

National Health Federation

BULLETIN

OCTOBER 1976

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**MORE ON
SWINE
FLU
BOONDOGGLE**



DR. MORRIS

**FDA Vaccine Expert
Fired for Calling Shots
As He Sees Them**

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**He'll Tell Story at
Oct. 30 NHF Session**

•
Lawyer Slated Too

**Capitol Newsman Rips
Into Schmidt Regime, ►
Says Heads Should Roll**

★

**Update on Laetrile Front,
Antifluoridation Drives**



I. BADHWAR

**Crecelius Questions NIH Nutrition/Cancer Study
Fredericks on 'Crisis' Vs. 'Holistic' Medicine**

Dedicated to the Protection of Health Freedoms

THE
**NATIONAL HEALTH FEDERATION
 BULLETIN**

Protection of Health Freedoms

Published Monthly

Volume XXII — Number 9

October 1976

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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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National Health Federation Bulletin, published monthly January through December, except July-August which are combined, at 212 West Foothill Boulevard, Monrovia, California 91016, by National Health Federation, a nonprofit corporation. Don C. Matchan, Editor. \$1.50 of the \$8.00 annual membership is paid as a yearly subscription to the National Health Federation Bulletin. Single copies, 50 cents. Second-class postage paid at Monrovia, California 91016.

'Bad Precedent,' Says Congressman

Acting on "the urgent request of President Ford," Congress adopted legislation August 11 which cleared the way for the mass inoculation program by indemnifying insurance companies against potential lawsuits.

During hearings on the issue before the House Subcommittee on Health and Environment, Congressman Henry A. Waxman urged colleagues to "move slowly and with great caution" on insurance legislation for the swine flu vaccination program. He disagreed sharply with the insurance industry's position and expressed fear that government indemnification "might set a very bad precedent.

"Neither the drug nor insurance companies stand to make windfall profits from the swine flu vaccination program," he said. "Nevertheless, both are economically healthy industries whose profit-making goes relatively unhindered by government regulations. I feel they have a social responsibility to work out an insurance arrangement for this important project. It is quite annoying to hear corporations talk about turning things over to the federal government when the prospects for profit aren't too great. Most of these companies would accuse us of promoting communism if we advocated federal takeover of a highly profitable program," Waxman concluded.

Moenckmeiers Suing Feds, Lawyers, Bank

Based on preliminary information received, the June *Bulletin* in mentioning the harassment against those who produce, sell, or prescribe Laetrile, reported that "U.S. officials seized the supplies, a bank account, and records of Spectro Foods, New Jersey, importer and distributors of amygdalin manufactured legally in Germany."

We have learned in correspondence from Ernest and Janene Moenckmeier, 715 Park Avenue, 8th Floor, East Orange, N.J. 07017, the following: "No criminal indictment has been handed down

against them as might have been implied, nor are they out of business. The Moenckmeiers have filed suit in Federal Court in Newark, N.J., against the Attorney General of the U.S., U.S. Attorney Jonathan Goldstein and various Assistant U.S. Attorneys, the U.S. Food and Drug Administration, and various U.S. FDA officials and agents, the Midatlantic National Bank of New Jersey, and Mr. John J. Carlin and Mr. Irving I. Vogelman, local New Jersey lawyers."

We regret that our first report failed to give complete details.

Fired Because He Opposed Inoculations?

Swine Flu Vaccine Critic Will Be at NHF Convention

Dr. J. Anthony Morris, 57-year-old microbiologist who says he was fired by FDA Commissioner Alexander Schmidt for criticizing the swine flu vaccination program, and his attorney, James Turner, will be among the panelists discussing the swine flu issue at a one-day National Health Federation informational convention in the auditorium at the Los Angeles College of Chiropractic, 920 East Broadway, Glendale, Calif., Saturday, Oct. 30.

Other speakers will be H. Ray Evers, M.D., chelation therapy specialist; Dr. Leonard Savage; Consumer Activist Ida Honorof; Dr. Kurt W. Donsbach, who will speak on the nutritional approach to swine flu prevention; and Clinton R. Miller, of the NHF staff.

Dr. Morris has been with the Food and Drug Administration since 1940, a specialist in influenza research much of the time. On July 12 he was advised by letter that he was being dismissed because of "insubordination and inefficiency." A federal hearing examiner had recommended that he be suspended for five days without pay, but not fired.

The scientist, whose past criticism led to changes in the regulation of vaccines, told *The Washington Star*, "There is no doubt in my mind that Schmidt moved because I opposed the swine flu program." He contends the vaccine is not

particularly effective, that it may induce "hypersensitivity" to the virus, and that there is no precise way to measure the vaccine's potency.

A Food and Drug Administration spokesperson told *The Star* that Dr. Norris' position on the swine flu issue "had nothing to do" with the firing, and that a proposal to terminate him originated a year earlier.

He acknowledged it is "very unusual" for an FDA employee to be fired, but said a panel of "outside experts" had found "deficiencies" in Dr. Norris' work.

Dr. Theodore Cooper, assistant secretary for health, HEW, called Dr. Norris' charges "ridiculous." He said there was no attempt to suppress dissent about swine flu.

In opposing President Ford's program to offer swine flu vaccine to all Americans, Dr. Morris made these points:

- Effectiveness of flu vaccines is "comparatively low."

- Flu vaccine made from inactivated virus particles, such as the one now being manufactured, produces "the wrong kind of immunity." It elicits systemic antibody that can be measured in the blood, but does not produce the local antibody, in lungs and nose, needed to protect against infection by the flu virus.

- Flu vaccine, like inactivated

Immunologist Criticizes Swine Flu Project

Nobel Prize winner in immunology Gerald M. Edelman, was the first major figure in the scientific community to criticize the swine flu vaccination project. He told the Associated Press that in his opinion the \$135 million to be spent for drugs and inoculation would be more wisely invested in basic research into vaccines, as well as virological and genetic research.

And in Melbourne, Australia, Dr. G. J. V. Nossal of the Walter & Eliza Hall Institute of Medical Research, said "The protection rate afforded by flu vaccines is rather low, about 50%. I would rather see \$100 million spent for research into better vaccines." He added that he does not believe the swine virus said to have been detected at Fort Dixon, N. J., would sweep the world. "If it were a red-hot flu virus, it would have escaped from that army camp by now (early April)."

measles virus vaccine, may induce hypersensitivity, so a person inoculated this year may have an allergic reaction to the virus if later infected.

- There is no precise way to measure the potency of flu vaccine that will be offered Americans (because the standard units do not measure the mass of virus particles in a vaccine).

- There is no evidence that swine flu will spread. It had not been isolated anywhere since it was found in February at Fort Dix, N. J.

- Swine flu virus does not produce severe disease, but mild transient illness. The New Jersey virus probably is not related to the one that caused a global epidemic in 1918-19.

Dr. Morris quotes a 1969 paper in the *Bulletin of the World Health Organization* which concluded that "Optimally constituted influenza vaccines at standard dosage levels have little, if any effectiveness, and that even large doses of vaccine do

not approach the high degrees of effectiveness achieved with other vaccines."

Government scientists say flu vaccine has been improved since 1969.

In 1971, Senator Abraham A. Ribicoff asked the General Accounting Office to investigate the regulation of vaccine after a number of "disturbing questions" had been raised by Dr. Morris and his attorney, James Turner, a consumer advocate.

The GAO concurred with some of Dr. Morris' criticism, finding that scientific studies "disagreed significantly" on the effectiveness of flu vaccines, with estimates of efficacy ranging from 25% to 73%. Federal health officials have said the swine flu vaccine will be "80% to 95%" effective this year.

The HEW hearing examiner, Henry L. Moore, said in May that firing Morris would be "excessively severe" punishment because the scientist's insubordination was "of

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Tumor-Forming Potential of Vaccine Cited by Pediatricians

The American Medical Association has endorsed the flu immunization program "on its medical merits, although it is recognized that certain persons should not be immunized," said an editor's note in response to a letter from James E. Turner, M.D., Elmhurst, Ill., who disapproved an article in the *AMA Journal*.

Said Dr. Turner: "Your April 5, 1976, article, 'Vaccine Drive Faces Problems,' alluded to the possible political motivation behind President Gerald Ford's sudden announcement about vaccinating all 210 million Americans with 'live' influenza vaccine. That this may be so is borne out by the timing of his statement right after his loss to Ronald Reagan in the North Carolina primary. Why, then, did the AMA so quickly rush to his aid with an almost unqualified statement of minimal seriousness?"

FDA Commissioner Schmidt, who will leave the agency Dec. 1 to return to the University of Illinois, came to a different conclusion. In the letter to Dr. Morris, he said: "Your direct disobedience of your immediate supervisor signifies to me your unwillingness to exist within a necessary chain of administrative command."

