if it too contains this particle, and GAO is likely to ask why not.

And GAO is expected to look at regulation of polio vaccines, the possibility that vaccinations might "hypersensitize" recipients to the disease they are inoculated against, thereby causing a far more severe occurrence in them of the disease should they come in contact with it, and the method to measure potency of vaccines.

The present method of measuring vaccine potency is more than 30 years old, and widely regarded as inaccurate. In fact, during its last examination of BoB, GAO found vaccine potency control to be among the more serious shortcomings of BoB.

But despite that report, BoB has made no effort to change its testing method. Therefore, there is no way to ensure that the potency of influenza vaccine is what its manufacturers say it is — a shortcoming that is expected to receive special attention from GAO.

— Federal Times

DR. EVERS MOVES BACK TO ALABAMA

Dr. H. Ray Evers, specialist in chelation therapy, has moved from Louisiana to Alabama where he is operating a health spa instead of a hospital. The institution, known as Ra-Mar Clinic, is located at 4450 Richardson Rd., Montgomery, Ala. 36105. There are three telephone numbers: (area code 205) 288-8250, 281-0067, and 265-3732. Dr. Evers was in Alabama before moving to Louisiana, where, from the beginning, he met heavy opposition from the medical establishment. He says he hopes "to be free of worry," henceforth.

Vaccine Deaths Termed 'Coincidence'

Top-level health officials in HEW and at the Center for Disease Control in Atlanta reiterated that swine flu vaccine is safe, and that the 41 persons over age 60 who had died within 48 hours of being vaccinated "would have died anyway."

The deaths had an impact on the number who decided to be inoculated – how much was difficult to assess. In California, Dr. James Chin of the State Health Department said there was "no question in my mind about the safety of the vaccine." But he acknowledged that the deaths would have "a tremendously adverse effect on public acceptance of the flu shot program. Those skeptical about safety will now be convinced," he told the *Los Angeles Times*. "Those who were wavering on whether to get a shot will be more inclined to wait, and those who were convinced the vaccine is harmless will have second thoughts."

President Ford who promoted the $135-million project got his shot-in-the-arm on the fourth day of inoculations – presumably not only for his own peace of mind, but to give the program a shot-in-the-arm.

At the Center for Disease Control, Dr. David J. Sencer who put the program together following White House orders, told the press after the first three deaths in Pittsburgh that the fatalities were "coincidental," that "in any given 24-hour period there are 11.6 deaths for every 100,000 persons between 65 and 75 years of age."

And Assistant HEW Secretary Dr. Theodore Cooper, whom *Bulletin* readers may recall was described by Newsman Inderjit Badhwar with "using science to make political decisions," echoed the same line, blaming the press for emphasizing "body-count mentality," and observing, "the fact they died after getting an inoculation is not necessarily more significant than if they had died after driving their car to a shopping center."

RADIOACTIVE WASTES LEAKING IN OCEANS

Traces of radioactive plutonium and cesium leaked from concrete-filled drums dumped into the Atlantic and Pacific oceans have been found by Robert S. Dyer, EPA oceanographer, 40 miles west of San Francisco, and 120 miles east of the Maryland-Delaware border. The leakage was discovered among a fraction of the more than 60,000 55-gallon drums dumped from 1946 to 1970 under license granted by the Atomic Energy Commission.

With the Editor . . .

This Is the Way to Go!

A positive step toward freeing health professionals and the public from restrictive statutes circumscribing and proscribing certain types of therapy, and preventing water from being treated for preventive health purposes, is being taken in Oregon, and projected in Ohio.

Prepared by NHF Science Director John A. Yiamouyiannis, Ph.D., petitions are in circulation to amend Article I, the bill of rights of the Oregon constitution, by adding Section 40:

"Every person shall have the right to freedom of choice in matters of personal health where such choices do not infringe upon the rights of others. This choice shall not be denied by laws other than those necessary to assure that health-related services and products made available to the public are safe. No person shall be subjected to medical or health care treatment against his or her will; nor shall any substance be added to public water systems for preventive health purposes except for the treatment of contamination of drinking water."

In Ohio, it will be added to Article I, the bill of rights of the Ohio constitution, as Section 1A.

After the required number of signatures are obtained in Oregon, the petition will be submitted to the Oregon Legislative Council with a request it be correctly phrased, and an explanatory statement provided setting out the effects of the amendment if approved in the 1978 election.

The grass-roots approach could be used to advantage in other states, and the National Health Federation strongly recommends use of the initiative to hasten the day when freedom of choice in health care becomes a matter of individual choice.

He Was Right On That One!

It isn't often we agree with positions taken by retiring FDA Commissioner Alexander Schmidt. But to "give the devil his due," we do think he is entitled to a pat-on-the-back for his courageous handling of the cyclamate issue.

It was widely predicted that FDA would lift the ban following submission of the scientific panel's safety evaluation. But lo – Dr. Schmidt said studies suggest that large doses might cause genetic and reproductive damage, and the ban continues. His decision is proof that even what is viewed as "impossible" *is* possible – sometimes!

– D. C. M.

McGovern-Humphrey Bill Would Establish Office of Nutrition

(Part One of Two Parts)

The "faddists" have been preaching for years that diet is related to degenerative disease, so it is refreshing news when prominent physicians, in the role of expert witnesses, testify before a government committee that the relationship does indeed exist.

In fact, for two days last July the Senate Select Committee on Nutrition and Human Needs listened to testimony from a battery of medical doctors and Ph.D.s detailing "the role of diet in preventive health care, and the degree to which diet affects the causation of the killer diseases."

Summarizing the testimony in a statement published in the Sept. 1, 1976, issue of the *Congressional Record*, Senator George S. McGovern, Select Committee chairman, said the hearings "attracted active, bipartisan interest and participation by committee members." He told colleagues that in 1977 he intends to "make this subject a major area of concentration," and to "introduce legislation aimed at making preventive health care an integral part of our health policy."

