

National Health Federation BULLETIN

MARCH 1976

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California Mandatory Fluoridation Bill is Dead!

COMING: SPECIAL ON
HOW TO RID SCHOOL
VENDING MACHINES
OF 'JUNK FOODS'



FRANCISCO IZUNDEGUI, M.D.

Significant Work in Cancer By Medical Doctor in Mexico

An Infection, He Believes.
Hopes to Interest 'Serious
Professionals' in Biochemical
Approach He Has Developed
So Benefits Can Become
Available Throughout World

- *New Yiamouyiannis-Burk Time-Trend Study Decimates NCI Nov. Report*
- **Agribusiness Guns for EPA**
- **Ida Honorof Targets Dioxin**
- **New Tallian Book a Shocker**

Dedicated to the Protection of Health Freedoms

THE
NATIONAL HEALTH FEDERATION
BULLETIN

Protection of Health Freedoms

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The Bulletin serves its readers as a forum for the presentation and discussion of important health issues including the presentation of minority or conflicting points of view, rather than by publishing only material on which a consensus has been reached. All articles published in the NHF Bulletin — including news, comments and book reviews — reflect the individual views of the authors and not necessarily official points of view adopted by the Federation.

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California Senate Panel Kills Forced Fluoridation

Mandatory fluoridation of California drinking water is dead — at least for a while. On Jan. 19 the California Senate Finance Committee voted 7-5 to kill S.B. 211, authored by its chairman, Senator Anthony Beilenson of Beverly Hills.

Voting against the measure were Senators Roberti, Stiern, Cusanovich, Grunsky, Rodda, Carpenter and Holmdahl. For the bill were Chairman Beilenson, and Senators Way, Petris, Behr, and Alquist.

When the vote first was taken, with 10 committee members present, six opposed it, four voted for it. The chairman placed the bill "on call" for the rest of the day, hoping to turn the tide, but when Senator Holmdahl voted "no," its fate was sealed.

Appearing on behalf of the bill in addition to its author were a university professor and a dentist representing the American Dental Association. Among those testifying against the measure were a representative of the Los Angeles City Council; Yale Maxon of the East Bay Committee Against Fluoridation; and Ida Honorof and Dave Ajay, the latter two members of the NHF Board of Governors. The 13-member committee had received Mailgrams from NHF President Charles I. Crecelius urging a "no" vote "until two Congressional committees have had opportunity to consider the NHF-Burk Foundation report on the correla-

tion between cancer deaths and fluoridation."

Mr. Ajay presented the "cold, hard facts of money — which is what this committee is considering," and took the opportunity also to respond to comments made earlier by supporters. He argued that although the original bill carried a cost figure of \$31 million, it had been amended to eliminate a dollar figure. He asked if this were "a blank check, or does anyone know what it will be next year, and the year after?"

He cited figures from a Water Department official in San Francisco showing that in 1975 that city spent \$116,000 to add lime to the water to counteract the reaction of fluoride and chlorine on pipes — a problem of corrosion which has plagued the city since shortly after it started adding fluoride to water.

Seattle, Mr. Ajay revealed, has just started a \$90,000 study to determine the cause of corrosion in that system. Officials had proposed that lime be added — at a cost estimate NHF was told by Water Quality Control Director John Courchene, of \$50,000 to \$100,000 for the equipment, and \$30,000 to \$35,000 a year for lime."

A Water Department impact study, according to the *Seattle Times*, reported that "Fluoridation was responsible for 70% of the chlorine-fluoride increase in corrosiveness." An analysis of broken,

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rusted pipe from a Seattle apartment house, analyzed by Food, Chemical and Research Laboratories, Inc., contained 1,044 parts per million of fluoride, and the sludge contained 475 ppm.

Dr. Willard E. Edwards, a consulting corrosion control engineer in Honolulu, explains that "Fluoride has a great affinity for iron oxide. It often softens previously-hard pipe scale, or iron oxide, in steel pipes and tanks. The loosened scale is carried away, allowing new iron oxide to form and corrode, and weaken pipes and tanks under pressure . . . Excessive corrosion can be reduced by adding chemicals to a water supply, but this adds to the cost of maintenance and operation, and makes the water less pure . . . Trouble due to pipe and tank corrosion greatly increases within a year after fluoridation is introduced."

At the suggestion of Mr. Ajay who instituted action in the Sacramento area, NHF President Charles I. Crecelius sent letters to NHF members urging them to write or call the senator in their district thanking him for voting against S.B. 211. Perhaps you would like to add your thanks. Their addresses: Sen. David A. Roberti, 6640 Sunset Blvd., No. 202, Hollywood, 90028; Sen. Walter W. Stiern, 930 Truxton Ave., Rm. 201, Bakersfield, 93301; Lou Cusanovich, 23241 Ventura Blvd., Suite 300, Woodland Hills, 91364; Sen. Donald L. Grunsky, Box 1186, Watsonville 95076; Sen. Albert S. Rodda, Room 4048, State Capitol, Sacramento 95814; Sen. Dennis E.

Carpenter, 5000 So. Airport Way, No. 206, Stockton 95206; Sen. John W. Holmdahl, 1111 Jackson St., Oakland 94607.

CHEWING GUM BASE SYNTHETIC RUBBER

Technology has overtaken the chewing-gum industry, the Goodyear Tire and Rubber Co. has revealed. Because it was too much trouble to harvest the natural chicle in Mexico's Yucatan forests — mosquitoes and snakes got in the way — researchers were assigned to come up with a substitute. Today, said the Goodyear official in Houston, some chicle is used, but "everywhere in the world the base of chewing gum is either styrene butadiene or isobutyl synthetic rubber. This constitutes 15% to 20% of the gum by volume. Other resins, sugar, corn syrup, bulk fillers and flavorings make the rest."

CANCER CONTROL SESSION

Dr. John Richardson, Albany, Calif., and G. Edward Griffin, American Media, will speak at a symposium sponsored by the Kalamazoo, Mich., chapter of Cancer Control Society in the Miller Auditorium, Western Michigan University, Kalamazoo, Sunday, April 4, according to Kenneth Case, president, 1928 Fairfield Rd., Kalamazoo. Mr. Griffin will lecture and present his film, "World Without Cancer." The session will open at 1:30 p.m.

At 21st Annual Meeting of Board of Governors

Officers Elected, New NHF Board Members Take Seats

Dr. Kurt W. Donsbach was re-elected chairman of the Board of Governors of the National Health Federation during the annual meeting in Monrovia, Calif. It is his second term, following the resignation of the late Fred J. Hart, founder.

Other officers chosen to lead the organization during 1976 are Charles I. Crecelius, reelected president for his 12th term; Dorothy B. Hart, vice-president; V. Earl Irons, vice-chairman; Paul Virgin, treasurer; and Betty Lee Morales, secretary.

With the terms of one-third of the members of the 27-member Board of Governors expiring annually, the membership has filled the positions and several were introduced at the annual meeting.

Newly-elected members are Frederick B. Exner, M.D., Seattle; G. E. "Gus" Heidemann, Chicago; Ida Honorof, Sherman Oaks, Calif.; and Raymond H. Houser, San Diego. Reelected for a three-year term were Lorraine Rosenthal, Los Angeles; Carl F. Stillman, Atlanta, Ga.; Harald J. Taub, Los Angeles; W. E. "Slim" Taylor, Williams, Ariz., and Paul "J" Virgin, Chino, Calif.

Other board members are David T. Ajay, Citrus Heights, Calif.; Mr. Crecelius, Monrovia, Calif.; L. P. De Wolf, Crescent City, Fla.; Bob Hoffman, York, Pa.; Roland Horvath, Hackensack, N.J.; Mr. Irons,

Cottonwood, Calif.; Bernard Jensen, Escondido, Calif.; A. I. Malstrom, Bethesda, Md.; Toni Mohamed, Carmichael, Calif.; Norman W. Bassett, La Canada, Calif.; Kirkpatrick W. Dilling, Chicago; Dr. Donsbach, Garden Grove, Calif.; William A. Ellis, D. O., Tarentum, Pa.; Mrs. Hart, Palm Springs, Calif.; Bruce Helvie, Cincinnati, Ohio; Mary Lou Martin, Bronx, N.Y.; Betty Lee Morales, Topanga, Calif.; and Dr. John W. Noble, Portland, Ore.

Presiding at the annual meeting was Chairman Donsbach who read the resolution adopted by the Executive Committee memorializing the talents and work of the late Frederick James Hart, who founded the National Health Federation in 1955.

Following the invocation by President Crecelius, new board members were seated, and officers elected. The 1976 budget, set at last year's level of \$345,000, was considered and approved.

Mr. Crecelius presented his annual report on 1975 activities. Dr. John Yiamouyiannis, NHF science director, Clinton R. Miller, Washington legislative advocate, and Attorney Kirkpatrick Dilling, gave verbal reports on their NHF-related activities.

Mrs. Hart received an ovation for the manner in which she has

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Memorial Library Board Has Plans for Expansion

"Positive plans to increase the public's knowledge of and participation in the National Health Federation's Memorial Library," is one of the goals of the newly-elected library's board of directors.

