National Health Federation

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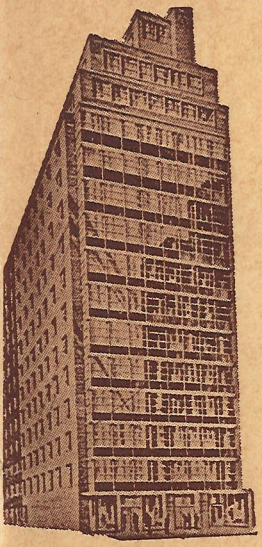

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KREBIOZEN TEST A MUST

AMERICANS CRUSADING FOR BETTER HEALTH

Volume X—Number 3 **March, 1964**

BULLETIN

IMPORTANT

On page 3 of this issue you will find a detachable post card addressed to Congressman Roberts. This is a very important card, and if every reader of this **Bulletin** would sign and mail the card, we would be able to get a hearing on this important matter of Krebiozen. It is hard to understand why any department of government should not want to know the truth about so important a matter—a matter which means life or death to thousands of people. It is also hard to understand why Congress itself should not want to ascertain the truth in such a matter.

By and large, Congress does what the people want, that is if the people make known their wants to them. If you believe that Krebiozen should be given a fair test, then please do send in the card attached to page 3 of this issue of the **Bulletin.**

We have tried in the balance of this issue of the **Bulletin** to bring to you the final report on the Congress on Health Monopoly which the Federation sponsored last October in Washington, D.C.

1964 Conventions

Mark your calendar now.

So successful have been the Federation's one-day conventions that we have decided to hold more of them during 1964.

Phoenix: On Saturday, April 11, the Federation will conduct a full one-day convention at the Sands Hotel. The convention will start at 10 a.m. and continue until 10 p.m.

Salt Lake: On Wednesday, April 15, the Federation will hold an all-day convention, starting at 10 a.m. and continuing until 10 p.m. The place—The Ramada.

San Francisco: On Saturday, May 9, the Federation will conduct a full day and evening convention, as it did last year. The convention will be at the Sheraton-Palace Hotel. It will start at 10 a.m. and continue until 10 p.m.

Reseda, California: The Federation will conduct a full day and evening symposium, May 16, 10 a.m. to 10 p.m., at which all approaches to health will be presented.

Chicago: The Midwest Convention of the Federation will be held at the Sherman House this year. The dates will be September 10, 11, 12, and 13. It is our plan to make this the most outstanding convention the Federation has ever held in the Middle West.

The charge for attending the one-day conventions will be as follows: For the full day, $2; for one session or one lecture, the charge will be $1.

More information will be given in later issues of the **Bulletin.** For your own sake, as well as that of the Federation, we urge you to attend the convention nearest to your home.

Those who are interested in displaying products should write at once to Howard Long, P.O. Box 686, Monrovia, California.

Here Goes Another Year's Salary

I sure pulled a bloomer in the February issue. In connection with the article on "diseases caused by drugs," I advised you folk, if you desired more information on the subject, to write to the national magazine the **Post** as it carried a four-page article on the subject. That was in error, as I am now informed it was the December 31, 1963 issue of **Look** magazine. I am very, very sorry, so I have fined myself an entire year's salary, and this day I have turned the one dollar into the National Health Federation treasury in full payment for my crime.

The Courts the People's Last Resort

While in San Francisco last week, I was happy to learn from Dr. E. Hugh Tuckey that Judge Clayton Horn of San Francisco has placed his name before the voters of San Francisco County as a candidate for the Superior Court judgeship.

We were happy because Judge Horn's record as a judge indicates that he is a man who believes in justice, fair play and the rights of the common man. The courts were created to protect the people, thus it is very important that the voters give very serious consideration to the men they elect to preside.

In Answer to Inquiries

Many folk in the northeastern part of the United States have written us from time to time asking if we knew of some place not too far away where they could go for vacations and still get proper health food and other care, while having a good vacation.

We have just had called to our attention a place in the Pocono Mountains of Pennsylvania, which, according to their literature, would seem to be an ideal place. We have never been there, but we suggest to those interested in finding such a place that they write to Heigh-Ho Lodge for literature and other information. The address is R.D. 1, Cresco, Pennsylvania.

Place
4¢
Stamp
Here

Representative Kenneth A. Roberts
Chairman of the Subcommittee on
Public Health and Safety
House Office Building
Washington 25, D.C.

There hasn't been an event more meaningful and beneficial in the history of **N.H.F.** than the Congress on Health Monopoly held in Washington recently. If you don't have a copy of the speeches, order them today. Cost is $2.00 for the set. They belong in every health library and in every member's home. As a conglomerate, they clearly indicate (documented) trends in America today. They were given by excellent authorities. Incidentally, we are planning on making the "Congress" a yearly event **if** we continue to receive the support we have. Last year's Congress cost approximately $11,000, as you are aware, and it couldn't have been purchased for $50,000. As a result of that Congress, it is expected that a full investigation of AMA-FDA will be made. Our members have much to be thankful for and much to plan for. Get that new member—swell our ranks—and keep your membership **active!** (Incidentally, we gained approximately 400 members in January.)