This would be accomplished, he believes, by passage of S.2867, a bill "to . . . enable the United States to comprehensively plan, coordinate, monitor, and evaluate federal nutrition policies and programs by creating an Office of Food and Nutrition, requiring an annual national food and nutrition report to Congress, establishing a unified national nutritional monitoring system, and for other purposes." (It would also rename the Department of Ariculture the "Department of Food, Agriculture, and Rural Affairs.") Senators McGovern and Humphrey see S.2867 as "a first major step toward a national food and nutrition policy."

The legislation would:

- Establish within the executive branch an Office of Food and Nutrition responsible for advising the President on food and nutrition policy, coordinating food and nutrition activities and programs of the federal government.
- Require the OFN director to meet biweekly with representatives of all departments and agencies concerned with food and nutrition.
- Require creation of a nutritional monitoring system to provide guidance for the nation's food and nutrition policy by measuring the impact of the programs and policies on nutritional health.
- Require the annual presentation by the President of a national food and nutrition report setting goals for food and nutrition policy.

'WE EAT TOO MUCH'

"While a significant minority at home and perhaps a majority overseas are going hungry, many Americans are consuming too many calories," Senator McGovern wrote in the foreword to a Select Committee staff report, *Nutrition and Health II* (July 1976).

"Six out of the nine diseases among the 10 leading causes of death in the U.S. (accidents are the other cause in the 10) are believed to have overconsumption of nutrients and food additives among their causes. Obesity is a major health problem, and the food industry, stimulating consumption, produces foods with 'empty' calories and artificially-differentiated foods, relying for their appeal on salt, fat, sugar, and artificial colorings and flavorings.

"(With the) change in composition of foods and the use of food additives, we possess inadequate knowledge of food composition, and are unable to measure its impact. In testimony in April 1974 before the Agriculture Subcommittee of the House Appropriations Committee, T. W. Edminster, director of USDA's Agricultural Research Service, said there are serious inadequacies in data on the nutritive value of foods: '. . . Our reference tables on the composition of foods were last revised in 1963. The only reference table dealing with amino acid content of foods dates back to 1957. The only summarizing data on three of the more recent B-vitamins was issued in 1969. And in many of these, only a few hundred food items may be listed, in contrast to the several thousand now in the market.'"

A staff study published in December 1975 found that the country has "regressed since World War II in our understanding of the importance of nutritional health considerations to food and economic policy."

MONITORING SYSTEM

The McGovern-Humphrey bill for the first time would establish a nutritional health monitoring system which would, among other functions, "enable us to gauge the ultimate consequences of policy, and help us learn whether policy has been successful in achieving its ultimate goal — the maintenance and improvement of nutritional health. Creation of a food policy coordinating mechanism, guided by thorough knowledge of nutritional health needs, is not only advocated in documents from World War I to the present, it is dictated by common sense," says the Senator from South Dakota.

No such information is being obtained now. The Household Food Consumption Survey (Department of Agriculture) studies only what is eaten, does not measure the impact of consumption on health through physical examination and laboratory testing of biochemical condition. The first survey to measure both consumption and nutritional health—the Ten-State Nutrition Survey — was conducted from 1969-1970, then was dismantled when its findings of mal-

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nutrition began to force expansion of federal feeding programs. Its successor, the Health and Nutrition Examination Survey, has provided "useful information," says the staff report, "but its usefulness is limited because it does not identify at-risk groups by location, nor are data provided in a timely fashion . . .

"Americans have almost no access to a means of measuring their individual nutritional health. The average medical examination does not thoroughly inquire into the patient's nutritional status. The rate for heart attack among men from 35 to 44 years is five times greater when the blood cholesterol level is over 260 mg% than if it is under 200 mg%, yet how many men know their cholesterol level? Iron deficiency anemia is widespread among children and can affect learning, but how many mothers know the iron status of their children?"

LITTLE INTEREST

"The medical profession has been extremely slow to take nutrition seriously. Doctors and nutritionists consulted in the preparation of this report said uniformly that nutritional evaluation in most physical examinations is done in a cursory fashion, if at all; that no uniform standards are being applied in nutritional assessment, and that doctors generally do not follow up on prescribed diet changes even though experience indicates that the importance a physician attaches to a diet is a major factor in its success. Perhaps the most striking evidence of the medical profession's disdain for nutrition, however, are the findings of malnutrition in hospitals. Dr. Charles Butterworth says he is 'convinced that the problem of hospital malnutrition is serious and nationwide.'

"In addition to those ignorant of their nutritional status, millions are suffering diet-related chronic illnesses who need proper diet management and are not receiving it because of a shortage of qualified nutrition counselors. Dr. Lawrence Power, chief of medicine and chief of endocrinology at Detroit General Hospital, testified at House Ways and Means Committee hearings on national health insurance in July 1974: '. . . the average patient today is disabled by a disease that has been present for five or 10 or more years. The leading causes of death in the U.S. are coronary artery disease, obesity, emphysema, hypertension, diabetes, and cerebral vascular disease. All are characterized by progressive (often asymptomatic) stages of development evolving over many years. Yet 'the system' continues to address itself to 'the crisis.' Its emphasis, for example, is on the heart attack and its management, not the coronary artery disease that leads to it, and its prevention."

The national nutrition monitoring system proposed in the McGovern-Humphrey bill would include these elements:

(1) A general survey of the nation's malnutritional health every five years.

(2) A general survey of the groups at high nutritional risk every two years.

(3) Continuous monitoring of the public's nutritional health through establishment of state nutritional monitoring services – an expansion of the system now administered by the Center for Disease Control, the expansion to provide a sample monitoring inclusive of all regions and persons of all ages and income levels.