During its annual meeting earlier in the year, Raymond H. Houser, San Diego, former editor of the *NHF Bulletin* and a member of the Federation's Board of Governors, was elected chairman of the library board. Other officers are Paul Virgin, president; Dr. Kurt W. Donsbach, secretary; and Dorothy B. Hart, treasurer.

given her services, without salary, during the past year.

The Board also received a verbal report on the legal aspects of challenging an \$18,000 assessment by Internal Revenue Service for alleged taxes due on income from convention booths in 1972-73. The case will be placed in the hands of a legal firm specializing in tax matters.

A letter from Dr. Alan H. Nittler was read and the Board decided unanimously to contact him regarding suspension of his medical license by the California Board of Medical Examiners. The Board also agreed to lend whatever assistance is possible to the precedent-setting case of Dr. James Privitera, Covina, Calif., who has appealed his Laetrile conspiracy conviction.

"Established in 1974, the library offers the potential for making an unique contribution," said Mr. Houser. "Among its growing number of volumes are books, periodicals, and published materials rarely if ever found in public libraries."

Among the sections are a large one on nutrition, and these: pesticides, politics, and ecology; medical; medical electronic; chiropractic; naturopathy; homeopathy; optometry; dental; mental health; nuclear; cancer; organic gardening; philosophical, religious, metaphysical; American Medical Association; U. S. Food and Drug Administration; other health-related associations; miscellaneous.

Upon the urging of A. I. Malstrom, also a donor, the library last year was the beneficiary of the 4,000-volume library of the late Dr. Fred Miller of Altoona, Pa., a pioneer in preventive medicine and longtime friend and member of the Federation. Due to a lack of trained manpower, these volumes have not been catalogued and integrated into the inventory.

NHF Board Chairman Kurt Donsbach said it is hoped funding will be obtained to make possible employment of a professional librarian — a prerequisite to organization of the filing system.

Contributions to the library are tax-exempt, he pointed out.

NHF's 21st Annual Convention 'Big' Success

"Lots of positive comments and happy people," says Carole Smith, NHF convention manager, in a general summary of the 21st annual NHF convention in Pasadena.

"Approximately 7,000 persons attended," said Mrs. Smith, "and as far as comments from the public and exhibitors went, it was a success, and a lot of fun. There were many new people, and NHF has gained new members, many new life, and a few perpetual members."

She described as "a terrific success," the sprouting, food dehydration, and bread-baking demonstrations. And attendance was good at the film showings the first day — with "Nature's Answer to Cancer" showing to a packed room. Also new — and appreciated — were the

natural/organic lunches and dinners served by Garden of Eden and the Food Service Division of Graham Bell Industries.

Lectures were heavily attended, interest was high in many of the subjects, and speakers were button-holed afterward for questions.

Said Board Chairman Kurt W. Donsbach and President Charles I. Crecelius: "It was an outstanding convention — and NHF is pleased and proud that we were able to bring to our 21st annual the array of remarkable speakers, and the many excellent exhibitors which the public thoroughly enjoyed. Plans already are underway for the 1977 convention in the Pasadena Center January 28, 29, and 30, with a tentative commitment, if his scheduling permits, from Gayelord Hauser."

Charges Against McNaughton Are Dropped

Federal charges brought against Andrew R. L. McNaughton, president of The McNaughton Foundation, San Ysidro, Calif., were dropped Jan. 12 at the request of the prosecuting attorney who acknowledged there was "insufficient evidence" to pursue the matter.

He was arrested July 31 at the border, was carrying "less than an ounce" of defatted apricot kernels he had taken from the Cancer Control Society convention in California to be defatted, and was bringing them back to the U. S. for analysis. Shackled to a man

charged with smuggling two pounds of heroin, he was arraigned, and ordered to post bond of \$50,000. The other man was released on his own recognizance.

A grand jury brought three charges against Mr. McNaughton: smuggling Laetrile, failure to declare Laetrile, and importing a controlled substance (Laetrile). These charges were dropped at 9:15 a.m., the day his trial was about to open in San Diego. For three months he had not been permitted to enter this country, following his arrest.

Yiamouyiannis, Burk Critique NCI Fluoridation 'Whitewash'

In response to a request by Congressman James J. Delaney, Drs. John A. Yiamouyiannis of the National Health Federation, and Dean Burk of the Dean Burk Foundation, outlined results of their latest time-trend studies, and commented in more detail on the November 14, 1975, report of the National Cancer Institute which concluded cancer deaths are not attributable to fluoridation.

The single-spaced 6½-page letter was published in the *Congressional Record* Dec. 16 at the request of Congressman Delaney.

In addition to materials covered in an earlier reply to the NCI Report, the Yiamouyiannis-Burk letter includes significant new information, and poses critical questions which could serve as the basis of questioning of NCI officials when they appear before subcommittees chaired by Congressmen L. H. Fountain and Daniel J. Flood.

"The November NCI report conclusion could not have been reached," said the two scientists, "had the report paid responsive and responsible attention to our July 21, 1975 *Congressional Record* report, and to our new year-by-year time-trend data submitted to NCI officials early in September and which the NCI chose to disregard — to look the other way —

as partly indicated by the statement that 'It is beyond the scope of this (November) report to reconcile our negative findings with the positive report in the *Congressional Record* that also utilized U.S. cancer mortality statistics.' Such a disregard is unscientific and methodically reprehensible. In your own words, Mr. Delaney, 'This conduct can only indicate either outright incompetence or a sinister manipulation of official public information,' by a 'bureaucracy that insists on playing games while the health of the American people is placed in possible danger.' . . .

THE NEW STUDY

Reporting on their new study — "Year-by-year Cancer Mortality Trends Linked to Artificial Water Fluoridation" — Dr. Yiamouyiannis and Dr. Burk told Congressman Delaney: ". . . We use data for central cities in preference to data for counties because the cities are basically either 100% fluoridated or not fluoridated at all (0%), and fluoridation was set up in a particular year and continued uninterruptedly (with exception of Pittsburgh, 90% fluoridated in Dec. 1952-Jan. 1953, the remaining 10% in 1958). Considerably less definitive fluoridation data are available for counties, most of which are served by several different water systems, some fluoridated, some

not, and the fluoridated parts of a county may have been fluoridated at widely different times over periods of years."

The 10 fluoridated cities used in this latest study were the same as those used in the earlier one cited in the *Congressional Record* report: Chicago, Philadelphia, Baltimore, Cleveland, Washington, D. C., St. Louis, San Francisco, Milwaukee, Pittsburgh, and Buffalo.

ALL FACTORS

The 10 nonfluoridated cities used in the new study are Los Angeles, Boston, New Orleans, Seattle, Cincinnati, Atlanta, Kansas City, Columbus, Ohio, Newark, N. J., and Portland, Ore. The four last-named cities replace Houston, San Antonio, San Diego and Memphis, used in the earlier report, "so that the 10 nonfluoridated cities now reported on have average, annual, age-unadjusted cancer death rates virtually identical with the 10 fluoridated cities during the prefluoridation period (1944-1950). In this way, the sum of *all* factors — demographic, geographic, environmental, industrial, urbanizational, socioeconomic, migrational, or more specific ones such as age, sex, race, number of years of schooling, diet (consumption of meat, cereal, alcohol), smoking of cigarettes or marijuana, hard vs. soft water, sunlight, etc. ad infinitum — leading to cancer mortality is now matched in both nonfluoridated and prefluoridated groups for initial cancer death rate, and also for prefluoridation trends in cancer

death rate increase. The revised list of 10 nonfluoridated cities leads, incidentally, to an improved geographic and demographic similarity with the 10 fluoridated cities."

THE NEW FACTOR

"Hence, upon commencement of fluoridation (1952-1956), of 10 of the 20 cities, any increases in average death rate compared with those in the nonfluoridated group on a year-by-year basis for the next five, 10, or more years, can be linked with high certainty to the one new factor introduced — fluoridation — especially in view of the very large populations involved, of the order of 10 million persons per group. This follows, both from the long-established principle of William of Occam, and from 'Schneiderman's rule' to the effect that if such 'comparisons change upward (in the fluoridated group) this would lend support to your hypothesis of fluoridation being ('almost immediately') carcinogenic (letter of Sept. 10, 1975 from Dr. M. A. Schneiderman to Dean Burk).

"Actually, in the present study we are not dealing with a hypothesis or postulate, but a statement of reported facts. As Isaac Newton pointed out many times during his life, hypotheses should follow, not precede, informational facts . . . Our linkage of fluoridation with cancer mortality arose historically in this manner, and was derived from the available data, not from a priori hypotheses or postulates —

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or in plainer language, from any form of 'wishful thinking.' Our results came to us as a surprise, with zero prior bias, but now that they have come, as scientists we have acquired a considerable bias, just as Newton eventually did with respect to his inverse square law of gravitation. Bias based on fact is quite different from bias based on anything else, such as prior commitments, organizational networks, industrial values . . ."