We have received some cash donations for a new roof and building repairs. I sincerely thank those of you who have helped in this area. We did get a good roof at a good cost, and repair on the building is proceeding as funds come in. We are currently remodeling to accommodate some rentals in the rear section of the building. Such rental would help our income, so keep our needed project in mind. Thanks to each member's thoughtfulness, we are moving ahead.

We are still very short of stamp books. Send yours in as it is filled. Don't wait to get a supply ahead. If you have club or church groups that you could interest, please let me know and I'll drop them a line. We need our mailer-stuffer badly, and it would be a good investment which would save its cost in one year.

My dear Congressman Roberts: Date: **March**....., 1964.

The Krebiozen Resolution has been co-sponsored by over 30 Representatives. Several of these joined their colleagues in demanding a fair test for Krebiozen **after** the Food and Drug Administration pronounced that Krebiozen was creatine.

On December 6, 1963, Senator Douglas put the Shuman-Robinson Report in the **Congressional Record.** There has been no question since that time that eventually the Krebiozen Resolutions will have committee hearings.

A TV documentary on Krebiozen has been prepared and will soon be broadcast on a national network sponsored by Timex.

Herbert Bailey's book, **A Matter of Life or Death,** the incredible story of Krebiozen, will soon be out in a paperback edition.

The Denver **Post** has just completed an excellent series on Krebiozen. Several other newspapers will soon carry this story.

The National Health Federation respectfully suggests that your committee seriously consider the above-mentioned evidence that the Krebiozen controversy is coming to a head.

I most urgently request that you schedule hearings to start in March, 1964.

Respectfully, ...

City..... State.....

No Reply Required

NATIONAL HEALTH
Liberty Equity
Fidelity Security
FEDERATION
211 WEST COLORADO BLVD.
MONROVIA, CALIFORNIA

The
NATIONAL HEALTH FEDERATION
BULLETIN
VOLUME X — MARCH
NUMBER 3 — 1964
Adventures on Health Frontiers
Published Monthly

Statement of the National Health Federation

Before the United States Senate Special Committee on Frauds and Misrepresentation Affecting the Elderly at a meeting held in San Francisco, January 13, 1964

By Clinton R. Miller
Assistant to the President

Mr. Chairman and Members of the Committee:

The National Health Federation is a nonprofit, health rights corporation with its main offices at 211 West Colorado Blvd., Monrovia, California. Our Washington Office is in the Continental Building, Suite 303, 1012 14th St., N.W., Washington 5, D.C.

The N.H.F. is a national organization, composed of thousands of members who believe in freedom of choice in matters of health where the exercise of that freedom does not violate the equal freedom of another.

N.H.F. Primarily Concerned With Fraud-Finding Procedure

The National Health Federation is more concerned in our testimony today with the **procedure** by which the state and federal governments determine if a cancer treatment is a fraud than we are with the answer. If the procedure is right, the answer will be right; but if the procedure is wrong, any right answer would be accidental, certainly not predictable, and the hazard to the welfare of the people and to a legitimate discoverer of a new treatment is incalculable. We wish to make it clear that the N.H.F. does not in any way endorse Krebiozen, Laetrile, Mucorhicin, X-ray, radium, surgery, or any other specific cancer therapy under discussion.

The N.H.F. simply challenges the presently established **procedure** being used by both federal and state governmental agencies to determine the truth or falsity of claims of unproved or unorthodox treatments for cancer. While we have limited our arguments before this subcommittee primarily to the cancer problem, the same principles we argue here will apply to all facets of the fraud-detection problem.

Right and Wrong Method

There is a right and wrong way to expose frauds and quackery. We charge that the American Medical Association influences state and national health authorities to use a method which is not only wrong scientifically, but favors the AMA policy of setting itself up as the only arbiter in medical science, eliminating all other competition in the healing arts, thus misusing the Government to further medical monopoly.

(Continued on next page)

The reason the AMA fraud-detection method is wrong is that it is not based upon actual experimentation. Briefly, the AMA depends upon "experts" **who have never used the treatment.**

Testing Costly; Pronouncements Cheap

The "expert" may be perfectly honest when he says, "I know of no evidence that proves 'X' agent effective in the treatment of cancer." He can, further, truthfully say, "I do not believe that substance 'X' could be beneficial in the treatment of cancer." Etc., etc., etc. "Expert" testimony of this kind is not a way to test the efficacy of any new agent or substance. It is only a device whereby a court or commission can record what orthodox medicine presently believes and practices. The "expert" simply announces the "consensus of medical opinion."