Dr. Morris is appealing his dismissal to the Civil Service Commission.

ment of support? . . . This type of activity by the AMA is not going to make the concept of unified membership an easy thing to pass.

"Another question about vaccinating all 210 million Americans was not covered in your article. What about preschool children and infants? I believe the American Academy of Pediatrics came out against this, and that the reason is the oncogenic (tumor-forming) potential of the vaccines as proved in Rhesus monkeys. Whether or not this oncogenic potential actually exists for humans remains unknown, but I certainly don't believe we should experiment on an age group that handles influenza illnesses at least as well as most other moderately severe respiratory viral illness, and in which mortality in the immunocompetent is extremely rare.

"President Ford's recommendation for rapid, total inoculation against swine influenza reminds us of the antipolio inoculation bandwagon of the 1950s, with similar hazards likely. In the polio inoculation campaign, pharmaceutical companies apparently were rushed into producing vaccine which could not be thoroughly tested for the presence of live virus. As a consequence, some companies were sued for disabilities and deaths due to live virus.

"In the planned flu inoculation,

Flu Over a Cuckoo's Nest

The obsequious vote by the House to approve President Ford's request for \$135 million to vaccinate all citizens against a possible outbreak of swine flu was a perfect example of a know-nothing Congress rubberstamping a know-nothing program.

The blind leading the blind. Or, possibly, the biggest boondoggle to the pharmaceutical industry in a political year.

A panic-stricken nation believes the following: An outbreak of swine flu occurred at Fort Dix, New Jersey. That it infected more than 500 soldiers, according to an Army press release. This same flu occurred in 1918, killing 20 million across the world. Therefore it is necessary to protect ourselves against a possible epidemic of swine flu during the next flu season. So, on with filling the syringes.

But consider the facts. There is no proof, no evidence, that the swine virus detected in about 12 hospitalized soldiers through serology or viral isolation was similar to the one thought to have infected

once again, the manufacturers, the patients receiving live virus, and those of us allergic to egg will doubtless be considered expendable. In any political action, it is always trumpeted as the greatest good for the greatest number, ignoring the possibly fatal hazards to individuals in order to obtain mass votes."

people in 1918. It is widely conceded, even by backers of the mass-vaccination scheme, that the deaths in 1918 were not directly related to swine flu. Most people died of secondary invaders, pulmonary infections and pneumonia which were hard to cure because there were no antibiotics in those days. Any weakened condition—not just flu—predisposes us to such secondary invaders for which the treatment must be specific.

The 500 swine flu cases we are told about are a projection. It does not mean that 500 soldiers at Fort Dix were hospitalized with swine flu. The figure is derived from retrospective blood samples taken from 1,100 Fort Dix residents—not sick persons—some of whom had been hospitalized with flu, while others had not. Of them, some 273 had antibodies to the swine virus in their blood.

MEANS WHAT?

Now what does this mean? Promoters of the mass vaccination program tell us this means there was a definite case of human-to-human spread of the swine virus. The government's scientific establishment does not question this judgment. But maverick scientific and consumer elements in and out of the government have been raising their voices against needling the entire population on the basis of pre-

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liminary data gathered from Fort Dix.

Dr. Sid Wolf of Ralph Nader's Health Research Group is not convinced that the data presented so far justifies the massive expenditures planned. Consumer lawyer, Jim Turner, author of *The Chemical Feast*, considers the Ford scheme idiotic.

And many scientists point out that antibody presence in single sera specimens as collected in Fort Dix are scientifically meaningless. Besides, a widely accepted theory—the theory of the original antigenic sin propounded by Thomas Francis 35 years ago—holds that if a person during his life has been infected by numerous viral strains, the highest rise of antibodies will be to the first virus contacted. In other words, if you were infected by virus A-1 10 years ago, virus A-2 three years ago, and virus A-3 last month, and you undergo an antibody titre, the highest antibody rise will be to virus A-1 and not A-3, your most recent infection.

So the 273 cases in Fort Dix do not necessarily demonstrate that they were sick because of the swine infection. It may demonstrate on the other hand, that small outbreaks of swine influenza may have occurred in man from time to time but remained unrecognized because of the difficulty of identifying the strains in the laboratory.

NO EVIDENCE

In the civilian population, less than a fistful of swine cases have

been identified through viral isolation. And there still is no evidence of human-to-human spread of swine flu in the civilian population in recent years. However, studies now being conducted by the Center for Disease Control in the civilian population are reportedly showing swine antibody reactions in all age groups. And the theory is that this is "cross reactivity." In other words, if you are exposed to say 10 different A strains of flu (the most common strains), you develop a mosaic of antibody reactions—you broadly react to a number of antibodies including swine even though you have had no contact with the swine virus.

Now keep this in mind: *Last autumn, immediately before the outbreak of the flu epidemic at Fort Dix, all recruits and residents were mass-inoculated with the Port Chalmers flu vaccine. This vaccine contained antigens to protect against the prevalent flu strains, including A-Victoria flu.*

What is little known is that the majority of Fort Dix personnel who fell sick by the hundreds during the flu outbreak had A-Victoria flu. In other words, even though they had been inoculated against A-Victoria a few months earlier, they still came down with A-Victoria flu. The vaccine did not protect them.

And if the A-Victoria antigen does not protect against A-Victoria flu, how do we know that the swine antigen, to be used in mass immunization, will protect against an outbreak of swine flu? The truth is, no one knows.

'USELESS'

There is also a significant body of scientific opinion which holds that the flu vaccine just does not work. It is useless.

As proof of this they cite that in 1968-1969 the severest and most extensive outbreak of Hong Kong flu occurred in the United States. *And this despite the fact U.S. citizens were given flu shots against Hong Kong flu on a more extensive basis than anywhere else.* The World Health Organization made note of this in its *Chronicle* in June 1970.

More examples: There was a similar finding in Britain. A report to that country's medical research committee on flu noted that "the incidence of [Hong Kong Flu] was not significantly reduced by vaccination . . . a real disappointment to have found so little evidence for protection . . ."

In 1970, the *Journal of the American Medical Association* reported on a flu-B virus epidemic in Klawok, Alaska: "36 of 46 persons who had been vaccinated during the preceding 3-12 months developed clinical flu, and the attack rate within this group did not differ significantly from the attack rate in the unvaccinated population."

In 1964, the *New England Journal of Medicine* reported on results of vaccination against Asian flu: "Analysis of lab and clinical results on 90 immunized and 90 non-immunized children under observation indicated that vaccination did not provide significant protection when they were exposed dur-

ing a naturally-occurring outbreak of Asian influenza."

And another school of thought holds that flu vaccine is ineffective because the normal dose—and there is uncertainty about what the normal dose should be—is not potent enough.

But to comply with the Ford plan, the pharmaceutical industry is asking, that for the production of so many doses, a further lowering of potency standards will be necessary.

'TRIPLE INEFFECTIVE'

Current plans are to produce a trivalent vaccine of A-Victoria (which does not work as indicated by the Fort Dix outbreak), B-Hong Kong (which has shown to be ineffective), and swine (for which there is no evidence of efficacy).

So we are about to create a vaccine which should really be called the Triple Ineffective.

And it is being created in a panicky atmosphere despite the fact there is no evidence there will be a swine outbreak next winter, or that the swine epidemic of 1918 was the same as the few cases isolated at Fort Dix.

Thomas Jefferson advised doctors of his day:

"Ignorance is preferable to error, and he is less remote from the truth who believes nothing, than he who believes what is wrong. The adventurous physician goes on and substitutes presumptions for knowledge. From the scanty field of what is wrong, he launches into

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Mathews Urged to Fire Top Doctor-Politicians in HEW

By INDERJIT BADHWAR

It's about time some public spirited Health, Education and Welfare bureaucrat gave Secretary David Mathews a crash course on the scandal-ridden history of his health bureaucracy. The dazzling former university president from the South might then be able to make some sane decisions.

The first lesson the good secretary might learn from such a course would be: Beware of advice from the top doctor-politicians, those barons for whom the distinctions between pure science and *political* science have blurred. Coming easily to mind is Dr. Theodore Cooper, assistant secretary for health, erstwhile director of the National Heart and Lung Institute.

Now, Cooper may be a fine physician and he may be quite comfortable prodding scientific dilemmas such as the benefit-risk

ratio of long-term drug treatment of mild systemic disorders. But as administrator he is stuck with *using* science to make blatantly political decisions.

And Mathews seems to rubber-stamp — indeed slurp up — the decisions which come from that politically charged health bureaucracy with its long history of ineptitude and arrogance.