COMPARISON

The letter then states: "During 1953-1969, the total cancer death rate in the nonfluoridated group increased to a value of about 195-200 deaths per year per 100,000 population. During the same period, however, the cancer death rate of the group that started fluoridation in 1952-1956 increased to a value of about 220-230 deaths per year per 100,000, amounting to an excess rate of 20,000 to 35,000 cancer deaths per year per 100,000 population—10% to 18% greater than the nonfluoridated total rate of 195-200.

"This would implicate some 20,000 to 30,000 excess deaths per year per 93 million persons presently subjected to artificial water fluoridation. This range of excess deaths unquestionably represents minimum values, in view of mixing or dilution factors such as population migration, local commuting between fluoridated and nonfluoridated areas, etc., all of which would tend to reduce or hide the proper values. Thus, *in our judgment*, the likelihood is 30,000 or

more excess cancer deaths per year linked with artificial fluoridation in the United States in 1975, for something *less than half* the population of 215 million persons.

"An annual total cancer mortality of 30,000 per year linked to artificial fluoridation approximates the number for each of the two leading cancer death sites—breast and lung. Thus each of these three modes of cancer death amounts to about one-tenth of the total annual cancer deaths (350,000), and the sum of the three amounts to about one-third of the total number of cancer deaths. Were *all* the American population subjected to imposed water fluoridation, cancer deaths linked thereto might then become twice as great as each of the two leading site types of cancer death (breast and lung), and equal to the sum of them. This surely is something for promoters of fluoridation to think about, whether the NCI does or not."

SHORT LATENCY PERIOD

"It is commonly believed or stated that chemically-induced cancers usually have a long latent period for development—even 20 to 50 years (as with cigarette smoking, radiation, etc.) Nevertheless, Nobel Prize Winner Charles B. Huggins and associates have shown with rats that a single feeding of a polynuclear hydrocarbon (7.12-dimethylbenz(a)anthracene) can induce breast cancer in less than a month. Biologically equivalent results also have been reported for fluoride by Herskowitz and Norton, and Taylor and Taylor.

One of the most interesting time-trend observations has been that in the case of fluoridation, the increased (excess) cancer mortality rates in humans can be observed with statistical certainty within 5 years, even 1 or 2 years in instances . . ."

MORE COMPARISONS

"For example: in San Francisco, fluoridated in 1952, and with a pre-fluoridation base-line rate increase of zero or slightly negative for 6 to 8 years before 1952, there was an increase of 3% after two years, 6% after 4 years, 12% after 6 years, and 20% after 12 years. By contrast, nearby nonfluoridated Oakland showed an increase of only 3% during the same total time period. The West Coast city of Los Angeles, also nonfluoridated, maintained a virtually unchanged cancer death rate, without notable increase or decrease, for the entire period 1944-1972. Washington, D. C., fluoridated since 1952, showed results similar to those of San Francisco, when compared against itself, and when compared with another southern city, non-fluoridated Atlanta. Likewise, but along the upper northeast coast, Providence, R. I., also fluoridated in 1952, showed increases in cancer death rate of 3% in 2 years, 6% in 4 years, 16% in 10 years, and 25% in 16 years (1968), whereas nonfluoridated Boston showed respective increases of 1%, 2%, 4%, and 6%. St. Louis, fluoridated in 1955, showed slightly smaller increases than did Providence (15% by 1968), as compared with much

smaller increases reported for non-fluoridated Kansas City (4% by 1968).

"New York central city, fluoridated in 1965, showed a relative increase when compared with a negative base-line provided by adjacent nonfluoridated New Jersey metropolitan areas. Other major central cities showing post-fluoridation excess cancer death rate increases over 5-year pre-fluoridation periods were (city—before, after): Chicago: 188, 196; Philadelphia: 187, 205; Baltimore: 171, 195; Cleveland: 188, 199; St. Louis: 201, 223; Milwaukee: 176, 187; Pittsburgh: 177, 209; Buffalo: 193, 202. All these and other year-by-year, or 5-year before-and-after time-trend studies for central cities 100% fluoridated (not counties, usually less than 100% fluoridated, as in the November NCI report), have been or will be reported in more detail elsewhere."

COMMENTS ON NCI REPORT

The final 2½ pages of the scientists' letter is devoted to comments on the November NCI report, and includes these excerpts:

"The November NCI report diverts a great deal of attention to two aspects—'natural fluoridation' and cancer *incidence* (not mortality) that our work has deliberately avoided because (1) we felt the available data were still relatively incomplete, ill-defined, and inaccurate compared with available data on artificial (imposed) fluoridation and on cancer mortality; (2) artificial fluoridation in-

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volves 10 times as many Americans as does natural fluoridation (American Dental Association estimate); and (3) as stated in our *Congressional Record* letter of July 21, 'we have not been interested at present in making any exhaustive analysis of all possible aspects of fluoridation-linked cancer mortality, but rather in examining for any quantitatively and statistically-significant fluoridation-linked human cancer' of direct and positive bearing on the evocation of the Delaney Amendment."

10 POINTED ISSUES

"Much more important, however, is the fact the November NCI report does not address itself directly to any significant fraction of our positive data dealing specifically with:

(1) Absolute cancer mortality rates, and rates of mortality increase.

(2) Numerical population values.

(3) Cities.

(4) 100% fluoridated areas in comparison to 0% fluoridated areas.

(5) Year-by-year time-trends (extending some 25 years).

(6) Total populations (white and nonwhite, male and female).

(7) Carefully-defined initial year of fluoridation.

(8) Population size consistency (low ratio of largest /smallest populations).

(9) Carefully-defined criteria for basis of sample selection.

(10) Surprisingly short latency time-periods for development of

fluoridation-linked human cancer deaths.

"On the contrary, the November NCI report makes a point of failing to employ these indicators and parameters, many of them crucial for observation of positive fluoridation-linked cancer. This deliberate and stated avoidance of critical data is not science, but something else. Instead, the NCI report 'looks the other way,' or into the sand, in a manner that is surely scientifically reprehensible."

COUNTIES ONLY

"The NCI report deals with counties only, where the percentage of fluoridation is seldom better defined than as 'over 67,' in contrast to our cities where fluoridation can be defined as 100%. The areas NCI terms as 'nonfluoridated' are not 0% fluoridated but someplace between 0 and 100%. More than half (22 out of 37) of the so-called control (nonfluoridated) counties in Texas, used in the artificial fluoridation study, contained as much or more fluoride (0.7 to 2+ ppm fluoride) in the drinking water as did the 'fluoridated' counties . . . To what extent the same is true of the many non-Texas counties listed is not ascertainable from any data in the NCI report.

"The NCI report is based largely upon relative mortality values expressed as rather obscure ratios without specification of the numerator and denominator components that could be subject to independent confirmation. These ratios appear to consist of unpublished or otherwise uncertain

cancer death rates divided by values based on what the report estimates the cancer death rates of the areas involved should be. At the same time, the criteria used for sample selection are but vaguely defined, if at all . . ."

5-YEAR INTERVALS

"The report's time-trend studies are based on a limited number of 5-year intervals during which the year of initial fluoridation is not given or accurately definable because of wide variation within a county that would be too complicated to report in detail. As we have already indicated, much more accurate 1-year intervals are available in the 'Vital Statistics of the United States.' The reason for their exclusion from the NCI report is only partly clarified by a statement made by Dr. (Robert N.) Hoover to Dr. Yiamouyiannis July 30, 1975: 'You do have available to you secular term information better than we have. I give you 5-year periods because it is very difficult for me to go to the individual years the way in which the system we have is designed.' The two undersigned found no great difficulty in obtaining and using year-by-year data without 'system restriction,' but we do have difficulty in understanding why the much-larger-staffed NCI should have, if such information is critical and superior ('better')."

"We have at hand many other adverse comments on and scientific criticisms of the November NCI report, but these can perhaps best be reserved for the Congress-

sional hearings predicated by Chairman Flood and Chairman Fountain to you in their respective letters, in reply to your letters to them."

BRAIN CANCER ALLUSION

"One matter, however, deserves comment: Among a number of demonstrably unfounded conclusions drawn in the NCI report, one refers to 'reduced mortality from cancers of the brain and nervous system in systems with high levels of natural fluoride.' The data used to support this proposal is based on a total difference of only *one* brain or nerve-cancer death over the course of two years. This suggestion would appear to perhaps be the most substantial of NCI efforts to implicate fluoride as a means of preventing cancer rather than of inducing it. In any event, this proposal received great attention in the press when the NCI released its November report — even front-page headlining, at the expense of other aspects of the report. How many times has the NCI castigated others for giving false hope to the public! And how many times has NCI referred to 'fluoridation scare' when the facts of the matter were much more to the point and better faced than run away from, regardless of prior commitment, institutionalism, or industrial discomfort?"

"Mr. Delaney, we agree with the statement in your letter to Chairman Flood, that the claim of the November NCI report that it is a 'definitive' study 'is nothing short

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M.D. in Mexico Reports Success in Cancer Therapy

BY DON C. MATCHAN

A medical doctor in the tropics of Mexico is successfully treating cancer.

He is Dr. Francisco Izundegui, Aldamo 616, Villahermosa, Tabasco, Mexico.