How much does it cost to test a potential cancer cure and find out whether or not it is a fraud? According to testimony given earlier to this committee, it costs California 1/25th as much as it costs the U.S.

I noted with interest Senator Neuberger's surprise at the limited size of the California budget for the cancer commission. As I recall, it was $50,000 for one year. It is worthy of note that for this sum five alleged cancer agents were pronounced worthless, and hence banned in California. This is $10,000 per edict.

Senator Neuberger also asked about Krebiozen. The witness avoided this question, but I would like to go into it. Seventeen United States Senators and 32 United States Representatives have co-sponsored a Resolution which would appropriate $250,000 for a controlled test of Krebiozen. While the Senator from Oregon didn't express the thought, she may have wondered how California can "test" an alleged cancer agent for 1/25th the amount it costs the federal government. The question bothered me, so following Mr. Miner's testimony, I asked him about Krebiozen. He said it should be banned. I asked him how he would go about banning it in the California courts. He said, **"By expert testimony; it's the only way."**

Experimental Science Versus Science by Edict

The real issue today is whether or not we should bring experimental science to solve fraud charges in health matters.

The founder of modern experimental science was Galileo (1564-1642), an Italian astronomer and physicist who was persecuted for insisting that actual experiments, not pronouncements of experts, must determine scientific truth.

At the age of twenty-five, Galileo was made professor of mathematics at the University of Pisa. During this period he discovered a famous law of falling bodies. He reasoned that gravity pulls all bodies to earth at the same speed, regardless of their weight. To prove this he dropped a ten-pound and a one-pound weight from the top of the Leaning Tower of Pisa. A crowd of students, professors and priests looked on.

The success of his experiment resulted in bitter opposition from the followers of the Greek philosopher, Aristotle. That wise man had said that if a ten-pound weight and a one-pound weight were dropped at the same time, the heavier weight would fall ten times as fast as the lighter one. The people were sus-

(Continued on next page)

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picious of anyone who dared question the word of Aristotle. Galileo was forced out of the University.

The opposition Galileo faced appears to be very much the same kind of opposition which the sponsors of unorthodox drugs face today.

It would seem that with this page of history behind us, anyone who claimed to be a scientist in 1964 would insist that any contested cancer treatment be proved by actual experiment.

The startling fact is that many citizens and most Congressmen have assumed that we are living in the era of experimental medicine, and that the actions of the Food and Drug Administration, American Medical Association, California Medical Association and California Cancer Commission in banning certain unorthodox cancer treatment methods were first based on experiments carefully and objectively testing the treatment in question. It comes as quite a shock to find out that this just is not so.

A careful reading of the language of the 1959 California Medical Association report that follows this statement indicates that there is no claim that the discredited cancer treatments were ever experimentally disproved.

The report is entitled "Unproved Cancer Treatment Methods." The word "Unproved" is not at all synonymous with "Disproved." In none of these has the treatment been given, figuratively speaking, the Leaning Tower of Pisa test.

In all of them they have been "unproved" because the defenders of orthodox methods have persuaded the courts to prosecute rather than to experiment. The orthodox "experts" have then been called to testify and give their "expert testimony" and reveal the "consensus of medical opinion" so that the court could then do what the AMA or the California Medical Association could never legally do by themselves.

The courts have not determined what was true. The courts have allowed themselves unwittingly to be cast in the same incredibly unfair role that the Church found itself playing at the time of Galileo. In 1632, Galileo's masterpiece, **A Dialogue on the Two Principal Systems of the World,** was published. He was immediately summoned before the Holy Office, or Inquisition. After a long trial he was forced to say that he gave up his belief in the Copernican theory (that the earth circles the sun) and was sentenced to an indefinite term of imprisonment. During his last five years, Galileo was constantly watched by the Inquisition in his own home.

The National Health Federation does not defend any of the "Unproved Cancer Treatment Methods" listed in the accompanying paper or discussed before this distinguished subcommittee. But it deplores calling them frauds before a fair test is run.

Our members insist that experimental science, not science by edict, is the proper way to establish a truth. We demand fair tests before condemnation for the "more prominent unconventional cancer treatment methods that have come to the attention of the [California] Cancer Commission." Krebiozen is the logical place to start at a federal level.

The Chicago Krebiozen hearings urged by the N.H.F. in our San Francisco testimony will reveal to this subcommittee and to the nation whether the condemnation of Krebiozen by the AMA and certain governmental agencies is based on an experiment or on an edict.