Cooper is still running around Mickey Mouse fashion defending HEW's great Swine Flu caper even though some of the best, independent, scientific minds have condemned the program as lacking scientific foundation, and as a political boondoggle. If only Mathews knew how his own bureaucracy's scientists laugh at him for being made a patsy by Cooper on the Swine flu issue!

And now Mathews seems to have accepted another question-

distribution of any except a limited number of "important" vitamin-mineral products. All others would be available only on prescription, and flow from drug company to consumer.

Now for the \$64 question! Are we learning here about a very expensive way to establish pseudo-scientific evidence to be used in support of the health establishment's claim that nutrition cannot be considered an important factor in the cancer patient's recovery? Are we headed for another scientific abortion similar to the studies released by the National Cancer Institute purporting to disprove a fluoridation-cancer death rate relationship, while at the same time refusing to respond to the evidence provided by John A. Yiamouyiannis, Ph.D., and Dean Burk, Ph.D., proving there is a significant relationship? As is often the case in Washington, could a political decision already have been reached?

able bit of advice from this chief-tain of health bureaucracy: Don't give in to demands from the HEW panel investigating the Food and Drug Administration that an independent inquiry of corrupt practices at that agency's highest levels be undertaken.

Now, I don't know what newspapers Mathews read in Alabama. Maybe he was too busy handling college admissions to read anything at all. But those of us who care about the nation's health — especially those of us concerned about protecting ourselves and our children from the poison peddlers and snake oil salesmen in the food and drug industries — made it a point to monitor the activities of FDA.

For more than a decade now, reporters have written documented accounts of charges of serious mismanagement and conflicts of interest at that agency. Its top brass has harassed and intimidated some of its most noted scientists — Carol Kennedy, Alice Campbell, John Nestor, Burt Appleton, J. Marion Bryant. The list is longer. If Mathews cares to find out, he will discover that all these physicians and chemists are noted for seminal work in their fields of expertise — chemistry, psychopharmacology, cardiology and a host of other disciplines. They were at the height of their scientific careers either in private practice or at universities when they left to serve the government. And HEW destroyed them because they insisted on putting science, care, and compassion ahead of bureaucracy, politics and

economics.

This is what the work of the HEW panel composed of distinguished lawyers and physicians has been all about: To discover whether charges made against FDA management were the gripes of a few malcontents or the genuine concerns of employees who were ruthlessly trampled underfoot because they would not put up with the prostitution of science by a public agency.

This is the first serious inquiry of its kind. And even the Nixon appointee who preceded Mathews realized its monumental significance. At least his under secretary, Frank Carlucci, told me the panel's inquiry would be the first serious step HEW would take to reform FDA.

Now an overwhelming majority of the panel has told Mathews it wants to see the investigation proceed further. Evidence of serious abuse, corrupt drug approval practices, mismanagement, vindictive personnel practices within FDA has emerged.

Mathews won't go along. He has not only breached his predecessor's open covenant with the public but he has also gone back on his own pledge to the panel, given in November in writing, that it would have his full support.

Over the past year there were many efforts to stonewall the FDA probe. First, FDA Commissioner Alexander Schmidt was allowed to undertake his own inquiry of the charges made against FDA management. Second, Cooper, himself,

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SCHMIDT QUITTING

Dr. Alexander M. Schmidt, commissioner of the U.S. Food and Drug Administration since 1973, will leave that post Dec. 1 to return to the staff of University of Illinois. Aides were quoted as saying the current Senate investigation of alleged irregularities and pro-business bias by the agency did not prompt his decision to resign.

Interviewed in late July by *Medical News*, an AMA publication, Dr. Schmidt said agency officials had been "pilloried and abused" at congressional hearings, an "abuse," he said, leading to an attitude "of not wanting to approve new drugs." He said the agency is "torn between pharmaceutical houses which say drugs are not being approved fast enough, and consumer groups which say the agency is approving dangerous drugs and selling out to industry. These factors have undermined my ability to manage the agency," he said, although stressing he was "not resigning for that reason."

wanted to be chairman of the "independent" panel, with the right to pick his own panelists. Luckily, Cooper's efforts were thwarted by Sen. Edward Kennedy who has been overseeing FDA and who first insisted on the panel being convened.

Cooper withdrew, but assigned his sidekick, Dr. Lionel Bernstein to serve as executive secretary of

the panel. From the beginning, a number of the panelists began to distrust Bernstein's role. Others saw him as deliberately trying to influence the panel's deliberations in violation of the Advisory Committees Act. The panel's chairman, who openly sided with Bernstein and emerged as a partisan defender of FDA policies, was chosen without regard to what are possibly serious conflicts of interest. He is the recipient of massive HEW grants.

Tapes of proceedings were "lost." Only pro-management witnesses were allowed to testify. FDA scientists who were critical of the agency were attacked without being given a chance to respond.

Despite these hurdles, the majority on the panel has refused to buy the official line. It has insisted that, after careful study, Commissioner Schmidt's self-inquiry is a self-serving whitewash. It wants a fresh investigation of several specific issues.

Mathews balks. He cannot break free from HEW's top doctor. Obviously Mathews hasn't heard the age-old advice about how to keep interfering doctors from the health agency at arm's length: A firing a day keeps the doctor away.

— FEDERAL TIMES
(7/19/76)

DID YOU KNOW that lacking information on significant statistics about the dangers of adding fluoride to drinking water, pediatricians prescribe adding another 1 ppm to infant formulas, thereby doubling the hazard?

Editorial

Creating Climate of Fear . . .

Are *you* going to head for the clinic for your shot when, midst the newspaper/radio/tv publicity blitz, the swine flu inoculation program unfolds in your city?

Now — please don't interpret this editorial as a recommendation that you stay away. But NHF has presented the viewpoint (*July-August Bulletin*) that the \$135 million project could be more doggle than boon.

The National Health Federation occasionally is criticized for using "scare tactics" to emphasize a position, such as fluoridation, and the nuclear issue. We do insist that when health and safety are threatened by environmental factors, and when industry/government refuse to do the research necessary to insure safety, the public should be alerted to potential dangers.

But really, we're amateurs when it comes to fear-mongering. Witness the Madison-Avenue-type rhetoric in this UPI release datelined Atlanta, Ga. (headquarters of HEW's Center for Disease Control — although the agency is not mentioned in the story):

" . . . The name of Camp Funston has faded from the pages of history, all but forgotten as the U.S. springboard in March, 1918, for the greatest plague of modern times — the Spanish flu epidemic that killed 548,452 Americans in a few fearful weeks.

"The death toll across the world was 21 million. India put its toll at 12½ million, highest of any. The Dutch East Indies was second with 800,000, and the United States was third.

"New York City counted 852 deaths in a single day. Chicago did not have enough hearses, and bodies stacked up in the morgues . . . Today, in what could be one of history's starkest ironies, another Army installation, Fort Dix, N. J., may have become the site for the reappearance of that killer flu after an absence of 58 years . . .

"The mysterious killer — infinitely more deadly than any of the weapons of war — felled its millions and disappeared. Where it went to, no one knows, although there are theories now that the virus found sanctuary in swine, biding its time to strike again . . . Since the killer virus of 1918 never was identified, medical experts say it could strike again and take its toll, and the world would not know it was being revisited by the malady . . ."

See what I mean?

—D.C.M.

'Who Are the Real Criminals?' Kell Asks Assembly Committee

In a memorandum to the California Assembly Committee on Health June 10, Attorney George W. Kell of Modesto asked some penetrating questions concerning the constitutional and moral right to prohibit the use of amygdalin (Laetrile, B-17) in cancer treatment—a stricture which would be removed by passage of NHF-supported Assembly Bills AB-4916, 4917 and 4918.

The memo follows:

"Those of us who appeared before your committee on May 26 to give testimony on behalf of the above bills knew in advance of our appearance that said bills were to be referred for 'interim study.' Although such an action ordinarily pigeonholes legislation permanently, it is likely that pending court cases, coupled with the increasing interest of the media in fairly exposing the issues, will keep these questions alive in the public mind, by reason of which your committee will undoubtedly continue to have a considerable concern. The following undisputed points, raised by us at the hearing on May 26, create the issues that immediately follow each point, which so urgently clamor for immediate legislative remediation:

"I. Section 1707.1 of the Health and Safety Code expressly and explicitly *prohibits* the 'alleviation or cure of cancer' with any unap-

proved substances.

Issues: Does the legislature have the constitutional authority or the moral right to prohibit the alleviation or cure of cancer under *any* circumstances? By force of this statutory prohibition is it likely, or even possible, that substances effective to alleviate or cure cancer have been suppressed? That is to say, is the prohibition against 'alleviation or cure of cancer' effective *in fact* as well as *in law*?

"2. Section 1705 of the Health and Safety Code defines all forms of the disease 'cancer' to be nothing more than a 'malignant neoplasm.' The word 'malignant' means 'threatening to life' and the word 'neoplasm' means 'new growth' or 'tumor.'