Until he has more cases of record behind him, he is not ready to discuss the specifics of the biochemistry involved. But he is quick to say it is "materialistic," does not depend upon "unexplainable" phenomena—though he heartily approves of the use of "mind power" in healing.

His work in his own "kitchen lab" goes back a number of years. Forty-three years old, he has practiced medicine in a modest but functional set of offices in Villahermosa since his graduation from medical school at age 23. (Brilliant, he started school when he was 3, and his daughters were started at 2!)

Endowed with an inquisitive mind, lightning-like perception,

of brazen, coming from an official government agency. It would appear that the devious path adopted in this report arises from the fact the NCI has not been able to demonstrate any profound, scientific errors in our work or conclusion. Part 1 of this letter should place any such project—in our opinion—beyond hope."

and the character gifts of gentility, generosity (beyond conception), and dogged determination to find solutions, he was involved in clinical research in the whole gamut of degenerative disease—from cancer and tuberculosis to leprosy and arthritis—for several years before he finally faced a personal situation: His mother developed breast cancer. He treated her, successfully he believed. Then what do you suppose happened? Two of his sisters persuaded her to submit to surgery! Over his protestations she agreed, and after the operation, the breast was found to be free of cancer.

As this tolerant, compassionate man puts it, "Being a doctor, all I could do was get mad and insult the other doctors. But we must realize that when you are afraid, you'll do anything, accept anything.

"A practicing physician," he says, "has a chance to read, research, and to find different substances that are useful. When you see results, you get interested, and follow a particular path. Suddenly you reach a point where you are doing things that work—different from what you've been doing. Then you do it several times, proving it.

"Cancer is an infection—99% of the time—by an invading particle into the embryonic cell which is

present in all mammals. Sometimes, but rarely, it occurs in reptiles and fish. Cancer causes a mutation which gives place to new types of cells that might show patterns of protozoa, or fungus-like cells mostly."

Having defined the "enemy," how does Francisco Izundegui attack it? A cancer cell has a protective "shield" or coat of armor, he says. Finding a substance that would open up this shield and destroy the cell was what he spent his time researching.

SIX ELEMENTS

"Six principal elements are involved in attacking cancer," he says:

"1. First, the cell must be opened.

"2. Get the medication inside it."

"3. Stabilize the metabolism of normal cells which in a cancerous patient have been disrupted.

"4. Normalize the function of certain tissues in the body (unknown, generally, up to this time), so that it functions as a gland of internal secretions.

"5. Provide the correct substances to correct the imbalance and improve the function of this tissue.

"6. Produce certain reactions through physical stimulation and a very specific vaccine-like activity in regard to the individual's tumor to promote an immunological reaction."

Dr. Izundegui has treated cancers in the breast, liver, skin, eye, brain, pancreas, stomach, kidney, bone, muscle, lung, tongue, lips.

DIVINE DIRECTION

(Ed. note: This story became possible through a series of events which I choose to believe were divinely directed. Too many decisions, too many events had to take place for it to happen—unless the Lord was directing . . . Dr. Izundegui has a friend in California who has been a source of information to him, as well as inspiration. And one day in early November 1975 he called the friend, said he wanted to express his gratitude, and to "show that I am successfully treating cancer." Did she have a friend or two who would like to take the treatment and—get this, please—"it won't cost them anything." (It turned out, it didn't even cost them room and meals in the city's finest hotel—he paid everything!) She suggested a longtime friend in Los Angeles whose breast cancer had reached a terminal stage, and my wife, Geri, who, although we would not let ourselves say it, was in an irreversible state from metastasis to the lymph glands and severe lesions in the breast which was not excised with the original radical mastectomy in 1954. The two ladies are the oldest he has treated).

And he has had success with leukemia, difficult because "the cancer cell grows in the bone marrow, one of the fastest-growing tissues of the body. With chronic

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leukemia, there is enough immunological activity to slow down the cancer-cell growth. With acute leukemia, nothing is left to preserve the patient's metabolic integrity to fight the disease."

ELIMINATION

The dead cancer cells are eliminated through urine, perspiration, saliva ("but it is swallowed over and over"), through bile ("but it is reabsorbed"), through mucus from the nose ("swallowed by some, naturally"), through skin peeling, through the falling out of hair, and through the nails.

"If a tumor is destroyed too fast, so much pollution is produced that the body will not handle it," Dr. Izundegui continues, "and death results. It's like a burn: If part of the body is burned, it can be healed in a few days. If 10% is burned, that is a little dangerous. If 50% of the body surface is involved, the patient may not survive, and if it's 60% or 70%, the patient usually dies, although people have survived 80% burns.

"With cancer, it is the same. With the test I make, I can tell how much cancer is present and whether it is curable. If the cancer load—that's a new term—is bigger than the capacity of getting rid of it after its destruction, the patient will die of detritus—decayed tissue.

"It is okay if the cancer is located so it can drain outside, as with breast cancer. I may develop a new technique so the drainage problem can be overcome. We must devise a way of using a

drain-tube to carry the sloughed tissue out of the body."

LONGER WITH AGE

The doctor said more time is required to eliminate the tumor or tumors in the body of older persons. The oldest patients he has treated have been 68 and 70, and body responses were slower. He said that when he agreed to take the two California ladies as patients, he did not realize they were that age. "But I am happy. I'm happy because I want to help them."

PREVENTION?

Can cancer be prevented? He thinks so. How?

"Blood tests indicate when cancer is present long before the disease is manifest—the same as with diabetes. Cancer does not happen all of a sudden—except in those cases of acute leukemia when it develops in a matter of hours, overnight. But cancer-prone patients can be identified, and protective countermeasures taken."

HE'S TREATED MANY

How many patients has he treated? Are they a matter of record? The figure is considerable—he doesn't even hazard an estimate. "Many, many," he says. "But I can't even get in touch with many of them. I treat cancer as routinely as I do pneumonia or diarrhea or tuberculosis. They come to the office, are treated, leave, and never come back."

When he decided to concentrate on his treatment, he realized that case histories would be essential,

so he started keeping records on some patients, and had accumulated detailed case histories of 12 (with no failures) when he started treating the two ladies from the United States—his first two from outside Mexico.

This is why he says he doesn't find cancer as being "so dreadful now. I look at it as being very simple. It sounds foolish to say that, but that's the way I look at it now. Any disease is important, even an infected toenail might kill you. But when you can correct it, it no longer seems dreadful, or impossible."

A STEP AT A TIME

How—and when—will Dr. Izundegui make the treatment available to more and more people? Naturally he has given thought to this, and this article is the first to be published about his work.

He is quite aware that "there will be reactions against it (the treatment) from people who don't know what I'm doing. They are always prominent in headlines—people who talk too much and say things without *knowing* what one is doing."

He hopes to make contact and to get reactions from "people who are wise," and aware of the possibilities of this approach to cancer, and who want to know about his work. "Those are the people we want to get in touch with, the serious people, professionals, to show them what we are doing. We must convince them first, and if they become convinced, probably we will teach them what to do."

He is a tolerant man, and does not come down as hard on colleagues as do some idealistic members of the profession. He says a small percentage of cancer patients (16.6%) do recover through conventional methods of treatment. So medical authorities became "very confident of those methods, and since they had to do *something*, and had no better solution, have emphasized these modalities. We can't blame them that much.

"As this treatment grows and we are able to provide it to many patients, it will not matter if they are rich or poor—the cost will be the same for everyone. The treatment is not dangerous if used correctly. Any doctor can do it."

The possibility exists that he might become a manufacturer of the medications, and train doctors. He has started thinking of a 100-bed hospital somewhere in Mexico, also perhaps in Canada, Europe. But for the present—it's a "step at a time." After all, he started in the "back of the house, the kitchen." And he recalls that another doctor named Pasteur developed a vaccine against rabies which had no takers among fellow professionals. "But a mother who believed in him went to his office with her son who had been bitten by a rabid dog. No one else was able to cure the boy, but he did, using the vaccine. And the boy didn't develop rabies. That mother went through her neighborhood, told people what had happened. A new case came by, then two more, then four, then 10, then 100. And

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now of course, rabies vaccine is used everywhere."

When he is ready to report his discovery formally, he says credit will be given several doctors whose work he has incorporated into his treatment. "They have to be recognized, it would be egotistical of me not to do that," he says. "They don't even know now that I am using their work."

He has written no papers for journals — "I have been in a medium where that is not possible. I am not involved with big teams of doctors, research workers, or institutions. I work on my own, in my private practice."

MANY INTERESTS

His offices are modest, "but functional for me." And he has been able to practice medicine, with many poor persons as patients, because he realized early that money for the material and educational blessings of life for his family would have to come from a source other than the practice of medicine in a city of 130,000. With this motivation, he engaged in businesses "on the side" — and highly successfully it might be added. He "loves cattle-raising," has developed herds of an Italian breed — Chianina — his pride and joy, from a bull which cost him two million pesos — about 160,000 U. S. dollars. Those cattle are tall, flat-backed, average 1,700 pounds, and occasionally one has weighed in at 2,000 pounds. He has done building, owns real estate near the airport which is being developed gradually. He owns an interest in a mercury mine, has been involved

in agriculture, has a cashew plantation, and raised chickens commercially. A man of many talents, he developed a gourmet's delight which he describes as "a very tasteful chicken," which he calls Malasian, a business his brother now owns and with which he is having "tremendous success" in Mexico City.