I respectfully request that at the end of my written statement the attached pamphlet be included in the record of this committee hearing. This short pamphlet is entitled "Unproved Cancer Treatment Methods." It was originally published by the Cancer Commission of

(Continued on next page)

the California Medical Association. It has been reproduced by the N.H.F. to help state and federal legislators see the defects in the legislation which set up the Cancer Commission of California. Its language substantiates our testimony.

N.H.F. Editor's Note: The pamphlet filed with this statement was the one reproduced in the November, 1963 issue of the **Bulletin,** pages 17 to 22.

Tough Facts on Breast Cancer

NEY YORK—There is dreadful news about breast cancer, compensated only by the promise of some progress against this most common single cancer.

The news is this: A statistical review of all the known methods of surgery for breast cancer raises the ugly possibility that none increases the longevity of the female breast cancer victim.

60,000 a Year

The severity of the conclusion is mitigated only by the following:

The operations do give relief of pain and reduction of disfigurement from ulceration to the 60,000 U.S. women who undergo breast cancer surgery every year.

FORTUNATELY, ON THE AVERAGE, BREAST CANCER DOES NOT KILL QUICKLY—IT ALLOWS ITS VICTIMS TO LIVE FIVE TO 20 YEARS.

The recognition by doctors and patients of this situation—in which treatments abound but none supercedes all—can force a rigorous scientific evaluation of all the therapies. This could lead to real progress against breast cancer.

Strongest Terms

Although the suspicion of the inadequacy of breast cancer surgery has echoed for years in surgical suites across the land, Dr. Edward F. Lewison, assistant professor and chief of the Johns Hopkins Hospital breast clinic, Baltimore, now has raised the issue in strongest terms in the current issue of the **Journal** of the American Medical Association.

Doctor Lewison did not go so far as to say that the operations were worthless. But he raised these questions:

"In recording our surgical triumphs, are we merely measuring the natural history of this malignancy? Do our survival results reflect only that proportion of patients in each group with breast cancers which grow slowly or locally without the early spread of distant metastases (cancers which migrate to other parts of the body)?"

Suspicious Lumps

In other words, Doctor Lewison is saying that those surgeons who report 75 per cent cure rates for breast cancer "caught early" may be operating only on those slow-growing non-metastasizing tumors that are catchable early.

Most doctors, including Dr. Lewison, would still urge women to continue looking for suspicious lumps in the breast and, if these prove malignant, to have an operation for them, on the general idea that the earlier such a lump is caught, the better the outcome.

From San Francisco **Examiner,** December 16, 1963.

N.H.F. Editor's Note: We hope, as you read the foregoing, that you did it with the thought in mind that the folk who advocate these operations, which are so much in question, are the very ones who, without clinical investigation, seek to outlaw all other approaches to this problem, even though such approaches are producing results, etc.

Howard Long Calls Senator Williams' Attention to Wrongful Acts and False Implications

Senator Harrison A. Williams
Senate Special Committee on Aging
Senate Office Bldg.
Washington 25, D.C.

Dear Senator Williams:

I appreciated having the opportunity to attend your recent hearings in San Francisco. Mr. Miller and Mr. Pratt of the Federation having made oral statements, I thought a letter from me would be more appropriate.

In your opening statement to the audience in San Francisco, you asked about the California cancer legislation. This legislation is, in effect, a finding by a council working under the jurisdiction of the Department of Public Health. We firmly believe that their arbitrary ruling is unconstitutional (September 20) and intend to pursue the matter in court at the earliest possible convenience. It is a known medical fact that the methods summarized in the attached brochure **have proven** to be beneficial in many instances. At the very least, any honest person would insist upon having the methods clinically developed and tested. However, the California Commission, **without** any of their own research, has virtually outlawed the methods and, amusingly and typically, relied upon the **Journal** of the AMA almost entirely for their findings. We call this quackery, unconstitutional, odious, un-American, and find it difficult to believe that these men have even included in their recommendations a sentence which excludes the use of these methods even to **alleviate pain!**

To supplement testimony given by Dr. W. Edward Naugler, you might be interested in knowing that health foods are **not** always "more expensive." Some very interesting specifics are as follows:

Item	Health Food Store	Drug-store
Vitamin A—1,000 capsules of 25,000 international units	$1.00	$4.85
Brewer's Yeast Powder—lb., type 600	.98	2.50
Gelatin—lb.	1.25	2.50
Dextrose—lb.	.35	.80
Lactose—lb.	.75	2.10

The same differences are prevalent when comparing many brands of Vitamin B complex, Vitamin C, Vitamin D, Vitamin E, calcium, etc. Dr. Naugler's statement is typical and definitely incorrect.

If I may be of further service at any time, please do not hestitate to contact me.

Very truly yours,
Howard C. Long,
Executive Secretary
National Health Federation

Legal Opinion

The office of Hawaii's state attorney general, which recently ruled that unlicensed physicians cannot lawfully use the terms "Dr." or "M.D." in oral or written communications, issued a supplementary opinion in the wake of severe criticism from the medical profession. The office said use of the terms is generally lawful as long as there is no intent to mislead patients into thinking an unlicensed physician is licensed to practice.