Issues: Is not the tumor really a manifestation of an underlying metabolic condition which has *caused* that tumor to come into existence? If so, has not a *symptom* of the disease (cancer) been defined to be the disease itself? Can the legislature validly declare, by force of law, a conclusion that is contrary to scientific fact? (Example: May the legislature validly declare that the numerical value for pi is 22/7 rather than the true numerical value thereof?) Does not this definition obscure the legislative intent?

"3. It was demonstrated to your committee that administratively-

established criteria for evaluation of an effective cancer remedy require that any compound under study must show evidence of having objectively shrunken the size of the tumor before it may be regarded as an effective remedy. Under that criteria it is also provided that: 'The observed tumor regression should be unequivocal and it is suggested that all lesions be reduced at least to 50% in bulk.' (page 58, 'Cancer, Cancer Quackery and the Cancer Law,' 1972 report by State Department of Health).

Issues: Did the legislature really mean to say in Section 1707.1 that the mere destruction of a *tumor*, the observable lump or bump, constitutes the alleviation or cure of the *disease*? See, again, issues raised under No. 2, *supra*.

"4. We demonstrated at the hearing that practically no cancer patients actually die of lump and bump 'cancer,' but of cachexia. It is undisputed that about 90% of all cancer patients actually die of this end result of lump and bump cancer, manifesting itself in the form of the terrible wasting, debilitation, malnourishment and physical depletion observed in the last stages of the disease.

Issues: Since most patients actually die of cachexia, should not the legislature encourage the use of remedies which will alleviate or cure cachexia?

"5. It was demonstrated that the administrative criteria of the State Department of Health preclude the use of any proposed cancer remedy, although it admittedly

makes the patient feel better and decreases pain, unless it decreases tumor size. These criteria stipulate:

'Subjective effects such as *pain relief, increased appetite, weight gain, increased activities* and other symptomatic improvements should be noted and recorded, but in themselves are *not evidence of an anti-cancer effect.*' (Ibid. p. 57).

Issues: Did the legislature really mean to exclude by Section 1707.1, a remedy which will *admittedly* (under the criteria themselves) *relieve pain, improve appetite, afford weight gains, and improve physical activity* from sick and dying cancer patients? Does the legislature endorse these administrative interpretations of the Department, which now effectively prevent a doctor from treating the *cachexia*, from which the patient is dying, because the patient also happens to have lump and bump *cancer*?

6. It is an accepted fact that most malignant tumors are not actually all cancerous in nature, but that approximately 10% of the tumor consists of cancer cells imbedded in normal tissue, which usually seeks to surround and encapsulate the offending cancer tissue in order to wall it off from the rest of the organism.

Issues: Are we spending our efforts in the right direction, in giving so much attention to the extermination of the offending lump or bump, when we know that approximately 90% of it is in reality normal tissue there for the purpose of protecting

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us from the cancerous tissue itself? Is this rite of cancer exorcism actually getting us anywhere in view of the fact practically all cancer patients do not die from lump or bump cancer but from cachexia?

"7. It is known that surgery, radiation and chemotherapy all interfere to some degree at least in the health processes of the patient. Radiation and chemotherapy are, themselves, known to *cause* cancer, and they greatly impair the health of the patient. It is also known that surgery may also deprive the patient of immunity defenses, and that it may cause metastasis.

Issues: When we prohibit a substance which *admittedly* alleviates pain and improves health, and insist instead upon administering a remedy which will *admittedly* cause further sickness, are we not in fact legislating against the best interests of the patient? In view of all the above, ought we not to be legislating in favor of remedies which will cure cachexia, rather than those which will cure lump and bump cancer? By what constitutional or moral right do we deprive an innocent cancer victim of the ability to alleviate or cure what is actually 90% of the disease problem (cachexia) while continuing to insist that the patient accept as a 'remedy' the two modalities, (radiation and chemotherapy) which are known actually to *cause* the condition from which the patient is suffering and dying?

"8. The Laetrile Report concluded that Laetrile was of no effect as a cancer remedy because,

'No satisfactory evidence has been produced to indicate any significant *cytotoxic* effect of Laetrile on the cancer cell.' (p. 19) [e.g., It did not reduce the size of the tumor.] But the Report also showed that, '... all of the physicians whose patients were reviewed spoke of an increase in the sense of wellbeing and appetite, gain in weight and decrease in pain . . .' (p. 10). And 26 of the 28 patients' cases reviewed in the report gave *positive evidences of such improvements* following administration of Laetrile.

Issues: Does the legislature really intend, by the prohibition of Section 1707.1, to prevent a doctor from using a food substance in the treatment of his cancer patient which *admittedly* alleviates the symptoms suffered by the patient? Does the legislature intend to continue this prohibition in the face of the now thousands of documented cases of recoveries from cancer by patients receiving Laetrile?

"9. The Laetrile regulation declares that 'surgery or radiation' are the only 'acceptable, modern [and] curative methods.' Chemotherapy also is approved under 1707.1 because of Federal FDA approval. In the 25 years since the original adoption of the Laetrile Report, cancer mortality has increased from 143 deaths per 100,000 in 1952 to 170.5 in 1974 and 175 for 1975.

Issues: Is it wise to legislate a decision that should really be made by the doctor? Do these statistics prove that the approved methods

A Laetrile Patient Writes the Judge

'I Hope You Never Have Cancer, Then Denied Treatment Choice'

The court ruling against Dr. James R. Privitera, charged with use of Laetrile, "strikes terror in my heart," said Mrs. M. E. Hoff, of Boise, Idaho, and Yuma, Ariz. And she told Judge Roy Fitzgerald of her own experience with Laetrile, and why she feels as she does, in the following letter:

"As a former patient of Dr. James Privitera, your ruling against his use or prescription of Laetrile strikes terror to my heart. I strongly protest this decision. The thought that should I again need this treatment and would be denied, frightens me. As briefly as possible I will try to state my case.

"In October of 1974 I was operated on in Boise, Idaho, for cancer

of the rectum, and I have a colostomy. The last of November while still recovering from surgery, we brought our travel trailer to Yuma, Ariz. for my husband's health. I went to a doctor here for a checkup in February and he discovered a cancer on the cervix. He recommended radical surgery, removing all the female organs, and more surgery in the rectal area. I refused as I knew that at 69, I could not stand more surgery. Radium and cobalt also were suggested.

A friend in California highly recommended Dr. Privitera — he had helped another friend.

"Well, the agony of that decision
(Please turn the page)

are really 'curative'? Who but the patient has the right to decide whether they are acceptable or not? Knowing what you know now, are you yourself able to state that you would regard them as 'acceptable' if you were to make that decision as a patient?

"10. Just before your committee began its hearing on the above bills on May 26, John Richardson, M.D., was arrested for conspiracy to smuggle Laetrile into the United States. During the hearing, John Pursley testified that had it not been for Dr. Richardson's Laetrile therapy in his case five years ago,

he would have died from advanced cancer of the throat, for which he had refused surgery (because of his overweight condition) and radiation (because he knew it was worthless).

Issues: Since Dr. Richardson had to secure the Laetrile somewhere that saved Mr. Pursley's life, and he is now being prosecuted for that act which made the humanitarian therapy possible, isn't it time we asked ourselves, 'Who are the real criminals?'

Very truly yours,

GEORGE W. KELL

took many days and much soul-searching. I was in mortal fear of cobalt as I had just witnessed the mutilation and death of a sister-in-law in San Diego who had been so treated.

"I finally decided to go to Dr. Privitera and called for an appointment. We took our travel trailer to Covina on March 14. I began treatment, had two a week for six weeks. Then we returned to Idaho and I took with me supplies for six more weeks of treatment.

"At the end of that time, at the urging of my daughter, I returned to the doctor who had found the cancer on the rectum for a checkup. She could find no cancer. She asked me to go through the Mountain States Tumor Clinic in Boise and I agreed. Seven doctors examined me and could find no cancer. Dr. Jones who performed the colostomy was one of them. We asked him if he thought the lab in Yuma had made a mistake and there had been no cancer, and he said, 'No, we could see where it had healed.' Now I told these men exactly what treatment I had taken. No comment, except 'what did it cost?' We are not rich, and are on social security. Medicare did not pay for any of Dr. Privitera's cost. The total was \$980. I paid Dr. Jones \$1,200 just for the operation, and God knows what Medicare paid the hospital. So compare!

"There is no ingredient in Laetrile that will burn or mutilate a person. To think that a bureaucratic setup way back in Washington can come into my life and dic-

tate the treatment I must use, and make a life-and-death decision for me, is a mighty scary thing.