(4) A continuous monitoring system to measure the nutrient content of foods, the presence of hazardous chemical agents or food additives, or any contaminants or other potentially-dangerous material as may occur naturally in foods . . . The Report (by the President to the Congress), shall include information on the changing composition of foods, use of food additives, and other factors affecting nutritional health and food safety . . ."

HOSPITALS CRITICIZED

The Select Committee's staff report included an article from *Nutrition Today* (March/April 1975) by Charles E. Butterworth, M.D., Professor of Medicine and Director of the Nutrition Program at University of Alabama, and George L. Blackburn, M.D., Ph.D., Assistant Professor of Surgery, Harvard Medical School. It was preceded by an editor's statement: "No one is certain if hospital-induced malnutrition has always been with us and is just now being recognized by newly nutrition-conscious physicians or whether it is an unexpected byproduct of the sophisticated food-service systems now popular in institutions. Regardless of etiology, hospital malnutrition is a prevalent health problem with serious professional and legal implications . . ."

Excerpts from the Butterworth-Blackburn article follow:

". . . There is recognition that an alarming number of people in hospitals are malnourished, and that this condition is preventable in many cases. More and more health professionals are beginning to appreciate the fact that good nutrition plays a major role in wound-healing, and in heightening resistance to infection. New techniques and products have been developed which greatly enhance the ability to provide nutritional support to the patient . . . As Dr. Meiling aptly pointed out (*Nutrition Today*, May/June 1974), hospital nutrition 'is not only the doctor's and dietitian's problem, it is also the administrator's problem.' He also noted that the root cause of hospital-induced malnutrition lies in the hospital system, and until that's changed, patients are going to suffer . . . Overt vitamin-deficiency cases are . . . rare medical curiosities. By contrast, protein-calorie malnutrition (PCM) develops in the hospital, affects from one-fourth to one-half of medical and surgical patients whose illnesss has required hospitalization

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for two weeks or more . . . Patients with malnutrition, particularly protein-calorie malnutrition, do not tolerate concurrent illness well. They tend to have delayed wound-healing and greater susceptibility to infection and other complications. It is perhaps paradoxical that for 25 years or more a certain preoccupation with fluid and electrolytes, vitamins, hormones, and blood gases has appeared to divert the average clinician's attention from two of the most fundamental requirements of every patient: adequate protein and sufficient calories . . ."

ECONOMICS

We think of nutrition as being a health must, but perhaps rarely consider the economic ramifications of correct nutrition for the population. A study in 1969 at the University of Wisconsin, reported by Barry M. Popkin, researcher for the Institute for Research on Poverty, concluded that "the total economic gain to American society from the elimination of malnutrition . . . ranges from $14.5 billion to $50.3 billion. By eliminating malnutrition, millions more persons could live healthy, normal lives (and the) economic benefits accrue not only to the healthy poor, but to society in general, in terms of income, improved productivity . . ."

A BIT OF HISTORY

(What modern man knows about nutrition dates back about 230 years. In 1747 Menghini proved the presence of iron in blood by drying it and removing the iron with a magnet. Lavoisier, "Father of Nutrition," was responsible for discovery of the oxidation process and development of calorimetry. James Lind in 1753 showed that scurvy (the Vitamin C-deficiency disease) could be cured by eating citrus fruits, this discovery leading to discovery of digestive processes. In 1838 the word "protein" was introduced by Mulden, and in 1897 Eijkman produced for the first time a disease of dietary origin — beriberi — in fowl by removing the bran from their diet. Identification of amino acids came in the first decades of this century after Osborne and Mendel in 1911 recognized that lysine and tryptophane were indispensable, and that some proteins are incomplete because they lack certain essential amino acids. In 1906 Hopkins isolated tryptophane, and in 1912 showed that unknown nutrients in natural foods are essential to life. New information continued to surface from that point on).

INDUSTRY PRESSURES

The Select Committee staff report points out that since promotion of food is relevant to obesity, "it is important to know the magnitude of expenditures for food advertising. J. D. Ullrich and G. M. Briggs in 'The General Public' *(U.S. Nutrition Policies in the Seventies)* state that this amount is 'about four billion dollars yearly . . .' Not only do television networks find great economic advantage in food advertising, they would find considerable economic peril in televising ads attempting to counter heavy consumption of the foods found related to health problems. A television executive said in an interview he was free to run nutrition spots showing the virtues of eating nutritious foods — alternatives for food such as candy — but pressure from advertisers would not permit spots advising reduced consumption of foods containing high levels of cholesterol or sugar. A recent article in *The Wall Street Journal* reported that 'a large soft-drink company' pulled its ads off WBZ in Boston for a month after the station's consumer reporter read a list of '10 terrible foods,' produced by the Center for the Study of Science in the Public Interest. Included in the list were Pringels potato chips, Wonderbread, bacon, Gerber baby food, and Coca Cola."

If RDAs for Humans Were at Monkey Level

U.S. Food Supply Would Be Short of Nutrients

If the Food and Drug Administration rules against Dr. Miles Robinson and Citizens for Health Information, Inc. (10120 Chapel Road, Potomac, Md.) — and Dr. Robinson believes it will — the fight to establish higher Recommended Daily Allowances (RDAs) will be carried to an Appeals Court where an earlier victory was won, Dr. Robinson has revealed.

RDAs were established by the Food and Nutrition Board of the National Academy of Sciences, and Dr. Robinson has shown that the Board's nutrition expert, Dr. Alfred Harper, has ties with the food industry (*NHF Bulletin* June 1976). He wants to probe the issue further, and says the cost of attorney fees and printing briefs (his services and those of Dr. Donald Davis of Dr. Roger Williams' laboratory are donated), will be about $4,500, contributions toward which he will appreciate.