Up at 5 a.m., he retires at 9 — "I always try to sleep eight hours." The Izundegui family has no social life — "we don't go to parties or fiestas. Our main problem now is our children — (Liz [pronounced Leez] 13, Veronica, 11, and Frances 6). We take them out sometimes, but not to parties or movies. They accompany us everywhere we go — to the ranch across the river to see the cattle, to the office. They get involved with me, watch what I'm doing, ask questions, and help. (The oldest daughter assisted him during emergency surgery when a gangrenous leg was amputated from a lumber worker). When they are there and if I am involved with a patient, they pass things, it is a family thing."

HE PHILOSOPHIZES

About the time this interview took place in California, where the family vacationed two weeks during the holidays, an article was published in the *Los Angeles Times* written by Roger Rapoport, author of *The Superdoctors*. Dr. Izundegui was presented with these quotes:

"... (Health-care patterns in the U. S.) are frequently organized to benefit the doctor at the expense

of the patient . . . Unjustified hospitalization exposes people to hospital-induced diseases which contribute to the death of at least 100,000 Americans a year." Then this bright spot: ". . . Some physicians are coming to see that preventive medicine and intensive research hold out more promise than expensive operations and risky drug therapies. Some are spending more time with patients because they know that physical and emotional recovery are intimately linked. A few are even readjusting financial goals . . ."

His response: "Poor American doctors! They bring it on themselves. Of course, a doctor cannot do his best when lacking essential equipment and materials. Nor should a patient say, 'Doctor, do this. You are obliged to the patient, you have to be a Good Samaritan.'

"A doctor likes to wear good clothes, drive a good car, live in a good house, and have money to educate the children. But you can't make money on patients. That's a difficult point. Doctors are human beings, and they want to thrive also. But many get rich soon. That's wrong, when money becomes the objective. I have seen doctors like this. A patient goes to the office with a pain, is diagnosed appendicitis, has surgery. Twenty days later he goes to another doctor with the same symptoms. It was not the appendix."

APPROXIMATE COST

Needless to say, this doctor does not function thus, and should not be expected to treat patients with-

out charge. He says anyone desiring the treatment should be prepared to stay at least a month. The doctor does not operate a clinic, arrangements can be made through hotels, on an outpatient basis, and a hospital is available for emergency services. An estimate of cost ranges from \$60 to \$80 per day, depending upon the hotel expense — and this figure includes cost of the treatment. Contact may be made by writing him at the address above, or by telephoning him in Villahermosa at 2-40-17. You'll be talking with one of the most wonderful human beings on Planet Earth. And if I'm any judge of character, a man whose successes (and I personally hope he some day receives the Nobel Prize in Medicine), will never "go to his head."

NITRITE BAN DELAYED

The Agriculture Department in December said it will explore for another year how to reduce formation of potentially cancer-causing substances (nitrosamines) in bacon. It proposed new restrictions on use of nitrite and nitrate chemicals in most other cured meat and poultry products.

SOMINEX 2 BAN

Sale of Sominex 2, a sleep-inducing compound, has been halted in California by order of the State Health Department which charges inadequate labeling makes it potentially dangerous.

Homeopaths Critical of Yiamouyiannis 3X Comment

Correspondence between Henry N. Williams, M.D., homeopathic physician in Lancaster, Pa., and Dr. John Yiamouyiannis regarding the latter's controversial comment about Calc. Fluor. 3X, and a response to the Yiamouyiannis letter by Cecil Craig of Standard Homeopathic Co., Los Angeles, is reproduced below:

DR. WILLIAMS WRITES

Dear Doctor Yiamouyiannis:

Your "Warning on 3X" in the October issue of *The National Health Federation Bulletin* contains inaccuracies which I feel require clarification. To me there is a great difference between the issue of the fluoridation of public water supplies and the prescription and use of calcium fluor. The former is the case of using public water supplies as a vehicle for mass medication which I feel is unscientific and abhorrent to the adherent of the doctrine of the separation of medicine and the state. The latter is medication for use when the totality of the patient's symptoms corresponds to the effects of the medication on healthy volunteers. As medication, it is for use for a limited time, and advisably under direction of a physician.

Your implication that calcium fluoride in the dosage of 1 gr. \times 10-3 can kill is ridiculous. The

U.S.P.H.S. says the much more active fluorine preparation used in public water supplies will not harm in $1\frac{1}{2}$ quarts \times 10-6 daily for life. I, of course do not believe that either, and 20% of the adults who were given this dosage as children have mottled teeth, but were not killed.

I agree that consumers of "health foods" too often equate "natural-occurring" with healthy, and "bought in a natural food store" as a guarantee of quality and safety.

From all the definitions I know, 3X of any substance previously tested on healthy individuals meets the definition of "homeopathic" and a "dose." I do agree with your implication that homeopathic medication is medication and should be treated as such, and not as a food or "harmless substance."

It is hoped that the number of physicians well trained in the use of homeopathic medicines will increase so that dependable homeopathic medical advice will again become more widely available. The National Center for Homeopathy and its affiliates is striving to this end. Until that time, I do not see the advisability of restricting the availability of homeopathic medicine which is certainly safer than many of the drugs available over the counter in most every drug store. Supplying Calc. fluor. in

(Please turn the page)

lower than 6X should be considered.

— HENRY N. WILLIAMS, M.D.
556 W. James St.
Lancaster, Pa.

YIAMOUIANNIS REPLIES

Dear Doctor Williams:

Thank you for your very informative letter of 10/22/75.

First for clarification:

1. I was not trying to equate fluoridation and Calc. Fluor., other than to say that the fluoride dose received by 3X Calc. Fluor. at the dose recommended on the bottle may equal or exceed the amount of fluoride received from fluoridated water.
2. I did not try to imply that a person can get a "lethal dose" (enough fluoride to kill you on the spot) from 3X Calc. Fluor. (although a small child could conceivably die from ingestion of 7 oz. of this product). I merely wanted to clarify the point that a person can die from an intake of calcium fluoride as well as sodium fluoride (calcium fluoride is less toxic since the fluoride ion when accompanied *in solution* with the calcium ion, is not absorbed into the blood stream as readily); when taken in smaller doses, four 3X tablets, it is absurd to suppose that fluoride does not dissociate from the calcium in solution as has been suggested.
3. Let me assure you that mottled

teeth is one of the lesser adverse effects of fluoride. When I speak of sublethal doses of fluoride being able to kill, the following case exemplifies what I mean:

What concentration of cigaret smoke is necessary to kill? I have never heard of anyone being killed from cigaret smoke no matter how high the dose. Yet, cigaret smoke is a killer, and yellow fingers, while certainly an adverse effect of cigaret smoking, is the least of the smoker's worries.

4. Another problem is that consumers think homeopathic remedies are food supplements. From what I have been told by homeopaths so far, they are not. In fact, one health food store owner who is allergic to fluoride was taking the homeopathic 3X remedy as a supplement and had to discontinue its use because of allergic reactions.

I interviewed several homeopathic doctors and was told they rarely used even 6X, since 12X and more dilute (which they maintained are even stronger) doses were more desirable. They told me they use 24X doses (which contains virtually none of the substance), 100X doses (which contains absolutely none of the substance), and doses of even higher dilutions. When I mentioned that there was no more substance left, they returned that it was not the substance that was active but

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rather the effect of the substance on the solvent, and that as it got more dilute the effect became greater. They further told me they didn't even consider 6X truly homeopathic since it was not dilute (strong) enough. While I cannot comprehend their reasoning fully, if double-blind testing could confirm their hypothesis (and I have no reason to believe double-blind testing has been done), this should give some indication of whether they are getting results. In any event, at such low levels they are at least not doing any harm actively. One of the people I talked to, by the way, was president of one of the national homeopathic organizations. If I am wrong that 3X is not a homeopathic dose, it is because I was misinformed, and if so, I shall be glad to set the record straight (all I ask is that the homeopaths get together and decide what is homeopathic).

I wholeheartedly agree with you that Calc. Fluor. should not be available in doses more concentrated than 6X.

— J. YIAMOUIYIANNIS, PH.D.
Science Director, NHF
6439 Taggart Rd.
Delaware, Ohio

CECIL CRAIG'S RESPONSE

After reading Dr. Yiamouyiannis' letter of clarification to Dr. Williams, I was very dissatisfied. I found it both contradictory and vague. Let me show what I mean.

1. Whereas he says he was not trying to equate fluoridation

to Calc. Fluor. 3X, that is precisely what he has done in his article. The layman for whom the article was intended would obviously get the impression that Calc. Fluor. 3X in the dose suggested is a dangerous poison. This is borne out by the fact we have received letters of inquiry from several customers.

2. (a) Here he says he did not imply that death could result from the ingestion of Calc. Fluor. 3X. I suggest he re-read his article in which he "assures people, not just children, that they can easily kill themselves." This was a particularly irresponsible remark to make. There is absolutely no evidence of anyone ever having died from Calc. Fluor. 3X, nor is there any record of anyone having complained about ill effects from ingestion of it in the amount of daily dosage recommended.