"I hope, Judge Fitzgerald, you are never told your organs have cancer and then face a verdict that says you have not the choice of treatment you can use on that body of yours.

"Dr. Privitera is a wonderful man, one of the brightest, most conscientious young doctors I have been privileged to know. His fees are very reasonable. He is at your disposal at all times and his nutritional knowledge is tremendous.

"I am now 70 years old. I can play 18 holes of golf with my daughter and granddaughter, can ride my bike, hike five miles, and I may look 70 but I do not feel it. I beg you to further investigate this case and give all free Americans the freedom of choice in this very personal important part of our lives. I am listing below the names and addresses that you may check the records of all I have told you.

"Dr. Bell, Physicians' Clinic, 890 N. 6th St. E, Mountain Home, Idaho; Dr. Everett Jones, Jr., Suite 415, 999 N. Curtis Road, Boise; St. Alphonsus Hospital, No. Curtis Road, Boise; Dr. Donald Christ, No. Ave. A, Yuma, Ariz. My home address is 1880 East 5th North, Mountain Home, Idaho 83647. My Yuma address, Lemon Tree Court, 4695 E. Highway 80, Sp. 102, Yuma."

ATHLETE'S FOOT responds to lemon juice combined with papaya juice, according to one source.

Do You Want/Need Laetrile?

McNaughton Suggests Use of Bohanon Order in Oklahoma

"You, too, can have Laetrile," declares Andrew R. L. McNaughton, president of The McNaughton Foundation, Box B-17, San Ysidro, Calif., in a statement being circulated by the Foundation which includes a copy of the well-publicized court order in U.S. District Court for Western Oklahoma—the order in which Judge Luther Bohanon ruled that a Laetrile cancer patient could not be denied the right to obtain the substance.

"In the United States District Court for the Western District of Oklahoma, an enlightened and courageous Judge Bohanon has been granting to deserving applicants court orders permitting them to import from Mexico up to six-month supplies of Vitamin B-17 for their personal use," said the McNaughton statement.

"In Alaska the House of Representatives and Senate have voted into law a bill making Vitamin B-17 available to the people of that state.

"What have the people of Alaska and the people of Oklahoma got that the rest of us lack? Could it be that, against an ever-increasing bureaucracy, they alone are winning the fight for their constitutional rights while the rest of us are content to watch from the sidelines?

"Some in Oklahoma and all in Alaska, now enjoy freedom of

choice in cancer therapy. Is not this an inalienable right of all Americans?

"Take the attached copy of the Order of Judge Bohanon to a United States District Judge in the area where you live. Surely if you need and want Vitamin B-17, he will recognize your constitutional rights and grant them to you? . . ."

The Bohanon order was filed last June 10 in response to a suit brought against the United States of America, and David Mathews, Secretary of Health, Education, and Welfare, with David M. Davis, a cancer victim, as intervenor, by Jimmy Stowe, surviving husband of Cancer Victim Juanita Stowe, Glen L. Rutherford, and Gene W. and Phyllis Schneider in a class action on behalf of cancer victims and spouses responsible for treatment costs.

In his order, Judge Bohanon found that "an attending physician is entitled to and should have a protective order to administer Vitamin B-17 (Laetrile) to Mr. Davis; that from medical testimony submitted, Vitamin B-17 will be effective for the relief of pain and state of mind, it has proven itself effective in other cases, with no evidence of any harmful effects . . ."

"The court further finds that the recognized method by which the intervenor can obtain the needed

(Please turn to Page 4)

supply of Vitamin B-17 is . . . by purchase in Mexico . . . possible only if defendants are enjoined from interference.

"It is therefore ordered, adjudged, and decreed that David M. Davis is a proper intervenor in this cause; that he is entitled to receive administration of Vitamin B-17; that the intervenor and his family shall furnish and sign to his attending physician and any hospital as required, an agreement of immunity from any civil liability for administration of the same; and the Court finds and orders that his attending physician may administer Laetrile and the recommended associated medicines to David M. Davis in compliance with this order.

"It is further ordered that the future attending physician, Walter L. Bowland, M.D., and any hospital in which he may hereafter be confined, are protected under this order from any administrative rules or laws, or any criminal code for the purpose of complying with this order; and in event the attending physician is not continually available for the proper administration of the vitamin, this order extends to any other John Doe physician acting in compliance with the order.

"It is further ordered, adjudged, and decreed that the defendant United States of America, through any of its agents, servants, and employees, especially including but not limited to the United States Customs Service, and defendant, David Mathews, Secretary of Health, Education, and Welfare,

or his successors, and each of them and their representatives, agents, servants and employees, be enjoined from preventing the intervenor or any duly authorized representative, from purchasing and moving in interstate commerce, and having for his own personal use, not for sale, barter, or to be given away to any other person, an amount not in excess of a six-TWELVE National Health months' supply of Vitamin B-17 (Laetrile), or from having such supply shipped or delivered to intervenor for personal use. The six-month supply is not to exceed 432 tablets at 500 milligrams, and 270 vials at 3 grams of injectable liquid.

"It is further ordered, adjudged and decreed that the intervenor or duly authorized representative, give advance notification to the defendants' attorney, of the date, place and quantity of his transportation in interstate commerce of such amount of Laetrile as above authorized. Such quantity shall further be declared to the immigration authorities, and custom or tax, if any, due thereon shall be paid. These findings and order are based in part upon testimony and evidence adduced in earlier proceedings held herein."

MORE INFO WANTED

Dow Chemical Co. has been told by the Brown Administration in California that more information will be needed before the state will issue permits for a proposed half-billion-dollar petrochemical plant on east San Francisco Bay.

She Wouldn't Perjure Herself

Her Report on Laetrile Case Altered by State FDA Chief

The story of a California undercover Health Department agent's refusal to perjure herself in a Laetrile case against Dr. Stewart M. Jones of Palo Alto came to light during a special hearing in a San Francisco court.

The story, as reported by *The Choice*, official publication of the Committee for Freedom of Choice in Cancer Therapy, Inc., follows:

" . . . Natasha Benton, of San Francisco, stated in a special hearing called as part of the case of the state raids on the offices of Dr. Stewart Jones, a physician, and Douglas Hoiles, a book store operator, that she was asked by State Agent Jim Eddington to elicit from Dr. Jones statements to the effect Laetrile cures cancer.

"Dr. Jones, placed on probation by the California State Board of Medical Examiners last year after being exonerated of all but one charge involving the use of the substance—prohibited by state law for treatment of human cancer—has long been a defender of Vitamin B-17 metabolic therapy, but always has insisted the use of B-17 constitutes nutritional treatment through vitamin therapy rather than administration of a drug to combat cancer.

Dr. Jones and Mr. Hoiles were arrested by state agents April 19 following visits by undercover agent Benton.

"Mr. Hoiles, operator of Liberty Bookstore in Mountain View, Calif., was arrested and held as a prisoner for three hours while agents confiscated from him every book and pamphlet he had concerning Laetrile. Also taken were \$211 in receipts and change for the day. Then he was handcuffed and taken to his house while agents rummaged through his home, apparently looking for, but not finding, Laetrile.

"At the same time, and not far away, agents raided the office of Dr. Jones. He was arrested, and his personal supply of one vial and 10 vitamin B-17 tablets seized.

"Both men were booked on charges of 'offering to sell, selling, prescribing, or holding for sale or administering or giving away free a drug, device, compound or substance to be used in the diagnosis, treatment or alleviation or cure of cancer.'

"In both cases, Miss Benton was the undercover operative involved, but at the conditional examination of a witness hearing scheduled prior to a preliminary hearing so Miss Benton could depart on a trip, this scene took place:

"Miss Benton arrived with Eddington and then engaged in a loud argument with Deputy District Attorney Michael F. Popolizio in the hallway. Earshot wit-

(Please turn the page)

On-Campus No-Smoking Ban Continued

On-campus smoking in designated areas — permitted by California law — was unanimously rejected by the Los Angeles Board of Education in June. The action followed a proposal by the Student Affairs Council that smoking areas be established for a six-month trial period.

nesses heard Miss Benton insist she would not get on the stand and perjure herself but would tell the truth.

“After almost half an hour of heated debate, the deputy D.A. decided to call off the conditional examination of his witness, but defense attorney David Gill decided to call her to the stand.

“At one point Judge Elva S. Aguilar admonished Popolizio after he had yanked his files from his briefcase, thrown them and screamed at Miss Benton. He also was admonished several times to keep his voice down.

“Here is part of Miss Benton’s testimony as taken directly from the court transcript:

“Miss Benton: *Before any report is always written, Mr. Eddington left instructions. I telephoned Mr. Eddington telling him I didn’t feel all those instructions were correct. He told me, ‘Go ahead and write what I said, because this is what we need to get a conviction.’ I wrote as close to what he said as I could, according to my conscience. But I still don’t feel that I told the truth in that report. He told me to sign that report before I went before the Grand Jury, and*

One board member said that “if we are concerned enough about health to ban junk foods on the one hand, then permit smoking on the other, we are not very consistent.” The board directed the staff to “effectively enforce” the present no-smoking ban on district campuses.