Dr. Robinson now has demonstrated that perhaps the underlying reason for the low RDAs desired by the food industry is that if the figure were placed where he believes it should be — substantially higher — "there would not be enough essential nutrients for everybody."

In a July 15 letter to friends of CFHI, Dr. Robinson wrote: "While we pried from Dr. Harper that the basis of RDAs is even more unscientific than we had suspected . . . perhaps most significant of all, we brought out the strange coincidence that for many nutrients, the RDAs are remarkably close to the figure of their daily total availability in the U.S. food supply divided by the U.S. population. In other words, *if all the food consumed in the country were evenly allocated, each person would barely*

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get his RDA of various essential nutrients. (em. added).

SUSPICION CONFIRMED

"This strongly confirmed our long-held suspicion that the food interests, acting through the National Academy of Sciences and FDA, have held the RDAs low in order to make the U.S. food supply look good. For if our true needs (RDAs) were higher, there would not be enough essential nutrients for everybody.

"We found the figures by a stroke of luck, just at the time of the rehearing last November. They were published by the Department of Agriculture in a somewhat obscure journal, *Cancer Research, 35:* 3246-3253, Nov. 1975, for the purpose of defending the food supply against the charge of malnutrition as a cause of cancer. The authors were happy to show that the food supply just managed to supply the level of RDAs per capita.

"For example, the present U.S. food supply as consumed provides per person only 95% of the RDA for calcium, 87% for magnesium, 102% for iron, 113% for B_6, and 117% for niacin. The average excess of supply over the RDA for the 11 nutrients listed was only 137%. No figures were given for vitamins D, E, folic acid, pantothenic acid or zinc.*

*"No deduction has been made in nutrient estimates for loss or waste of food in the home, use for pet food, or for destruction or loss of nutrients during the preparation [processing?] of food." (p. 3250).

MONKEYS GET MORE

"A relatively small increase in RDAs would automatically render the American food supply substantially inadequate – for example, increasing them by 37% or doubling them. We pointed out that NAS recommends *for the optimum health of monkeys in research work, 4 to 13 times the RDA* of various nutrients, calculated on the basis of nutrients per calorie which largely eliminates the differences in species, age and weight. (We had to make such calculations, because NAS and FDA keep such revealing correlations hidden in a veritable swamp of different terms comprehensible only to the elite).

"Increasing the RDAs to the levels given monkeys is not so extraordinary as it sounds. In the last 10 years, some of the RDAs adopted by NAS or FDA have varied as much as *7-fold.* Many of the recent changes have been downward, which has the undeniable effect of making our food supply appear more nutritionally satisfactory than before.

"Thus, the reputation of the food industry and the exorbitant profits made by sugaring and otherwise doctoring the food are protected. The industry can claim the RDAs are available, and that consumers need only to shop sensibly.

"If unprejudiced science were to confirm that human RDAs should be substantially raised, then the food supply would be clearly deficient, and the spotlight of public attention would focus strongly on the junk food now diluting the American diet.

"As for the problem of enough essential nutrients in the U.S. food supply, the first step is to reduce its wasteful dilution. If more money and energy resources are required to produce a larger quantity of wholesome food, they may be found in less expenditure for diseases prevented by better nutrition.

LULLED OR SEDUCED?

"Presently, most people are not only lulled by the propaganda praising our food, but also have been imprinted since childhood with the habit of junk food, and are not trained to distinguish between the delicate taste of wholesome natural food and the tempting "mouth feel" (the food technologist's term) produced by sugar, other sweeteners, and exotic chemicals.

"The consequent nutritional dilution means there is often a gluttonous consumption of emasculated food dependent on ignorance and betrayed instinct; an unconscious appetite for missed nutrients in the diluted food; widespread obesity and other long-range diseases engendered by the empty calories and overeating; and last, but not least, a delightful lining of the pockets of the food, drug and medical Establishments.

"High FDA officials, migrating regularly in their employment to and from the palaces of these Establishments, cannot help but select pseudo-scientific data which feathers their nests. In a crucial FDA hearing, when the chips are down and witnesses are sworn to tell the truth under rigorous cross examination, the FDA legal staff and presiding officer well know that shyster tactics are the surest protection for bad science and selfish interest. No wonder FDA uses the most corrupt procedures in its hearings it can get away with.

"Meanwhile, our annual 'health' bill has soared to $125 billion, much of it locking the pathological door after the nutritional horse has been stolen.

"To put the whole story briefly, in the prestigious halls of FDA and the National Academy of Sciences have been sheltered the scientific and legal foxes who guard our nutritional chickens . . .

"The Proxmire bill neutralized some FDA regulations, but *the RDAs remain untouched.* As you may have noticed on many food packages, FDA is in the process of requiring practically all packaged food to be labeled with its nutrient contents in terms of the percentage of RDAs. Such labelling is a step in the right direction. But letting unscientific RDAs become law fixes a low standard of nutrition for the whole country, and actually for the civilized world as well, since most nations follow our lead on this subject.

'NO GOOD REASON'

"There is no good reason why nutritional standards for U.S. citizens should not be as objective and high as for our primate cousins in the laboratory. We are entitled

Consumer Product Safety Bill Okayed

Authority of the Federal Consumer Product Safety Commission is strengthened, and consumer regulations become more uniform in a bill approved by the President.

Consumers now may sue the government when the commission is "grossly negligent" in keeping dangerous products off the market. Uniform standards apply to the packaging of poisonous substances and flammable fabrics. However it removes from the commission's jurisdiction pesticides, tobacco products, firearms and ammunition — a victory for those lobbies.

YOUR CONTRIBUTIONS TO N.H.F. GET THE JOB DONE

to high standards at which to aim, regardless of how well we pursue them.