From **A.M.A. News,** January 20, 1964.

Learn from your mistakes, but don't cry over them. We best redeem the past by forgetting it.—**Elbert Hubbard.**

No New Laws Needed–

So Stated N.H.F. Washington General Counsel Pratt When He Appeared at San Francisco Hearing of Senate Committee on Frauds Affecting the Aged

Your Washington General Counsel, at the request of President Fred J. Hart, testified extemporaneously at the Hearings of the U.S. Senate Subcommittee on Frauds and Misrepresentations Affecting the Elderly (a subcommittee of the U.S. Senate Special Committee on Aging), held in San Francisco, California, on January 13, 1964.

U.S. Senator Harrison A. Williams, Jr., Chairman of the Hearing Committee, advised me that, because so many persons, organizations and federal and state officials wished to testify, he could not allow me to testify as Washington Counsel of the National Health Federation since Mr. Clinton Miller, Assistant to the President, was scheduled to speak. I then insisted that I be allowed to testify, as an individual, in opposition to any proposed legislation on the subject of frauds, especially alleged medical and nutritional frauds on the aged. This request was granted.

After hearing all day long sad stories from individuals, prepared statements from organizations and federal and state officials whose government positions include duties of investigating and preparing civil and criminal cases in the medical, nutritional and health field, it became obvious to me that no new laws to protect the health and pocketbook of the public were necessary. In fact, some state officials of California stated in prepared statements that adequate laws are available for such protection. They requested more funds from both federal and state treasuries.

Your Washington General Counsel pointed out to the committee that he was concerned with fair, honest and practical enforcement of the present applicable federal and state food and drug laws and fair and honest enforcement of the California medical practice laws.

No New Laws Are Needed

It was emphasized that no new regulatory laws were needed to protect the aged. FDA has said that there is no special food or special dietary foods recognized just for the aged. If that is true, then the present laws on health care and nutrition apply to people of all ages.

Your Washington Counsel pointed out further that, under the U.S. Constitution and the Constitution of any state in the Union, there is no authority for Congress or a state legislature to legislate on the American diet or on what the American people can or cannot eat, or what care they can have and use in an effort to improve their health or save their lives, in the absence of fraud; and provided the health foods and products are not adulterated, dangerous, deleterious, toxic, or falsely misbranded.

The present Federal Food, Drug and Cosmetic Act and Cosmetic Act and Regulations are adequate to protect the American people from dangerous or fraudulent foods, drugs or foods for special dietary uses.

The new drug law is adequate to protect the public from untested and dangerous drugs.

(Continued on page 30)

Monopoly as an Approach to Quackery

David Dobreer, D.O.
President, Osteopathic Physicians and Surgeons of California

Delivered at
The First National Congress on Health Monopoly
Sheraton-Carlton Hotel
Washington, D.C.
October 26, 1963

I consider it a privilege to have this opportunity to speak to you on a subject so important as monopoly in the healing arts. I hope that what I have to tell you will be not only informative but also of some help to you in your continuing efforts to prevent the establishment of such a monopoly in this country by the American Medical Association. I intend also, in the course of my talk, to comment on a subject which is purportedly the subject of discussion at another meeting taking place at this time in another part of the forest—namely, quackery. I propose to show that these two pursuits, monopoly and quackery, have a very close relationship to one another. In fact, it might be said that monopoly itself is a form of grand quackery. But more of this later.

Osteopathy—Its Beginning

Let me at this point tell you something of the historical and philosophical development of my profession. The osteopathic profession has served the people of this country for over 75 years; it is a profession whose members, I believe, receive a broader, more comprehensive course of training and are hereby equipped to conduct a more versatile practice than any other profession of the healing arts. It is a profession whose practitioners share with M.D.'s in 39 states and the District of Columbia the distinction of enjoying an unlimited license to use any and **all** modes of diagnosis and therapy in treating the sick and promoting the health of our people. There was a twofold need for the osteopathic profession when it came into being. The need was to improve the prevailing system of medicine and to provide an effective philosophy for the practice of the healing arts. The profession established itself on the premise, stated simply, that the patient must be viewed as an integrated structural whole. This led to the consideration of the integrity of the musculoskeletal system as being of fundamental importance in the diagnosis, treatment and prognosis of illness, and to the development of osteopathic manipulative theory and practice as a valuable adjunct to all other proven methods of maintaining health and treating disease.