(b) His suggestion that small children may conceivably die from ingestion of 7 oz. is absurd. There are 2,625 one-grain tablets in 7 oz. of Calc. Fluor., and it is inconceivable for me to imagine a small child swallowing that number. Not only this, but it is a ridiculous extrapolation of our suggested daily dose of 16 tablets.

(c) In our letter we merely pointed out the solubility of both sodium fluoride and calcium fluoride and its relation

to toxicity. We did not say, as he has interpreted, that fluoride does not dissociate from calcium in solution. If Dr. Yiamouyiannis had taken the trouble to study the reaction rate constants and chemical kinetics, along with some related pharmacology, he would have arrived at the conclusion that the extremely small amount of fluoride liberated from Calc. Fluor. 3X in the recommended daily dose is certainly not in the toxic range, and is, as we have said, insignificant.

3. I think his analogy of cigarette smoke with that of Calc. Fluor. 3X (because that is what he is driving at) is utterly ridiculous. There can be no such comparison made, and the example does not merit any further comment.
4. I personally do not think the majority of consumers of homeopathic remedies treat them as food supplements. They think of them as medication and take them accordingly. However, Dr. Schuessler's Twelve Tissue Salts, of which Calc. Fluor. is one, can be considered inorganic food supplements, although we do not suggest using them as such. His citing of the case of the person who was allergic to fluoride is again ridiculous, because the majority of the human population is allergic to one thing or another. There are people who are allergic to

milk, some to eggs, and others to pollen, etc. The thing to do in such an event is simply to avoid using or coming into contact with a known allergen. Lastly, he goes into some absolutely irrelevant details about the opinions of certain homeopaths he has spoken to. Opinions of doctors vary a great deal, and prescribing of different strengths of a particular remedy is entirely at the physician's discretion. From our point of view, the preparation and manufacture of our products is in accordance with the official compendium of Homeopathic Medicine, i.e. the H.P.U.S., and we are obliged to manufacture the strengths included therein.

In his article he has categorically stated that Calc. Fluor. 3X is not a homeopathic dose. In his clarification, however, he admits that he was misinformed. I do not need to say that it is unpardonable for anyone to write an article of warning without making sure that his information is absolutely accurate.

— CECIL CRAIG, PH.C.

President
Standard Homeopathic Co.
P. O. Box 61067
Los Angeles, Calif.

THE LEMON, with its citric acid, is reported to quickly change an acid condition into an alkaline one. Containing a substantial amount of fruit calcium, it supplies bones, teeth and nervous system with nourishment.

Editorial

Assault on the EPA . . .

A long article in *Barron's*, a business/industry-oriented newspaper, describes the attack on the Environmental Protection Agency — an assault which now finds Congress using its authority to hamstring EPA decision-making.

Titled "Worm Turning? — Congressional Opposition to EPA Is Growing Fast," the article written by Dana L. Thomas leaves one with the impression that if EPA had not banned DDT in 1972, if it had not banned Aldrin-Dieldrin in 1974, and if it had not drastically curbed the use of heptachlor and chlordane last fall, the agency probably would not be under attack.

"Environmentalists" and their legal arm, Environmental Defense Fund, are subtly pictured as the culprits.

And the appeal to the pocketbook shows up in this quote: ". . . pesticides have provided substantial savings in the production of food. As a result, the bans hurt consumers as well as farmers."

This appeal overlooks the fact consumers in all likelihood aren't getting the benefit of lower production costs anyway — no one sees the books, no one challenges price structures. But more important — most consumers would be glad to pay a bit more if they could be assured their food wasn't being infiltrated with poisonous chemicals, some of which cause cancer in animals.

Agribusiness carries potent political clout, and when it teams up with the chemical trust to bear down on those who write the laws, it takes a powerful counterforce to protect the public interest — which in this case happens to be *good health*.

To quote *Barron's* article further: "For the first time since 1970, when it gained its sweeping mandate from Congress, the Environmental Protection Agency has been threatened with legislative rebuff. Heretofore the EPA has been banning pesticides solely at its own discretion. However, a bill passed recently by the House requires it to notify the Secretary of Agriculture at least 60 days in advance of such a decision, whereupon the U. S. Department of Agriculture must prepare an analysis of the economic impact. The Senate has adopted a somewhat milder version of a bill imposing fewer restraints. Differences are being ironed out in conference. Whatever the final version, the debate in Congress reflects a rising sentiment, to bring, as Rep. Wampler of Virginia puts it, 'some accountability to the EPA's agricultural decision-making process.'"

It's a never-ending battle, isn't it? And always, at the bottom of all the argument is the nerve-center spelled d-o-l-l-a-r.

— D. C. M.

She Tangles With Supervisors, and Writes Schmidt

Ida Honorof Asks Testing Of All Foods for Dioxin

Consumer Activist Ida Honorof, publisher of *Report to the Consumer* (\$8 per year, P.O. Box 5449, Sherman Oaks, Calif.) has requested FDA Commissioner Alexander Schmidt to institute testing for residues of dioxin in "all cattle and animal protein products, all milk products, all fruits, vegetables and grain, and all beverages." She asks also that he request the Environmental Protection Agency to resume public hearings on the phenoxy herbicides, including: 2, 4-D, 2, 4-DP, 2, 4, 5-T.

A recent EPA report revealed that dioxin — banned for use by the military since 1969 — is present in 50% of beef samples tested. The report, concealed for more than six months according to Ms. Honorof, was published in *Pesticide Chemical News* (9/10/75): "TCDD (tetrachlorodibenzo-p-dioxin) was found in cattle tissues in levels up to 100 parts per trillion (ppt)."

"This is proof," said Ms. Honorof, "that dioxin is present in our food chain. The Department of Agriculture and chemical companies were aware in the early '70s (Sen. Hart hearings) that the phenoxy herbicides remained and biomagnified in the food chain. Samples are now being taken by EPA from small mammals exposed to TCDD, and samples will be taken of mother's milk as well, to

determine residues of TCDD. It is expected that the hearings to determine residues of TCDD, postponed in June 1974 to permit the EPA to set up a monitoring program to determine if TCDD is bioaccumulating in man and the human food chain, will resume soon."

Ms. Honorof sent copies of her letter to the FDA to Senators Gaylord Nelson and John Tunney, and to several congressmen including California's George E. Brown, and Edward J. Patten of New Jersey.

NO TOLERANCE LEVEL

"No tolerance level for food has ever been established for dioxin," continued the letter to Mr. Schmidt, "and since all the phenoxy herbicides contain dioxin — whether it be tetrachloro, hexachloro, pentachloro (all the benzo-dioxins), there is every indication that most of our foods contain this deadly contaminant. Thirteen dioxin isomers were isolated in one government study. Tests conducted by EPA proved that cattle grazing on rangelands previously treated with 2, 4, 5-T contained residues of TCDD, the world's most lethal synthetic agent. Library of Congress lists dioxin's oral toxicity for humans as 42 micrograms. It is 100,000 to 1 million times greater a teratogen than thalidomide, according to Dr. J.

Verrett of FDA.

"The rangelands involved in the EPA study had been treated with ½ pound of 2, 4, 5-T per acre, whereas 17 national forests in California are being treated annually with 4 pounds of these defoliants per acre . . . The Bionetic Report commissioned by the National Cancer Institute (1965-69) confirmed that these herbicides produce cancer, birth deformities, and genetic disease."

ANOTHER CONFRONTATION

The fact the National Forest Service still is using toxic dioxin led to another confrontation between Ms. Honorof and the Los Angeles Board of Supervisors. County Administrative Officer Harry Hufford had told the Board, "Herbicides which produce toxic dioxins have not been used by the Forest Service in 1973, 1974, or to date in 1975 . . . a county monitoring program discovered no trace of dioxins . . ." Ms. Honorof promptly pointed out that the county lacks the sophisticated equipment to test for dioxin. She suggested the county contract with EPA to monitor the toxin.

Ms. Honorof met with officials from the Administrator's office, Dr. John Affeldt of County Health Services, Agricultural Commissioner Paul Engler, and Dr. Naresh Jain, a toxicologist who, she says, "was unaware that 2, 4, 5-T is not the only phenoxy herbicide that contains dioxin."

"These 'experts,'" she said, "treated with disdain the information that the USDA Plant Research Division at Beltsville, Md. in 1971

proved that hexachlorodibenzo-p-dioxin was present in 2, 4-D up to 1 part per million, and that there are reams of government publications showing 2, 4D, 2, 4DP, 2, 4, 5-T, etc., contain dioxin."

Although the group agreed there should be routine testing for dioxin, the following report was submitted to Supervisors by the County Administrative Officer: ". . . Ms. Honorof feels these herbicides (2, 4-D, 2, 4-DP) form highly toxic dioxins, while our Health Services and the Agricultural Commissioner do not agree, based on their analysis. (Ed. note: "There was no analysis for dioxin," says Ms. Honorof). In addition, the herbicides presently being used by the Forest Service have been approved by the EPA. While we will be happy to work with Ms. Honorof further on the matter, we feel the Forest Service's use of herbicides is proper, and recommend the Board sign the policy budget contract with the Forest Service."