"Dr. Harper admitted that the National Academy of Sciences sets some RDAs principally according to the amount of the nutrient in the food supply. But setting RDAs according to what we happen to be eating is like setting the standard for air pollution according to what we happen to be breathing in the Foggy Bottom of Washington, D.C.

"The lower the RDAs are set, the more the FDA and the Health Establishment can say, 'Look how nourishing the food is! The food supply cannot be a fundamental cause of disease. It contains the Recommended Allowances of what you need!'

"Such food, pretending to be of high quality by virtue of a low standard (low RDAs) may be good enough to keep a multitude of apathetic voters alive and able to tighten nuts on an assembly line, but it will not produce the mental and physical vigor citizens need to compete in the crowded and competitive international world of today.

"Last March 'Judge' Davidson recommended to FDA Commissioner Schmidt that he go right ahead with the regulations despite what our cross examination showed. At its usual boondoggling pace, FDA has not yet moved, either on this recommendation or on our demand that we be permitted to bring in scientific witnesses to rebut the incompetent methodology we discovered in the rehearing last November.

"But FDA usually saves its most significant moves for times like the middle of summer or the Christmas holidays, when it is hardest for us to round up our scientific and legal allies before a deadline.

"So we fully expect Commissioner Schmidt to rule against us. Then, we will go back to the Appeal Court where we won before. The Appeal Judges, God bless them, are high enough to be uncontaminated by the pressures which afflict the FDA, and they can concentrate on what is best for the public . . ."

Pasadena Again Will Host It

'Market Place' New Feature 22nd Annual NHF Convention

By CAROLE J. SMITH

The time is drawing nearer for The National Health Federation's greatest health event of the year. Our 22nd Annual Convention is scheduled for January 28, 29, and 30, 1977, at the Pasadena Center, 300 East Green St., Pasadena, Calif.

Nowhere else except at a National Health Federation convention can one hear, in one place at one time, so many speakers on such a variety of topics. Subjects covering Cancer, Hazards of Swine Flu Vaccine, Fluoridation, Nutrition, Ecology, Health Legislation, Chelation Therapy, Herbs, Vitamins, Vegetarianism, will be discussed each day.

A new addition to the convention this year will be the Market Place — an extension of the exhibit area for in-depth product lectures and demonstrations. Activities including films, lectures, workshops, how-to demonstrations, and entertainment will be in progress continuously throughout the three days. You won't have a moment to be bored — in fact, your problem may be in wondering which to do, see, or hear first!

Again this year, the Annual Convention will be held at the Pasadena Center — and again we will be in the Civic Auditorium (for lectures) and in the Exhibit Hall (for exhibits — over 175 of them — and The Market Place). The Center has ample, reasonably-priced parking. Fast, economical bus service is available from the airport to within a block of the Center.

Several motels and hotels are located within 5-10 minutes (driving distance) from the Center. Information about room accommodations may be of assistance in your planning:

Holiday Inn Pasadena, 303 E. Cordova, (213) 449-4000. The Holiday Inn is on the southern perimeter of the Convention Center. Rates are $20 single, $24 double. (This hotel will serve as NHF Convention headquarters).

Pasadena Hilton, 150 South Los Robles St., (213) 577-1000. The Hilton is a block from the Center. Rates are $25-$34 single, $32-$41 double.

Arroyo Motor Inn, 400 S. Arroyo Parkway, (213) 795-8401. The Arroyo Motor Inn is three blocks from the Center. Rates are $15 single, $17 double or twin, $2 extra per person.

Reservations should be placed at the earliest possible date to insure availability. Tell the reservations desk you will be attending the National Health Federation Convention to receive the rates specified. It is recommended that the first night's deposit accompany the reservation.

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Affiliated With National Health Federation

Consumer Health Organization of Canada Chartered — Tax Free

The Board of Directors of the Consumer Health Organization of Canada, affiliated with the National Health Federation in the United States, has announced "with pleasure" that a charter for the Canadian organization has been granted.

"Moreover," the announcement continued, "the Department of National Revenue has granted the Consumer Health Organization of Canada a tax-exempt number, which means contributions will be tax free.

"The organization's first convention will be held in the Royal York Hotel, Toronto, April 9, 10, and 11, 1977. A number of prominent speakers who have appeared at National Health Federation conventions will participate. In addition to lectures, the convention will feature seminars, demonstrations, and exhibits. Further information about the convention may be obtained by contacting Consumer Health Organization of Canada, 108 Willowdale Ave., Willowdale, Ontario, M2N 4X9. Telephone 416-222-3038."

Formation of the organization in Canada met with a warm response from NHF President Charles I. Crecelius who extended congratulations, said, "We encourage our Canadian members to join the Consumer Health Organization of Canada whose members are receiving the *NHF Bulletin* now. Of course we would welcome continued membership in the National Health Federation, but if dual membership is difficult, then we would suggest affiliation with the organization in Canada."

The Canadian organization invites members to read *Food for Nought, The Decline in Nutrition,* (Harper & Row, Hagerstown, Md.) by Dr. Ross Hume Hall, professor of biochemistry, McMaster University, Hamilton, Ontario, Canada. Dr. Hall is critical of Canada's Health Protection Branch for "following the lead of U.S. agencies in promoting vitamin-'enriched' foods. The U.S. chemical industry and U.S. government are leading the way to fortified health with decisions made on the basis of pressures of political and vested interests — not on sound science. It requires no thought to be a follower, so perhaps it is not surprising that the agency mandated to watch over the health and welfare of the Canadian people has given little thought as to why Canadian food is not as nourishing as it should be. Instead, the agency seems to have adopted the policy that others know best, and having accepted willy-nilly the American policy, is now assuring the public that selected vitamin enrichment is in their best interests. Enrichment makes good promotional copy, but it makes bad science.

Leon C. Shelly, known throughout Canada through a long career as a producer of motion pictures in the business and documentary field, because of a deep commitment to freedom, is the moving force behind the Consumer Health Organization of Canada.