Its Need and Justification

However, the need for the osteopathic profession and the justification for its maintenance as a separate and distinct school of healing is based on many principles going beyond the development of manipulative therapy and recognition of the fundamental importance of the musculoskeletal system. Not the least of these is that it has stood as an ever-increasing barrier to monopolistic control—economic, professional, and intellectual—of the healing arts by the AMA. With the passage of time, and despite the tremendous development of

(Continued on next page)

drug therapy and the refinements of laboratory and surgical techniques and instruments, this need has persisted and grown even greater. This suggests two things: (1) The medical profession, as such, has failed to learn the lesson which osteopathy had to teach; and (2) the osteopathic profession has failed to teach what the medical profession needed to learn. The failure of the medical profession is difficult to analyze. The failure of the osteopathic profession results, perhaps, from its not understanding its role as an **independent minority.** That is, that it has not understood that its virtue, which is to say its power, strength, and potential, lies not only in a particular approach to diagnosis, treatment, and prognosis—but in its independence, its limited size, and even its limited financial resources.

AMA Fails to Develop, Maintain and Teach Sound, Dynamic Philosophy of Medicine

It may help us in our understanding of the osteopathic profession to consider a recent, widely publicized, and most thoroughgoing indictment of the medical profession. This was made by one of its own members, Dr. Herbert Ratner, associate clinical professor of preventive medicine and public health at the Stritch School of Medicine, Loyola University, Chicago. Dr. Ratner's criticism of his profession is contained in a long interview conducted by Donald McDonald, Dean-Elect of the College of Journalism of Marquette University. The interview was published by the Center for the Study of Democratic Institutions, financed by the Ford Foundation's Fund for the Republic.

Dr. Ratner makes the following major points against the medical profession:

(1) The medical profession has failed to develop and maintain a sound, dynamic philosophy of medicine, and to teach and to practice medicine in the light of it. All other failures of medicine result from this lack of a sound philosophy.

(2) The medical profession does not recognize that nature is the prime physician; that the doctor's role is to work **with** nature.

(3) There is an excessive reliance on, and unwise use of, drugs and surgery.

(4) The medical profession has become addicted to partism and specialization with a proportionate loss of general practitioners and men who can function adequately and with versatility at the bedside.

(5) Most medical schools are geared to turning out research men rather than physicians, scientists rather than artists, high-level technicians rather than professional men. The prime cause of this is the tremendous amount of research money which is available to medical schools. The money available is far out of proportion to the number of worthy researchers or worth-while research ideas available.

(6) The confusion of the schools as to their purpose is extending to the premedical curriculum. This is being streamlined in the wrong direction by stressing the technological at the expense of the humanities.

Appended to the published remarks of Dr. Ratner is a comment by Scott Buchanan, a consultant of the Center for the Study of Democratic Institutions. Mr. Buchanan is a professor of philosophy, has been the dean of a liberal arts college and has written a number of books including a defense of theory in medicine.

Mr. Buchanan draws several conclusions and follows these by putting what he calls "a rather big question" to Dr. Ratner. He says:

"In order to be a profession in the full

(Continued on next page)

sense, medicine must possess a body of theoretical knowledge which is uniquely its own; this knowledge must be good enough, philosophical enough, to show the physician not only what he can and cannot do, but also what he ought and ought not to do; and it is on this knowledge as a base that he must build not only his private practice and life but also a professional association or guild that can speak with authority in making its individual or collective contracts with the rest of society.

Medical Profession Needs to Reassess Itself

"Now for my question, 'Doesn't the medical profession need a profound reassessment of itself and perhaps a thorough reorganization if it is to discharge its intellectual functions and maintain its institutional integrity in a technical civilization?'

"Such an enterprise, it seems to me, properly belongs to the next development of the traditional American character."

Now, neither Dr. Ratner nor Mr. Buchanan mentions the osteopathic profession. However, it must be noted that the things which Dr. Ratner says the medical profession needs are outstanding characteristics of the osteopathic profession. We have always, at least tacitly, espoused the importance of a philosophy of practice; we have always understood that nature is the prime physician; we are not addicted to partism; our product has always been a versatile physician primarily trained as a healing artist able to function well at the bedside; our orientation has always been explicitly away from an excessive reliance on drugs and surgery; we are small enough to be flexible, and our independence gives us the opportunity to continue to be innovators.

Growth of Osteopathic Profession

With this historical and philosophical background, let me now briefly sketch for you the material and physical growth of the osteopathic profession. Its original founder, a medical doctor named Andrew Taylor Still, tried to promote his ideas within the medical profession, but like many other innovators in the healing arts, he was dismissed by medical leaders as a crank. However, remaining convinced of the soundness of his ideas, and with the aid of a few friends, Dr. Still opened a small school. From this obscure beginning, the osteopathic profession grew in 75 years to a point where it consisted of more than 14,000 doctors; it had six nationally accredited colleges graduating nearly 500 D.O.'s a year, eligible, as I previously stated, for unlimited licensure in 39 states and the District of Columbia; its graduates were approved by virtually all federal health agencies and by virtually all private insurance companies; it had developed approximately 400 hospitals with over 17,000 beds. All of this was accomplished independently of and in spite of much opposition and persecution by the allopathic profession. This was the situation of the osteopathic profession just before the merger of the California Medical Association and the California Osteopathic Association, which took place early in 1962. (Notice that I did **not** say merger of the medical profession and the osteopathic profession in California. It was, in fact, an absorption of one private association by another private association. The osteopathic **profession** continues to be very much alive in California—but more about that later.)