The county has expended from \$20,000 a year to \$90,000 this year for the service. What did the Board do with this recommendation? It approved it.

WILL BE APPEALED

An appeal is to be filed by Attorney George Kell following the Laetrile conspiracy conviction by a San Diego jury of Dr. James Privitera, Carroll Leslie, William D. Turner, Winifred Davis and Phyllis Disney.

The trial lasted four months, the jury deliberated three days.

Book Review

Here's a Crusade You Can Identify With!

Author Laura Tallian, researcher and writer on the pesticide menace even before Rachel Carson produced her monumental work, has come out with another blockbuster — *Politics and Pesticides* (\$2.50, People's Lobby, 3456 W. Olympic Blvd., Los Angeles). Mrs. Tallian's earlier book, *The Pesticide Jungle*, is also a People's Lobby publication.

Her latest creation is a competent and persuasive effort to focus public opinion on the California political power structure to bring pressure to bear on the Director of Food and Agriculture to switch from the lethal eradication policy to biological control of insects.

This lady has done her homework well. The book bristles with facts and figures, and proof positive that if Governor Brown and the state legislators will only take a look at the problem, they can come up with only one conclusion: mandate the change!

Everyone is conscious of the tax dollars going down the drain for unneeded purposes. Laura Tallian shows how the Food and Agriculture Department gets one million dollars a year to spend for "emergency eradication," with the director the sole judge of where and how to spend it. She shows that for the six years before 1959, much less than that was spent to rid fields of beetles, marauding flies, scale, leafhoppers, grapeleaf skeletonizers, etc. The unused portion

of the million is supposed to revert to counties, but you don't keep a bureaucracy afloat thataway — so you know what happens come budget time — a new demand for another million.

The book briefs the reader on the battle in the '60s to control the woolly whitefly and the citrus whitefly, showing how Dr. Paul DeBach, world-famous entomologist, UC Riverside, was bringing the pests under control when it was sabotaged. "The biological control plan was succeeding, the time had come to stop the eradication program," writes Mrs. Tallian. "Instead, hysteria developed among sprayers. Plainly, officials of the Department, although they had employed Dr. DeBach, did not understand his work and had no intention of consulting him. Again they spent \$211,732 for insecticide and its application in the areas Dr. DeBach had hoped to establish his parasites . . . A media campaign announced a 4-year spraying program, growers were frightened into contributing \$68,000 toward the campaign, daily bulletins were issued regarding the war against whiteflies . . ." The state arrested 11 persons for resisting the sprayers, the state moved in 20 spray rigs and spent \$549,508 spraying 528 city blocks in seven southern California communities including San Diego.

A case is made for enacting legislation
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Broadened Scope for Second Food Day Apr. 8

The second annual Food Day is scheduled for April 8, according to Michael Jacobson of the Center for Science in the Public Interest.

Many people and groups have asked that we coordinate another Food Day, planned better and earlier so they could develop more effective projects," he said. "In the coming campaign we want to build upon, rather than just repeat, last April's experience. Like the first Food Day, we expect many persons and groups will organize

lation delegating to the Division of Biological Control at University of California the decisions having to do with control of insects. There are times when eradication of invading pests may be chosen—as with the fruit fly which is being done through biological control by irradiating insects to make them sterile, and mating them with sterile partners.

She pleads—and People's Lobby pleads—that the public learn about this problem, take an interest in it to the extent of communicating with elected officials from the governor on down, so that certain changes are made, and a few decisions are taken out of the hands of bureaucrats.

Get this book, arm yourself with a few cold facts, and prevail upon your legislators, individually and through whatever organizations you have any influence with, to eradicate the poison spraying, which will help clean up soil and food for you and your children!

teach-ins, gardening projects, food cooperatives, movie-thons, special classes, radio and TV specials, debates, farmers' markets, and other activities.

"Our main focus will be to urge coalitions, groups and individuals with more-than-average energy and sophistication to take on a more comprehensive project—helping formulate responsible food policies for their city and state. We are preparing a manual to guide such a project. A few cities have initiated exciting programs. Let us know if you are interested in developing Food Day projects, or if you have ideas that can make it a success."

The Food Day national office is at 1785 Massachusetts Ave., N.W., No. 206, Washington, D.C. 20036.

KERR-McGEE NUCLEAR PLANT CLOSING DOWN

United Press International reported last November that "the giant Kerr-McGee nuclear plant" in Crescent, Okla., would be closed down by the end of the year. The shutdown, said UPI, "was caused by lack of business," according to company officials, "but some Crescent residents believe the publicity resulting from the death of Karen Silkwood, a worker contaminated with radioactive plutonium who died in a mysterious car accident minutes before she was to meet a reporter to disclose alleged plant safety violations, played a part in the decision.

Readers Write:

NHF Okay On All But Nuclear Power Issue

EDITOR:

After supporting NHF for many years, attending conventions, getting petitions signed, pushing membership for others, etc., I have come to the end. I mean, it shouldn't end this way, but it has. I was behind you 100% in your activities, especially the pressure on Congress to keep stores like ours free of vitamin restrictions. NHF will continue to have my blessings in the area of health legislation and informing the people of the dangers that exist.

But the article about nuclear power in your November issue has ended the support I have given over the years. Please continue to send *The Bulletin* until my membership expires in July 1976, but all other NHF material will be neglected by me. Just to think that one article did it, but that's what it was.

I believe you should have handled the nuclear problem less one-sidedly, so I'm enclosing a reprint which gives the other point of view.

There's more involved than the monopoly Dr. Exner discusses. My belief is that with the so-called shortage of energy (which there isn't) that nuclear power is a must if we are to survive, that is, if the government continues to harass the flow of energy from independent producers of oil, coal, gas, etc.

Sure there are other means of getting power, and I'm all for them, but until they're active and producing, we need nuclear fuel.

So, the article turned me off completely. It's too bad it had to appear in your *Bulletin*. I really do hope you get hundreds of letters of my point of view, but if not, it proves how the good doctor has brainwashed your readers.

— DAVID GLAWE
Escondido Juice Co.
235 W. Grand Avenue
Escondido, Calif.

'OUTRAGEOUS'

EDITOR:

I am co-owner of Escondido Juice Company. I've been acquainted with your magazine for years. While many of your articles are conservative, I have always felt a pro-liberal trend in your publication. Your recent article against atomic energy was outrageous.

In all fairness, the factual information in the enclosed reprint on atomic energy should be made available to your readers.

— PARLEY TEWALT
YVONNE TEWALT
235 W. Grand Ave.
Escondido, Calif.

(Ed. note: It is unfortunate that efforts to achieve a clean environ-

(Please turn the page)

ment for all Americans, those here now and those to come, should be weakened by ideological differences. "Conservatives" and "liberals" joined hands in a common front in the vitamin battle; they are starting to work together in the fluoridation struggle ("liberals" have been traditionally profluori-

dation because they didn't understand the danger), and they work together in trying to loosen the grip of monopolistic interests that threaten freedom, and make a mockery of "free enterprise." Wouldn't it be more productive to cease labeling, and to cooperate on issues involving mutual agreement?)

Ham Fish No Conservative, Says Arizonan

EDITOR:

I have a question on a statement made in the November issue of the *Bulletin*, page 12—"Do Something About It? Yes, We Can!" A reference is made to Rep. Hamilton Fish (N. Y.) as being a conservative. Can you tell me why a man who votes a 20 on the conservative scale of 100 should be put in the same league or class as a Representative who votes 98 or 100? Like Rep. John Conlon (Ariz.) 98, Rep. John Rousset (Calif.) 100, Rep. Larry McDonald (Georgia) 100, and Rep. Steve Symms (Idaho) 98.

It seems a bit dishonest and misleading, even confusing, to con-

servative (Americanist) readers like myself who feel the lesser of two evils is still evil. Maybe you can clear this up for me, Sir. I'd appreciate an answer on it. Thank you.

—T. L. DOCHERTY
508 No. 2nd St.
Williams, Ariz.

(Ed. note: The editor made an assumption—and assumptions certainly are not always compatible with facts—that Mr. Fish was a "chip off the old block"—that as a son of the illustrious Hamilton Fish, he is conservatively-oriented. Thanks for setting the record straight).

Texan Liked 'Nuclear Special'—Gave \$100

EDITOR:

I wish to thank NHF for the article by F. B. Exner in the November *Bulletin*. I sent every senator a form letter on the vitamin controversy, and added a personal note on each that I was opposed to nuclear power and wanted their opinion on it. I received many

"form letters" in reply to the vitamin part, but *only one* acknowledged that I had asked about nuclear power. The letters may have helped, but nothing was read—not even by the secretary.

I am sending my check for \$50 and enclosing a copy of my letter to the Task Force Against Nuclear

Pollution. Use this any way you see fit. I am a perpetual member and only wish I could do more, and will when I can. If you have any form letters on this subject, send me about 200 and I'll get them mailed. It will help some.