I could read it later, we didn’t have time at that time.

“Attorney Gill: *Did you sign that report without reading it?*

“Miss Benton: *Yes, I did. Later, I read a small portion of it. That is not the report I wrote. Outside of this courtroom he admitted that isn’t the report I wrote. He said my report was so (expletive), that that’s why he changed it.*

“She also testified: *‘Mr. Eddington did ask me to state in the report that Laetrile was a cancer cure . . . I was asked to put in the report that Laetrile . . . I was asked specifically to put that Dr. Jones said it was a cancer cure.’*

“Miss Benton also accused the prosecution of pressuring her to help the state get a conviction. Her exact testimony to Deputy D. A. Popolizio: *‘The pressure was that you told me, if I didn’t help you get a conviction, you would press perjury charges.’*

“The arrest of Mr. Hoiles became a legally even more tenuous matter when Miss Benton testified that she had told him she wanted to purchase some B-17 for prevention of cancer—against which there is no law . . .”

ST. LOUIS NHF CHAPTER ASKS SUPPORT FOR NEW CAMPAIGN

After expressing appreciation for his role in passage of the food supplement legislation, the St. Louis, Mo., chapter of the National Health Federation wrote Senator William Proxmire as follows:

“. . . Our next big project is to get the FDA’s hands off Laetrile (Vitamin B-17). ‘Throw them in jail’ is exactly what the FDA has done, stripping medical doctors of their license to practice if they use nutritional methods to help cancer victims.

“Why must cancer patients submit to surgery and radiation when they can get help in other ways?

And why should the FDA rob people of freedom of choice in treatment? How can the FDA order food stores to take apricot kernels off their shelves, and allow foods with known poisonous additives to remain? Anything you can do in regard to this situation will be very much appreciated.”

Commenting on this letter, NHF President Charles I. Crecelius said: “Our determination to win for qualified doctors the right to use ‘nutritional therapy treatment’ without being subject to felony prosecution is unequivocal. Do you agree?”

Antifluoridationists Fight the Good Fight in Michigan

If the Michigan Legislature refuses to adopt a recommendation of the Department of Public Health for mandatory fluoridation of water in all except 120 communities that had rejected fluoridation prior to July 19, 1973, it will be because of the efforts of Martha C. Johnson of the Michigan Pure Water Council in Lansing, Dr. Robert J. H. Mick, 915 Stone Rd., Laurel Springs, N. J., Mrs. John Letts of Flint, and other determined citizens.

In a proposed revision of the Public Health Code — to be achieved by passage of House Bill 6306 — the Department of Public Health asks for authority to man-

date fluoridation in communities which had not rejected it as of July 1973.

An eight-hour joint hearing before the health committees of Senate and House was held June 21, with speakers for and against proposed revisions of the Code — 441 pages to be precise. As reported in the *Lansing State Journal*, Dr. Mick spoke “nonstop for 95 minutes about the dangers of fluoridation . . . Once an advocate of fluoride, the 63-year-old dentist has cosponsored a well-publicized offer of \$100,000 to anyone who can provide one copy of any controlled experiment that shows that poison-

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California City To Vote on Fluoridation Discontinuance

Voters in Los Banos, Calif., will have opportunity in November to retain or discontinue use of fluoride in the city's water system, following circulation of a petition to place the issue on the ballot.

The "Notice of Circulation of Initiative Petition" published in the *Los Banos Enterprise* stated: "Whereas the City of Los Banos has been fluoridated since 1957, and whereas the National Safe Drinking Water Act, just passed in 1974, forbids any federal agency from adding fluoride or other such

substances to public water systems, and whereas increased cancer death rates have been linked with water fluoridation, and whereas fluoridation violates the civil rights of users opposed to fluoridation, and whereas there exist other known and unknown adverse effects from the addition of chemicals to food, air, and water: let the following proposed ordinance be placed before the voters of the City of Los Banos:

"No substance may be added to public water systems for preven-

ous fluorides are safe, beneficial, and will cause no future body harms."

Mrs. Letts talked on chemicals and fluoride.

Mrs. Johnson, a life member of the National Health Federation, told the legislature: ". . . Tooth decay is not contagious. There is no reason for giving authority to the Department of Public Health to add poisonous fluorides to our drinking water with no consideration for our private health or our constitutional right to life, liberty, and pursuit of happiness. In the 1968 law you lawmakers removed any mistaken or questionable authority from a state department, board, commission or agency. That was good. Now . . . you are attempting to make mandatory fluoridation statewide. I hope you can

see this. I did succeed in pointing this out to my Representative David Hollister, and to Rep. Raymond Hood (chairman of the House Committee), but they are only two of 110 representatives . . . I want Sec. 2 of the 1968 law stricken and removed. In its place I want Sec. 2 to say: 'No state drinking water regulation may require the addition of any substance for preventive health care purposes unrelated to contamination of drinking water.' This is needed at the state level to remove the controversy. Hand the controversy to the local governing bodies so they can hand it back to the people where it belongs. Let the people decide. They are the consumers. This is the American way. Let freedom ring . . ."

tive health care purposes unrelated to contamination of drinking water. Accordingly, Section 6-7-26 of the Municipal Code providing for mandatory fluoridation is hereby repealed."

Circulation of the initiative petition followed a hearing before the City Council June 30 during which opponents and proponents of fluoridation presented views. A year earlier the council had voted 3-2 to reject an appeal by Mrs. Emily Warner to bring the issue to a vote. Mrs. Warner, with four others, persisted however, and in April the council agreed to conduct a hearing. One councilman suggested that petitions bearing signatures of those opposed to fluoridation also be presented. The names of 730 residents were obtained and submitted at the June 30 hearing, and NHF Science Director John Yiamouyiannis asked the council to use its authority to place the issue on the fall ballot without submission of the names of 10% of the registered voters. Proponents of fluoridation, including Chamber of Commerce Manager Bob McHale and former mayor Neil Van Winkle argued that the initiative process should be followed, that it would "set a dangerous precedent" if it were not.

More than 100 persons packed the hearing room, and a number of speakers presented conflicting viewpoints. Speaking for the pro-fluoridationists was Dr. Joel Boris-kin, a practicing dentist in Alameda county, active in promoting fluoridation in northern California. To Dr. Yiamouyiannis' charges

that fluoridation is a factor in the rising cancer death rate, Dr. Boris-kin replied, "hogwash," and asserted the charge is "typical of National Health Federation statistical mumbo-jumbo." He said "fluoride works, there's no question about it."

Dr. Yiamouyiannis told the council that "every doctor and dentist has given information tonight that is dated." He said the California Health Department no longer endorses fluoridation of water and cannot guarantee its safety—a charge denied by Dr. Boris-kin. The NHF science director said he believed the city had been made the victim of "scare tactics, all of your teeth will not just fall out" (if fluoride is removed). He said the public "has not been given the true story about fluoride," noting that dental and health records "are in the hands of those who are profluoride." Sugar is the villain in tooth decay, he said, average consumption being "one teaspoon every half hour." He noted further that fluoride has been known to depress thyroid activity.

ALTERNATIVE CANCER THERAPY CONVENTION

October 2-3 are the dates of a convention on nutrition and alternative cancer therapies in the Hyatt House, Dearborn, Mich. Speakers will include Alan Nittler, M.D., Charlotte G. Strauss, and Attorney Kirkpatrick W. Dilling. Additional information may be obtained by calling Pat Judson, 313-562-4269.

Book Review

Lee Hardy's Fluoridation Series Now in Book Form

The Case Against Fluoridation (\$1.95) may be ordered from the author, Lee Hardy — well known to *Bulletin* readers — 221 South Miranda St., Las Cruces, N.M. 88001.

Mr. Hardy spent countless hours researching the fluoridation issue, and the series of 20 chapters appeared earlier in the *NHF Bulletin* (1973 and 1975). For anyone wishing a concise overview of the issue, this reference book provides a ready opportunity.

In comments to *The Bulletin* following publication of his book, Mr. Hardy said he has sent a copy to EPA Administrator Russell E. Train and others "who may be of influence in administrative positions." He urges people to write Mr. Train "insisting that the addition of fluorides to drinking water no longer be permitted.

"The evident effects of fluoridation in heart and circulatory deaths from strokes, nephritis, and other

diseases should be adequate for the banning of fluorides in any and every form," he asserts.