Highly-refined white flour has been 'enriched' with thiamine since World War II, yet the Nutrition Canada Survey found a substantial thiamine deficit in 30% of the men in the general population . . ."

Among the speakers tentatively scheduled for the 22nd Annual are Charles Walters, *Acres, U.S.A.;* Betty Lee Morales; Dr. J. R. Christopher; Dr. Paavo Airola; Charlotte Gerson Strauss; Dr. Kurt Donsbach; Gaylord Hauser; Dr. Lendon H. Smith; Clinton R. Miller; Dr. William A. Ellis; Dr. Harris Coulter; Dr. John Ott (with two of his beautiful light films); Dick Gregory; Dr. Walter Hodson, and many others. The full program with times and titles will be carried in the January *Bulletin.*

It goes without saying that the public is cordially invited to attend the Convention events. Admission for NHF members and nonmembers alike is $4 a day, $11 for the three days.

$100 Life Memberships Discontinued

Because of steadily rising costs of materials and postage, the Executive Committee of the National Health Federation has reluctantly been forced to discontinue the category of $100 life memberships. Those of record prior to that action will of course be honored.

Memberships covered by $100 contributions will extend for 10 years. Life membership privileges are now available for $500, payable in installments, which when completed entitle holders to membership in the Victory Club.

Perpetual memberships of $1,000 are still welcomed and encouraged — as are memberships in all categories, the Committee stated.

"In taking this step," said Board Chairman Kurt W. Donsbach, "we are confident our members and potential members will concur with the decision, which recognizes that the "health" of the National Health Federation depends not only on participating moral support of members, but also on a solid financial footing."

Although Denied by Hearst Staffer

Editor Says Burk Interview Stifled by Medical Writer

The power of a medical writer to censor news was revealed in communication between Hearst Newspapers and Clinton R. Miller of the National Health Federation.

As reported in the November *Bulletin*, an interview with Dr. Dean Burk on the cancer-fluoride link, written by Washington-based Hearst writer Lee Belser, made three editions of the Baltimore *News American*, then was followed by a refutation of the validity of Dr. Burk's report in an article by Jo Ann Rodgers, *News American* medical writer.

Mr. Miller asked William Randolph Hearst, Jr., in the New York office, why the original interview had not been made available to the rest of the Hearst chain. He was referred to Steve O'Neil, managing editor of the *News American* in Baltimore.

What he learned in a telephone conversation with Mr. O'Neil is disclosed in the following letter Mr. Miller subsequently wrote Mr. O'Connell, dated Oct. 1:

"I asked Mr. O'Neil why the Los Angeles *Herald-Examiner* had not received the story from the Hearst wire service. He said, 'Because we did not offer it.'

"I asked him who made the determination not to offer it. He said 'I did.'

"I asked him why. He answered, 'Because the story was refuted by other people. The story should not have appeared without the other side.' I agreed, but asked him why, with *both* sides included, it had not been offered to the Hearst wire service and other Hearst papers. The story is denied by NCI, but not refuted.

"He said, 'We dropped it because the facts didn't substantiate it.' I asked him who made that determination for the Baltimore *News American*. He said, 'I relied on my medical editor, Jo Ann Rodgers. In her view there was nothing new in the story – there's also the question of scare.'

"I told him I didn't understand. If the story is true, what does 'the question of scare' have to do with reporting it? He agreed and added, '*if* true.'

"I immediately phoned you back. You had gone to lunch.

"The story *is* true. Lee Belser should be given a Pulitzer Prize for reporting it. Jo Ann Rodgers seems to have been given censorship power to kill (via Steve O'Neil) the hottest story of the year.

"I repeat my earlier suggestion: Assign a top reporter to interview Dr. Burk and Dr. John Yiamouyiannis and get the story (with

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BOTH STORIES WERE SENT, SHE INSISTS

The latest development in the attempt to fix responsibility for a censored story on the cancer/fluoridation link is a denial by Jo Ann Rodgers that it was killed on her recommendation. She told Mr. Miller by telephone in mid-October that her "more balanced" story, as well as Ms. Belser's "unbalanced" story were sent to New York for distribution via the Hearst wire service. She also said she has not interviewed Dr. Burk, that she has "an extensive file" on his statements, "which are well-known for the record."

Scientific Journal Publishes Abstract of Fluoridation-Cancer Study Findings

(Ed. note: Dr. John A. Yiamouyiannis and Dr. Dean Burk are authors of a paper presented by Dr. Yiamouyiannis before the 65th annual meeting of the American Society of Biological Chemistry in San Francisco June 10. Abstract of the paper, published in *Biochemical Pharmacology* IV (1767-1722, p. 1707), follows):

FLUORIDATION OF PUBLIC WATER SYSTEMS AND CANCER DEATH RATES (CDRs) IN HUMANS. John A. Yiamouyiannis and Dean Burk. National Health Federation, Monrovia, Calif. 91016, and Dean Burk Foundation, Inc., 4719 44th St., Washington, D.C. 20016.