—E. W. GARRETT
Star Rte. — Box 333
Lytle, Texas 78052

(Ed. note: Mr. Garrett's letter to the Task Force follows: "Enclosed is my check of \$50. I am sending this because of the National Health Federation article in its Nov. '75 *Bulletin*. Now do not waste stamps and time thanking me or asking me for more as you did when I contributed earlier. I'll send more again when I get it. If you want to help, send me a list of all senators and House members, and I will get off some more letters. Form letters would help me.")

'WE CAN AND MUST'

EDITOR:

Fellow Citizen: The NHF is *our* medium for the assertion of our mutual Rights. If we *will* maintain those Rights: Each of us *can* and *must* multiply our political influence through the NHF by two commitments: First, ask other families to join NHF; recall the words of Dr. Ellis, "Each-one-get-one." Second, *express your opinion to your Congressional representatives*. Pledge to act now. Please.

—EDWARD V. CAIN, JR.
621 Wessex Way
Belmont, Ca. 94002

(P.S. Included with this letter

are the applications and the payments from three families whom I have *asked* to join our NHF movement.

MARGARET MEAD HITS 'PLUTONIUM ECONOMY'

Anthropologist Margaret Mead says the world faces destruction from "plutonium economy," and she is urging churches to take the lead in tackling the danger. All types of nuclear energy should be stopped "immediately," she told a Nairobi, Kenya audience at the Fifth Assembly of World Council of Churches.

"Plutonium is the one material known to man that is indestructible," she said. "That is to say, it would take at least 24,000 years for plutonium to destroy itself. There should be an immediate moratorium on development of all nuclear power plants, with all efforts going into alternate sources of energy, such as solar, or possibly fusion. We have filled the ocean with garbage, and now the new frontier for danger is the air."

ATOMS TO AFRICA?

Nuclear proliferation continues, with the government of South Africa ready to contract for a \$700-million installation. The order is sought by a West German firm, Kraftwerk Union, as well as by an American-Swiss combination of General Electric Corp. and Brown-Boveri, and a French company, Framatone.

In Large Doses With Meal, Vitamin C Destroys B-12

When taken in doses of 500 mg or more with meals, Vitamin C destroys substantial amounts of Vitamin B-12, Dr. Victor Herbert, professor of medicine and pathology at Columbia University's College of Physicians and Surgeons, reported after a two-year study involving patients in the Bronx VA Hospital.

He told the *National Enquirer* that "Vitamin B-12 is the nutrient which protects humans against anemia. While it may take years for a serious B-12 deficiency to develop, lowered levels will cause shortness of breath, fatigue, lowered resistance to infection, and eventually anemia.

"I found that patients receiving about 2,000 milligrams of Vitamin

C a day had low Vitamin B-12 serum levels. To determine whether the Vitamin C was destroying the B-12 we did lab tests, using small quantities of C—500 mg the largest—and found it destroyed 50% to 95% of the B-12."

He said "there appears to be a two-hour time period before and after meals when Vitamin C acts on the B-12 in food and destroys it." This suggests that perhaps large doses of Vitamin C should be taken either two hours before, or two hours after eating.

At Cleveland Metropolitan General Hospital, Dr. John Hines said he has observed anemic conditions in patients who have used large quantities of C for years.

Validity of Earlier Tests Disputed By Pauling

(Ed. note: Asked for comment, Dr. Linus Pauling referred to a statement he made in January 1975: "In November 1974 Drs. Victor Herbert and Elizabeth Jacob published an account of an experiment that suggested to them that large doses of Vitamin C might destroy the Vitamin B₁₂ in food and lead to a deficiency in Vitamin B₁₂ in the body. Their method of analysis was not reliable (they homogenized food with different amounts of ascorbic acid, and allowed the sample meals to

incubate 30 minutes at 37° C to mimic the gastric environment), and moreover their principal experiments were carried out in the presence of oxygen, which is known to be involved in the reaction. It seems likely that destruction of Vitamin B₁₂ by Vitamin C does not occur to a significant extent in the process of digestion, because the partial pressure of oxygen is low in the stomach and intestines. Moreover, the form of Vitamin B₁₂ usually present in multivitamin tablets is re-

Vitamin C Acts on Polyps, Says VA Doctor ENOUGH TO KILL

Massive doses of Vitamin C have been used successfully to treat a polyp of the colon believed to lead to cancer, Dr. Jerome J. DeCosse, Medical College of Wisconsin, Milwaukee, reports.

Eight patients were given three grams of C daily in timed-release capsules over periods of four to 13 months. The polyps disappeared completely in two cases. One patient had 120 polyps, the other 20. In three patients, the polyps partially regressed, one from 45 to 17. In the remaining three there was no change, or an increase.

Dr. DeCosse said the research team hypothesized that the vitamin interferes with bacterial growth that could lead to polyps in the colon.

The patients suffered from a rare inherited condition which if untreated in adolescence causes death by age 40.

sistant to this attack, and persons taking supplementary Vitamin B₁₂ would have a sufficient supply, whether or not they take large amounts of Vitamin C. My conclusion is that there is little probability of any serious side-effects, for most people, from a large intake of Vitamin C for any purpose, and the true benefit of the large intake of this vitamin is so great as to justify its use.")

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

Two medical scientists have told a Senate Small Business Subcommittee that over-the-counter sleep aid and calming agents often are not strong enough to relieve mild insomnia and tension, but in overdose amounts are strong enough to kill.

BEQUESTS and GIFTS

BEQUEST IN WILL: Here is a suggested statement for the convenience of those who wish to incorporate into their wills a bequest to The National Health Federation:

"I give, devise and bequeath to The National Health Federation, a non-profit corporation, incorporated under the laws of California, with headquarters at Monrovia, California, the sum of.....(\$.....) (and/or property herein described) for its discretionary use in carrying out its general aims and purposes."

INSURANCE POLICY GIFT: For those who wish to name The National Health Federation as sole beneficiary, or one of the beneficiaries, in an insurance policy, it is suggested that you obtain from your insurance agent the necessary legal form or application for your signature, before witnesses if required. The following designation is suggested:

"The National Health Federation, a non-profit corporation, incorporated under the laws of California, with headquarters at Monrovia, California, the sum of.....(\$.....) for its discretionary use in carrying out its general aims and purposes."

MEMORIAL FUND: Should the donor desire to create a Memorial Fund in a will or insurance policy, state, after the sum of property described in the beneficial gift, that the fund is to be known and designated as the "....(name).... Memorial Fund."

Nutrition May Be 'No. 1 Problem' Says McGovern

Nutrition — its lack, excess, or quality — may be the nation's No. 1 health problem, says a 258-page staff report released by the Senate Select Committee on Nutrition headed by Senator George McGovern.

"Our eating habits and the composition of our food have changed radically, but we do not have any detailed measure of what is happening to the nation's health," Senator McGovern said. "The threat is not beri beri, pellagra or scurvy. Rather, we face the more subtle but also more deadly reality of millions of Americans loading their stomachs with food likely to make them obese, give them high blood pressure, induce heart disease, diabetes, and cancer — in short — kill them over the long term. We face the tragedy of anemic children failing in school and repeating that pattern of failure throughout their shortened lives."

The senator charged administrations since 1968 of "systematic indifference" to the need for action, and the White House refused comment.

A White House food and nutrition policy board is recommended in the report, along with a speed-up and more comprehensive nutrition studies by the Departments of Agriculture and HEW. Senator McGovern said he is not sure why the present and previous administra-

tion had rejected programs proposed over the years by specialists inside and outside of government for improving the nation's nutrition, but he said politics may have played a part. He said the Department of Agriculture's household food consumption survey, scheduled to begin in January, had been delayed at least a year by the Office of Management and Budget, "supposedly for technical reasons. But one official reports that in fact the Administration did not want to be embarrassed in an election year by preliminary findings which might very well show a decline in the nutritional quality of the American diet."

He said he is aware that "remedies for the problems will not all be obvious or easy, they demand the rethinking of established economic patterns and assumptions. But they must be faced squarely, and if change is necessary, then we must change in a manner which protects the interests of food consumers and producers alike."

NONSMOKERS' BILL

If you'd like to insure smoke-free air in public places, write your Congressman asking for support of H.R. 10748, a bill introduced by Rep. Robert Drinan of Massachusetts making it a crime to smoke in specified areas.

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

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Address: P.O. Box 688, Monrovia, California 91016.

Betty Lee Morales — Secretary

Dorothy B. Hart — Vice-President

Kurt W. Donsbach — Chairman of the Board of Governors and Executive Assistant to the President.
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V. Earl Irons — Vice Chairman of the Board of Governors

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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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The expiration date of your membership is shown below your address. If it expires next month, please renew now, so that you will not miss a single issue of *The Bulletin*. This also saves NHF the expense of billing you.

Thank you!

PLACE
13c STAMP
HERE

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

Southwest Regional—March 13-14
Ramada Inn East — Phoenix

Rocky Mountain Regional — May 9
Holiday Inn Downtown—Denver

So. Calif. Regional — May 15-16
El Cortez Hotel — San Diego

HELP SAVE OUR HEALTH FREEDOMS