Growth Disturbs AMA

Now, it's easy to understand why the M.D.'s were disturbed by the D.O.'s. **One out of every 15 doctors in this country**

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was a D.O., and their number was increasing every year. Their hospital facilities were substantial, and these too were increasing at a rapid rate. Moreover, the osteopathic profession had developed its own continually expanding corps of competent, well-trained specialists in every field of practice. **To put this in a nutshell, the D.O.'s were professionally equal to M.D.'s with wide and steadily increasing public and governmental acceptance, and, above all, independent of the AMA.**

AMA Decides to Divide and Conquer

It was these things, plus the fact that the AMA's usual policy of vilification, persecution, and boycott of everything osteopathic was an obvious failure, that led the AMA to adopt a plan to divide the osteopathic profession and destroy it state by state. California was chosen as the first point of attack for several reasons: (1) It was the largest osteopathic state in the country with over 3,000 D.O.'s, 65 osteopathic hospitals including a 500-bed unit of the Los Angeles County Hospital, and a college—and it was growing at an ever-increasing rate every year; (2) the leadership of the two associations, by their own admission, had been conspiring for 20 years to bring about the merger; and (3) it was felt that if the osteopathic profession in California were wiped out, the other states would rapidly be brought down by the same process.

Here Is How

I will not attempt here to give you a completely detailed description of the California merger plan—this would require more time than is available to me. However, I will try to give you the essential features of it in terms of results, and supply additional details, perhaps, in answer to specific questions if time and opportunity for such are available to us.

First, the osteopathic college in Los Angeles was converted into an allopathic school—its name was changed to California College of Medicine, and it was given "provisional" approval by the AMA. This occurred in February, 1962.

Second, the college then invited all D.O.'s holding an unrevoked physician's and surgeon's license in California to apply for an M.D. degree. This degree had to be obtained no later than September 30, 1962. No courses or examinations were required to qualify for it. Virtually everyone who applied for it and paid the required $65 fees received it. The only known exceptions were a few people who were in trouble with the Board of Examiners at the time. The degree was a limited degree in that it was approved for use only in California—**it could not be used for reciprocity licensing in any other state.**

Third, it was necessary to take one more step before the holder of this degree could use it in California. A D.O. holding this M.D. degree was required by law to indicate in writing to both the Osteopathic Board and the Medical Board before December 31, 1962 which of his two degrees he wished to practice under and which Board he wanted to be licensed under. Once he made this choice he was permitted to display to the public only one degree; he could not display or publicly use the other degree. Approximately 2,500 men who took the M.D. degree elected to use it—and approximately 500 continue to be known in California as D.O.'s under the jurisdiction of the Board of Osteopathic Examiners.

Fourth, those D.O.'s who elected to practice as M.D.'s were permitted to join the California Medical Association, **but were all concentrated in a special component society known as the 41st Medical Society of the CMA.** Prior to merger,

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the CMA was divided by county into 40 component societies. **None of the new M.D.'s has been allowed to join the medical society in the county where he practices. He can belong to the state medical association only as a member of this special ghetto or concentration camp for former D.O.'s.**

Fifth, all former D.O.'s who as D.O.'s were certified specialists lost their certification immediately upon becoming M.D.'s. **None has regained it to date, and none is expected to.**

Sixth, all D.O. hospitals in California became M.D. hospitals, and upon so doing, those that were teaching hospitals immediately lost their teaching status. That is, they were no longer permitted to train interns and residents.

Simple Situation Made Complicated

If one were to sum up briefly the net result of the merger to date and for the foreseeable future, one would have to say, at the very least, that what was originally a very simple situation has been made very complicated.

For example, prior to the merger there was a very simple division of physicians and surgeons in this state—one was either a D.O. or an M.D. There was a total of two degrees, easily distinguishable and readily interpreted. Now, as a result of the merger, there are **three different degrees**—and **four** classes of physicians and surgeons.