The mutagenic and tumor-inducing effects of fluoride found in animals may be manifested as increased CDRs in human populations exposed to artificially-fluoridated waters. The CDRs of the 10 largest cities fluoridated before 1957 (Chicago, Philadelphia, Baltimore, Cleveland, Washington, D.C., Milwaukee, St. Louis, San Francisco, Pittsburgh, and Buffalo) were compared with the CDRs of the 10 largest nonfluoridated (as of 1969) cities with comparable average *pre-fluoridation* CDRs (Los Angeles, Boston, New Orleans, Seattle, Cincinnati, Atlanta, Kansas City, Columbus, Newark, and Portland, Ore.). After fluoridation, the average CDR of the fluoridated group increased 15%-20% by 1969, compared to only 2%-5% in the nonfluoridated group. Similarly, the CDR of fluoridated Providence increased 25% compared to only 8% in nonfluoridated Boston; and the CDR of fluoridated San Francisco rose 19% compared to only 4% in nearby nonfluoridated Oakland. In California, the 1970 CDR of artificially-fluoridated communities with populations of 10,000 and over was 29% higher than in the rest of the state. Analysis of CDRs by tissue site indicates that the fluoridation-linked CDR increase is due primarily to increase in nonrespiratory cancer deaths. By extrapolation, an estimated minimum of 20,000 to 30,000 excess cancer deaths per year occur in U.S. communities exposed to artificially-fluoridated waters. This is approximately one-tenth of all cancer deaths in the United States annually, and of the order for breast and lung.

Voters Have Twice Said They Don't Want It

Canton Defies Ohio State EPA Order to Fluoridate

Fluoridation having been twice defeated by voters, but ordered to do it by the Ohio Environmental Protection Agency, the Canton city council in a 7-6 vote in September defied the order to fluoridate the water supply.

Fluoridation is required of municipal water systems serving more than 5,000 persons under a state law passed in 1969.

Ohio EPA Director Ned E. Williams notified Mayor Stanley A. Cmich in August 1976 that legal action would be taken against the city and its officials if it did not comply within 30 days with a July 1974 order to fluoridate. Canton fought the directive through several courts, the last appeal to the Supreme Court being dismissed in May.

"Now it's up to the state to make the next move," Council President Raymond Denczak said after the vote. "They've threatened to take over Canton's water supply and to cut off all state funds for other projects. Mayor Cmich said he may be thrown in jail."

Those voting to comply with the order said they did it "reluctantly," but felt obligated to comply with the state law. The state EPA possesses authority to assess a fine of $10,000 a month for every month of violation.

In November 1959 and November 1962 Canton voters rejected attempts to fluoridate. In 1972 the state first ordered the city to comply with the 1969 law. The city failed to hold an election within 120 days of that order, and in January 1975 an appeals court ruled Canton did not have to add fluoride because the city functions under a home-rule charter. In November 1975 the state supreme court ruled Canton must fluoridate. The U.S. supreme court disclaimed jurisdiction.

NCI denial) on the front page of every Hearst paper in the U.S. A hundred Americans a day will avoidably die in the meantime . . ."

LET'S LIVE NOT ON THE SPECIAL

The special magazine offer of free subscriptions to several health magazines is being made again (see page 31), but with one exception: *Let's Live* magazine is not available on the special. Two new magazines are included, however: *The Herbalist*, and *Well-Being*.

Appeals Court Laetrile Decision On Bohanon Ruling Opens Door Elsewhere

In a landmark decision October 13, the 10th U.S. Circuit Court of Appeals ruled that the U.S. Food and Drug Administration possessed insufficient information about Laetrile to bar its use, thus upholding the August 1975 order of Judge Luther Bohanon permitting Glen L. Rutherford to obtain Laetrile without interference from the FDA.

The case was returned to District Court in Oklahoma City where the FDA either must offer new evidence supporting its ban on the substance, or the order will become permanent. In fact, until it is overturned, individuals anywhere in the United States, with this precedent-setting case, now may go into federal court and ask the same privileges to obtain Laetrile which Mr. Rutherford and more than a score of others have obtained.

The appeals court said FDA's record on the drug is "grossly inadequate," and that any new proceedings should give Laetrile proponents opportunity to express their views.

Plenty of Water Choices for NHF Staff

Staff members of the National Health Federation in the Monrovia office who prefer distilled water are grateful to the Pure Water Society, Inc., "the world's largest manufacturer of portable home water distillers," 3725 Touzalin, Lincoln, Neb., for the gift of an Aqua Fountain — an $850 machine which removes minerals and adulteration common in many public water systems.

Constructed of stainless steel, the unit processes (via a heating system) tap water, and stores it, after cooling, for daily use.

"On behalf of the staff," said NHF President Charles I. Crecelius, "we want to thank Bob Hansrote, president of the Pure Water Society, for the generous — and on this end — most welcome addition to NHF equipment. We are indeed grateful for this generous gift!"

For staff members who like hard water minus the usual chemicals, NHF Board Chairman Dr. Kurt Donsbach has provided a filter which removes unwanted substances but not the minerals which many believe are beneficial. And those who want "plain tap water" — some of which in Monrovia is "pretty cruddy," that choice is available also.

Man's fear of ideas is probably the greatest dike holding back human knowledge and happiness.

— Morris Ernst

THE WELCOME MAT'S OUT TO THESE NEW LIFE MEMBERS!

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Christmas Is Coming--

And we suggest that one way to avoid harrowing shopping experiences — giving more "things" which may become white elephants some day — is to sit down and write a check for

NHF GIFT MEMBERSHIPS

A gift that lasts the whole year through, a gift that enlarges the influence of The National Health Federation in places where such a counterforce is sorely needed in today's high-pressure special-interest environment.

REMEMBER: Each membership, new or renewal, includes not only the *NHF Bulletin*, but also a subscription to one of four health magazines. Mark the one you'd like to have included with the Gift Membership, fill out the address form, and make out a check to cover the number of Gift Memberships you're ordering. (Please note: Let's Live is not available on the offer this time).

$8.00 PER YEAR'S MEMBERSHIP PER PERSON/FAMILY

With the NHF membership, also include a subscription to one of these health-oriented magazines:

- ☐ **BESTWAYS — 70 pages. Reg. $5.00 per year.**
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- ☐ **WELL-BEING — 60 pages. Reg. $5.00 per year (8 issues).**

(OTHER SIDE OF PAGE FOR ORDER FORMS)

Brown Okays Two-Year Pilot Program

California to Test Efficiency of Orthomolecular Medicine

A two-year demonstration program under supervision of the California Department of Health to test efficacy of orthomolecular (vitamin/mineral) therapy is authorized by Senate Bill 1474 which passed the legislature and was signed Sept. 8 by Governor Edmund G. Brown, Jr. A second bill (Senate Bill 1475) providing that insurance policies cover orthomolecular treatment became law at the same time. Both bills were authored by Senator James R. Mills of San Diego.