"... It is my theory that fluoridation does lead to cancer. However, those who would be most subject to degenerative disease (of which cancer is one) through maintenance failure — not getting adequate nutrition through the proverbial 'balanced diet' because of low nutritive values in ordinary food sources, and through the many abuses to which people subject themselves (alcohol, smoking, drugs) — are likely to die of heart and/or circulatory diseases before symptoms of cancer begin to be evident. The statistical evidence against fluoridation in regard to heart disease cannot be ignored (Page 39 and preceding pages of book). However, there are exceptions, in which cancer deaths do increase noticeably with fluoridation, as Dr. Yiamouyiannis has quite ably pointed out."

New Caldwell Fluoride Piece Published

"Fluoride — Industry's Phantom Air Pollutant — Poisoning Animals, Farm and Forest," is the title of a 12-page pamphlet by Gladys Caldwell, published by Environmental Education Group (EEG), 17612 Calvert St., Encino, Calif.

Its publication is the result of a promise made more than two years

ago on a radio talk show by Cleveland Amory, staunch defender of animal welfare, who said he would "find a publisher" if she could "document her charges and claims." EEG sends its *Public Interest Reports* to high schools in U.S. and abroad. Mrs. Caldwell, author of *Fluoridation and Truth Decay*,

Fluoridation Campaigns Need Money!

The intensity of the fluoridation battle, as reflected in the initiative campaigns underway in Oregon, Washington, and Utah, and in other areas, points to the "continuing need for contributions," NHF President Charles I. Crecelius said.

"Although the main focus now is in these three states, there is legislative confrontation at state and local levels in other parts of the country, and tomorrow you might be faced with the need to defend your right to nonfluoridated water. During the Los Angeles pre-election campaign in 1975, contributions came in from all over the country — people realized that in a sense, 'this is our fight too.' So now we would expect that Los Angeles area people, and others, will extend their financial help by sending a check to the Monrovia office, to be used where needed."

McCall Cautions Against Counter Fluo. Initiative

Oregon's former Governor Tom McCall, now a commentator on Portland's KATU-TV, Channel 2, has cautioned the profluoridation forces in the northwest against mounting statewide counterinitiatives to combat the antifluoridation initiatives projected for the November ballot.

While in Oregon in July, NHF Science Director John A. Yiamouyiannis spent some time with Mr. McCall, explaining the reasons the National Health Federation and other groups and individuals op-

wrote the piece on fluoride's effect on animals "with students in mind." It is excellent resource material, loaded with up-to-date information describing the crippling and deaths of cattle on northwest ranches subjected to hydrogen fluoride airborne from factories.

pose adding fluoride to drinking water.

Following that conversation, and after the broadcast, Mr. McCall wrote Dr. Yiamouyiannis as follows:

"Re your question about my mentioning you and your cause on the air, I did a commentary an evening or so after your visit at KATU, saying I found you and some of your findings credible, identifying you as with Ed Koupal in the Los Angeles effort, and telling the other side that they now had a real pro in their midst in Oregon and Washington, and they'd better pull in their horns on anything as grandiose as a counter statewide initiative in Oregon. This was carried on KATU and KVAL, Eugene, and I presume, the Coos Bay and Roseberg stations fed by KVAL... Again, thanks for coming by — and best regards."

The 'Ouch!' of Prevention

Carlton Fredericks, Ph.D., has taught nutrition at City College of New York, Brooklyn College, New York University, and the New York Institute of Technology. He is a Visiting Professor at Fairleigh Dickinson University School of Education and a lecturer on nutrition at Rockland Community College of Continuing Education. He has been listed in "Who's Who in the East," "Who's Who in Trade and Industry," "Nelson's Encyclopedia of Biography," "Community Leaders of America," and "Leaders in American Science." Dr. Fredericks has written several books on nutrition which have sold over two million copies. His latest book is "Eating Right for You," Grosset & Dunlap.

Dr. Fredericks is a Founding Fellow of the International College of Applied Nutrition, a member of International Academy of Metabology, Academy of Orthomolecular Psychiatry, and President of the International Academy of Preventive Medicine.

Paleontologists have described a dinosaur so huge that an attacker might consume half its tail before the distant brain received and reacted to the emergency. Nature solved the problem, they say, by creating a second brain, located near enough to the tail to provide a faster protective response. Thereby, Nature also created the first animal capable of reasoning a priori and a posteriori.

The dinosaur of organized medicine is even larger and longer, has no posterior brain, and reacts sluggishly to changes in the medical environment. Which, leaving the metaphor, explains why the great institutions are rarely the sources of significant advances in the field of medicine — why so many of the real innovations have come from the lonely mind, the solitary clinical observer, and the small laboratory. Serendipity is rarely the product of communal and rigid thinking, and so it is that the great institutions stifle originality, and tend to become jealous guardians of the medical status quo. That Latin phrase describes our system of crisis medicine, fallaciously called "health care," which consumes some 100 billion dollars a year.

Given this climate and these circumstances, it is not astonishing that this giant establishment tends to ignore or to punish the innovator, whether he practices holistic and preventive medicine — with its accompanying emphasis on nutrition, aids patients with "mental" disease by use of orthomolecular therapies, diagnoses and treats functional hypoglycemia, or combines these approaches to keep terminal patients alive long after they have been written off by the orthodoxy.

The climate of negativity is indigenous to medicine. Consider the Pap smear, and remember that its originator published for 15 years before anyone paid attention. Remember that the electroencephalogram was dismissed by the medical establishment as "electronic quackery." Recall that Jenner's discovery was not saluted — in fact, he waited for years for permission to read his paper before his peers. Remember that Fleming was considered a little "teched" by his colleagues, and that Jelliffe died

with a broken heart when his description of psychosomatic processes in disease was dismissed as a medical version of Christian Science.

So it is that the progressive physician well knows there is a price for innovation, and there is an "ouch" in prevention, for he has an assortment of vari-colored hematomas to emphasize the penalties for those who jab the medical dinosaur, or try to motivate a lethargic public conditioned into acceptance of *crisis medicine*.

The real secret of the strength of the establishment is its monolithic structure and its longevity. Unlike pioneering innovators, the establishment is united, and unlike them, it will live forever. So it is that the practitioner dedicated to holistic medicine, interested in prophylactic and therapeutic nutrition, willing to consider and apply new modalities which safely and more effectively replace accepted and less effective techniques, will be subjected to endless harassment. Consider some examples:

- A welfare board rules that a physician cannot prescribe more than one vitamin at a time for any one patient.
- A physician who has succeeded in keeping alive patients long ago pronounced terminal is charged with obvious impropriety in his practice of medicine.
- A hospital refuses to admit a patient diagnosed as hypoglycemic, but relents when the diagnosis is changed to "hypoadrenocorticism."
- Blue Shield refuses to compensate patients subjected to hair analysis or glucose tolerance tests for hypoglycemia.
- Peer review standards for psychiatry, by the simple act of omission, outlaw diagnosis and treatment of allergy and hypoglycemia as entities in psychiatric disorders.

The preceding list could be expanded with a thousand similar reports from medical men from coast to coast. Study of them leads to an inescapable conclusion: not only is the medical establishment clinging to the philosophy which has made the cultural lag in medicine a monument to needlessly prolonged suffering, but it is skillfully utilizing to the hilt its monopolistic control of hospitals and clinics, peer review standards, policies of insurance companies, access to the mass media.

But there is an establishment for innovators, too. There is a platform for the competent dissenter. We call it the International Academy of Preventive Medicine. There is also a foundation which was brought into being for the encouragement of the innovator, the lonely researcher, the hard-pressed educator who is struggling to persuade the professions and the public to substitute preventive medicine for crisis medicine. We call it the Preventive Medicine Foundation. When you support I.A.P.M., attend its meetings, introduce new members, and when you donate to or seek public support for the Foundation, you are helping to make sure that you and those in medicine who will follow you, participating in your philosophy, will never again be alone.

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New Tabloid Highlights 'Unorthodox'

A new monthly tabloid newspaper — *The National Exchange* — dealing with "unorthodox" phenomena from the physical to the paranormal has been established by Tom Valentine and J. R. Hendren, with editorial offices at 921 No. La Salle, Chicago, and subscriptions (\$12 a year) handled at Welcome, No. Car. 27374.

The charter issue in May carried a feature on the "David-Goliath War" between Dr. James Privitera and "the establishment." There are stories about technological devel-

opments (inventions you won't read about in the mass media), including a "mystery blanket" made in Missoula, Mont. (by the time you read this the FDA may have brought charges against Dr. Paul Silberg and John Ledbetter), a story on "dowsing" for oil, one on an electronic seed-treating device, one on an electromagnetic motor "that may change the world," (in July 1974 the Los Angeles D.A.'s office raided the Van Nuys plant confiscating plans, records and a

(Please turn the page)

STATEMENT OF OWNERSHIP - MANAGEMENT - CIRCULATION

- Title of publication: The National Health Federation Bulletin
- Date of filing: August 23, 1976
- Frequency of issue: Monthly except that the July and August issues are combined.
- Location of known office of publication: 212 West Foothill Blvd., Monrovia, California 91016
- Location of headquarters or general business offices of the publishers: 212 Foothill Blvd., Monrovia, California 91016
- Names and addresses of publisher, editor and managing editor:
Publisher: National Health Federation, 212 West Foothill Blvd., Monrovia, California.
Editor: Don C. Matchan, 212 West Foothill Blvd., Monrovia, Calif.
Managing Editor: Charles I. Crecelius, 212 West Foothill Blvd., Monrovia, Calif. 91016.
- Owner: National Health Federation (a non-profit corporation), 212 West Foothill Blvd., Monrovia, Calif. 91016
- Known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages or other securities: None
- The purpose, function, and non-profit status of this organization and the exempt status for Federal income tax purposes have not changed during preceding 12 months
- Extent and nature of circulation (Average

number of copies each issue during preceding 12 months): A. Total number of copies printed: 23,640; B. Paid circulation sales through dealers and carriers, street vendors and counter sales: 2,656; Mail subscriptions: 17,945; C. Total paid circulation: 20,603; D. Free distribution by mail, carrier or other means: 1. Samples, Complimentary and other free copies: 321; 2. Copies distributed to news agents, but not sold: 0; E. Total distribution (Sum of C and D): 20,925; F. Office use, left over, unaccounted, spoiled after printing: 2,715; Total (Sum of E and F — should equal net press run shown in A): 23,640.

Actual number of copies of single issue published nearest to filing date: A. Total number of copies printed: 24,750; B. Paid circulation—1. Sales through dealers and carriers, street vendors and counter sales: 3,558; 2. Mail subscription: 17,876; C. Total paid circulation: 21,434; D. Free distribution by mail or other means: 1. Samples, complimentary and other free copies: 182; 2. Copies distributed to news agents but not sold: 0; E. Total distribution (Sum of C and D): 21,616; F. Office use, left over, unaccounted, spoiled after printing: 3,134; Total (Sum of E and F): 24,750.

I certify that the statements made by me above are correct and complete.

Charles I. Crecelius, President

working prototype, the case finally was settled in March 1976).

In describing the thrust of the newspaper, Editor Valentine—who was nationally known as a staffer on the *National Tattler* before launching the *National Exchange*—said: “. . . The daily press seldom challenges ‘establishment thinking’ that emanates from the various bureaus and institutions such as the American Medical Association or the Federal Trade Commission. On the other hand, it is commonplace for tabloids to sensationalize stories. *The National Exchange* will be a rational medium . . . featuring stories of human achievement, economic odds, bureaucratic bungling. Areas of new technology, nutrition, medicine, health, economics, education, and govern-

M.D.s Refuse Service to Chiropractors

The pressure of some medical doctors to prevent chiropractic physicians from using M.D.-operated X-ray facilities is revealed in the following letter written by C. K. Hubbard, M.D., of the Chico (Calif.) X-ray Medical Group, Inc., 1702 Esplanade, Chico, to A. D. Stewart, D.C., 5947 Foster Rd., Paradise, Calif.:

“Dear Doctor Stewart:

“It seems that after many years of satisfactory relationship, the time has come to discontinue.

“As you well know, there is some controversy regarding M.D. radiologists doing work for chiropractors, and while the American

ment will be focal . . . We’ll be taking a look at cellular therapy, steam power, astrology, the politics of cancer, electronic agriculture, telepathic communication, medical rights, water into gas, healing miracles, the end of insecticides, mind over matter, perfect natural nutrition, oxygen for health, to name some of the fields to be explored.”

Philosophically, Mr. Valentine sums his position thus: “A government that governs least, governs best. Outstanding editorial contributors will provide a long look at the growing ‘Big Brother’ concept of government. The ‘politics of cancer’ looms as a scandalous reality. The *Exchange* will carry out an in-depth investigation into the ‘cancer business.’ Where have your dollars gone?”

College of Radiology is somewhat divided on this subject, our own organization has now grown to the point where group opinion must prevail over some of our own personal views, insofar as setting policy is concerned.

“I might note that you are the only D.C. for whom we have been doing consultation work for some time, and it is with personal regret that this will no longer be possible.

“I hope you will be able to make satisfactory arrangements to obtain adequate examination and consultation for your patients.

“Best personal regards.”

—C. K. HUBBARD, M.D.

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

More Swine Flu Boondoggle: Bureau Chief Got Wrong Shot

In its public relations blitz to promote the Swine flu mass vaccination program, the Department of Health, Education and Welfare has been circulating a photograph of Hank Meyer, chief of the Bureau of Biologics, bravely baring his arm to receive a flu shot from Dr. Ted Cooper, assistant secretary for health.

Cooper fires first flu shot against the Swine holocaust, the caption says.

But now with the Swine flu program under widespread attack as a vaccine manufacturers' boondoggle, a piquant fact has emerged: Cooper gave Meyer the wrong shot!

Meyer was photographed receiving one of the two million doses of a vaccine Parke Davis had erroneously created from a 1931 strain grown in pigs. The goof occurred when Parke Davis scientists found in their labs a virus strain marked A-Swine-1976-31. "1976," regrettably, was the pig number. "31" was the year the virus had been isolated. Meyer, trying to defend the two million wrong doses, unwittingly said in a congressional hearing that he had had a good antibody response to his flu injection. If Meyer's body was prepared to fend off any Swine invader — even a 1931 variant — why all this brouhaha about the hundreds of millions of dollars needed to produce a new strain?

— FEDERAL TIMES
(7/19/76)

the boundless region of what is unknown. I believe we may safely affirm that the inexperienced and presumptuous band of medical tyros let loose upon the world destroys more human life in one year than all the Robin Hoods, Cartouches and Macheaths do in a century. I would wish the young practitioner to have deeply impressed on his mind the real limits of his art, and that when the state of his patient gets beyond these, his office is to be a watchful, but quiet spectator of the operation of nature, giving them fair play by a

well-regulated regimen, and by all the aid they can derive from the excitement of good spirits and hope in the patient . . .

" . . . I have ever recommended . . . [that you] discard all blind empiricism, and where you are in doubt rather to give the patient the benefit of doubt than to risk his safety by the rash administration of that which may be the bearer of good or evil."

Ah that Ford's medical advisers were alive then.

— FEDERAL TIMES
(4/19/76)

Family Circle

WE HAVE OUR DOUBTS — HOW ABOUT YOU?

By CHARLES I. CRECELIUS
President
National Health Federation

A bulletin was issued by the National Institutes of Health (U.S. Dept. HEW) on May 5 outlining a government grant proposal to determine the "optimal nutritional support as an adjunct to cancer therapy in the adult patient." In other words, the role of nutrition in the cancer patient's recovery — if any.

Several points are noteworthy:

1. It is to be a multi-institutional cooperative effort. This will keep it well out of the reach of nutritionists and qualified doctors who, over many years, have gained experience in treating cancer patients nutritionally.

2. The "supportive nutritional therapy" is to be "specifically intravenous." Since the improved nutrition will be introduced directly into the bloodstream, it is unlikely that foods which may play a significant role in cancer therapy — such as asparagus, bran, raw foods — will be given any consideration.

3. Various types of cancer, and cancers receiving different types of orthodox therapy (surgery, radiation, chemotherapy), "are to be studied separately," using 40 patients each, divided equally between controls and those given the nutritional support treatments. No provision is made for a study which would compare standard treatment procedures with nutrition, or other nontoxic approaches. Treatments that over the years have offered great promise were long ago rejected as "worthless" by those who dole out the money for government grants.

4. The bulletin refers to "optimal nutritional support." Does that imply the type of extremely low nutritional standards used by the Food and Drug Administration to prepare the unreasonable food supplement regulations which fortunately have now been negated by the Proxmire food supplement bill recently passed by Congress and signed by the President April 22, 1976? You may recall that the setting up of these unreasonable requirements (RDA) was heavily influenced by the food industry, the AMA, and drug companies. As a result, food companies added small amounts of vitamins to their products with the claim they contained 100% of the daily vitamin requirements, when in fact the foods could boast of little or no nutritional value. This same industrial-professional clique also paved the way for attempts to outlaw the sale and

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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

Midwest 'Mini' — Oct. 23

Midway Motor Lodge —
Green Bay, Wis.

Northeast Regional — Nov. 13-14

Hotel Roosevelt — New York

22nd ANNUAL — Jan. 28-30, 1977

Pasadena Center — Pasadena

HELP SAVE OUR HEALTH FREEDOMS