The program will be confined to not more than three counties, becomes effective July 1, 1977, and will continue two years. The legislation provides for establishment by the Health Department of an

(Please turn the page)

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Enclosed is check of $ to cover cost of Gift Memberships. Please send to:

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evaluation committee consisting of "one or more physicians who practice orthomolecular medicine, one or more physicians nominated by the California Medical Association, and one or more employees of the Health Department." Three months before the program is implemented, an evaluation plan is to be submitted by the committee to the health director for approval or revision.

As defined in the bill, orthomolecular medicine means "the preservation of good health, as well as the treatment of disease, by providing optimum molecular environment in the human body by varying the concentration of vitamins, minerals, and other nutritional substances normally present in the body and required for health." The term also includes "human ecology medicine, which means the removal, discharge or avoidance of substances that are toxic or allergy-inducing to some patients."

Only substances approved under state or federal law may be used. Diagnostic tests deemed necessary by the attending physician may be used, along with prescribed vitamins, minerals, amino acids and glandular extracts.

The legislation was supported by the National Health Federation, whose president, Charles I. Crecelius, received a note of thanks from Senator Mills following approval of the measures.

CENSORS AT WORK

Because of his opposition to fluoridation, Carlton Fredericks was not invited to be a guest essayist on nutrition at the 1976 Anaheim (Calif.) Scientific Session, the *California Dental Association Journal* reported in March.

THIS IS THE NATIONAL HEALTH FEDERATION

The National Health Federation is America's largest, organized, noncommercial health consumer group. It is a nonprofit corporation founded in 1955. Its membership is comprised of men and women in all walks of life, belonging to a variety of religious faiths and political persuasions, and engaged in nearly every profession and trade.

Its members believe that health freedoms are inherently guaranteed to us as human beings, and our right to them as Americans is implied in the words, "life, liberty and the pursuit of happiness." Yet, frequently, these freedoms and rights have been and continue to be violated. Too often, as a result of the unopposed pressures from organized medicine, the chemical industry, pharmaceutical manufacturers, and others, laws and regulations have been imposed which better serve these special-interest groups than the public at large. We see and hear of new instances daily. To name a few: spiraling health-care costs, consumer exploitation by leading industries, excessive devitalization and adulteration of our foods, restriction of certain types of treatment, banning of certain health books from the mails, the harassment of those who advocate natural methods of healing and natural foods, the poisoning of our air, water and soil through greed and carelessness, and many other health-related issues.

The NHF opposes monopoly and compulsion in things related to health where the safety and welfare of others are not concerned. NHF does not oppose nor approve any specific healing profession or their methods, but it does oppose the efforts of one group to restrict the freedom of practice of qualified members of another profession, thus attempting to create a monopoly.

The public needs a strong voice, such as the NHF provides, to speak and act in their behalf in these health-related matters. Legislators need your support to balance the pressures exerted upon them by the special interests. The National Health Federation, through a special legal and legislative staff in Washington, keeps its members apprised of all health legislation, opposes inadequate or undemocratic health legislation, while supporting or drafting bills to protect the individual's health freedom.

Will you join us in this worthy effort?

ELECTED FEDERATION OFFICERS

Unless otherwise indicated, address all officers and staff members: P.O. Box 688, Monrovia, Calif. 91016.
Telephone (213) 358-1155

Charles I. Crecelius — President and Executive Head of the Federation

Betty Lee Morales — Secretary

Dorothy B. Hart — Vice-President

Kurt W. Donsbach — Chairman of the Board of Governors

V. Earl Irons — Vice-Chairman of the Board of Governors

PAID FEDERATION STAFF AND THEIR FIELDS OF ACTIVITY

Clinton R. Miller—Executive Vice-President, in charge of Legislation and Regulations

John Yiamouyiannis, Ph.D. — Science Director
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Convention Bureau
Chapter Department
Carole J. Smith, Coordinator

Don C. Matchan — Editor of **NHF Bulletin.**

Opinions expressed in The **Bulletin** are those of the writers of the articles and are not necessarily the opinion of the National Health Federation.

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Every family in America should belong to the National Health Federation to —

1. Support the principle of freedom of choice and liberty in health matters.
2. Be a part of a strong and united consumer's voice in all health matters.
3. Work for beneficial and needed health legislation and, at the same time, oppose proposals which are detrimental to the health interests of the people or which do not provide for equality of recognition of all legally established health professions.
4. Support a united effort to reduce the cost of health care.
5. Oppose insults upon our ecology which have an impact on health
6. Oppose the use of chemical food additives which have not been proved absolutely safe or which are not needed.
7. Secure fair and impartial enforcement of food and drug laws and regulations.
8. Insist that all monies raised for health research and care be used exclusively for these purposes.
9. Compel all health fund-raising organizations to disclose in an annual report, the amount of funds collected and how the funds were expended.

THESE ARE THE THINGS THE NATIONAL HEALTH FEDERATION IS ORGANIZED TO DO — JOIN ITS RANKS AND TAKE PART IN THIS VITAL EFFORT ON BEHALF OF YOURSELF AND OF ALL AMERICA.

UPCOMING NHF CONVENTIONS

22nd ANNUAL — Jan. 28-30, 1977
Pasadena Center — Pasadena

Southwest Regional — Mar. 26-27
Ramada Inn East — Phoenix

HELP SAVE OUR HEALTH FREEDOMS