On the one hand there is the D.O. physician and surgeon, who studied at and graduated from a recognized osteopathic college, and who holds only a D.O. degree; then there is the M.D., who studied at and graduated from a recognized medical school, and who holds only an M.D. degree; thirdly, there is the D.O. (M.D.), who practices as a D.O., but who possesses, in addition to his regular D.O. degree, one of the medical degrees issued to D.O.'s by the California College of Medicine as of July 14, 1962; and finally, there is the M.D. (D.O.), a physician and surgeon who has a regular D.O. degree plus the C.C.M. degree of July 14, 1962, but who holds himself out to be purely an M.D. At the present time, California state law requires that a practitioner holding both degrees may practice only under one. However, if the C.C.M. degree, which is presently under examination in the California District Court of Appeals and will later come under the scrutiny of the State Supreme Court, is judged to be a legal and valid degree, then the state legislature may ultimately, as a matter of wisdom as well as expediency, **require** a physician and surgeon who holds both degrees to display both.

More Confusion

Another instance of complexity engendered by the merger where simplicity reigned before is in the area of specialist certification. Where originally there were two kinds of certified specialists—those certified through the American Osteopathic Association (D.O.'s) and those certified through the American Medical Association (M.D.'s)—there is now a third "certifying" body, namely the 41st Medical Society (M.D.'s). What the professional value of this third type of "certification" may be is difficult to discern, but as far as is known, this is the only instance of a component of the California Medical Association—or any other state medical association—having the privilege of certifying its own members.

A Medical Diploma Mill a Possibility

Such extraordinary procedure of conferring "approved" medical degrees and specialty "certification" could lead to even more interesting developments. On the one hand, as I will mention in more detail later, there has been an abortive

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attempt in the State of Washington to set up a purely "paper" college expressly for the purpose of giving medical degrees to osteopathic physicians and surgeons. On the other hand, we might some day see, as a logical extension of the "all or none" principle, 41 separate "certifying boards" in the California Medical Association.

These are but a few of the complications which have already developed from the COA-CMA merger. The merger itself was a very complex and intricate construction. There will undoubtedly be many other complications unanticipated by its architects, and unapparent as yet even to sophisticated observers.

"Time" Magazine Takes a Look

An interesting commentary on an essential aspect of the merger in California was made in an editorial in **Osteopathic Horizons** in June, 1963, by its editor, Dr. Joseph P. Linden, Jr. He presents a provocative analogy. It reads as follows:

"In the May 24 issue of **Time** magazine, on page 39, appears a short article entitled 'Crossing the Color Line—A South African Tragedy.' Briefly summarized, the article reports that the population of South Africa is divided into four groups — Black, White, Asian and Coloured. It discusses problems related to the activities of so-called Race Classification Boards in reclassifying some members of the smallest population group, the Coloured class, into the White class. In reading this article, one cannot fail to notice the similarity between this South African situation and the D.O.-M.D. situation (including reclassified ex-D.O.'s) in California.

"For example, in South Africa once a Coloured person is reclassified White he may no longer associate with former Coloured friends or relatives. Should he be so foolish as to break this law, the former Coloured White may be reclassified back to his original Coloured status with accompanying loss of valuable civil rights and economic advantages that accrue to the White class. Is not the situation of the merged ex-D.O. precisely parallel? Under present AMA policy D.O.'s who did not take part in the merger in California are considered 'cultists.' Voluntary association with cultists is a breach of the AMA code of ethics.

"It is speculated that the 250,000 Coloured persons reclassified to White during the past three centuries have been changed thus to increase the total number of Whites in South Africa in order to gain political advantage. Isn't it likely that one important factor in the California merger of M.D.-D.O. groups was the net gain in power (through votes) it brought to the C.M.A.?

"The **Time** article concludes with a defining quote from South African Law —'A white person means a person who in appearance is a white person and is not in appearance obviously not a white person, but does not include any person who admits that he is by descent a native or a Coloured person.'

"We might paraphrase and define an M.D. in California as "A person who 'in appearance' by virtue of **any** M.D. degree held is an M.D., and is not 'in appearance' by virtue of completely hiding any D.O. degree he may hold obviously not an M.D., but does not include any person who admits that he is, by education, an osteopath."

"We are certain most intelligent readers of the **Time** article would agree that this South African situation is ludicrous and pathetic. Can any less be said of the D.O.-M.D.-ex D.O. situation in California? Did **either** of these two highly respected professions deserve such treatment from their political leaders?"

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It is now a year since the merger in California—the participants, prior to the event, referred to it as a wedding, so I suppose we should consider this their anniversary.

CMA and Osteopathic Marriage Makes Bride a Chattel

Now, anniversaries are something that every happily married couple looks forward to celebrating, and usually does celebrate with some fanfare. After all, a happy marriage **is** something to cheer about. Even unhappily married couples often express joy on their anniversaries —if only to hide from their friends and themselves the fact that they made a serious mistake. A good party often serves to make a sad situation bearable. Thus, one might have reasonably expected some public announcement from the prinicipals involved of the celebration of the first anniversary of the COA-CMA "merger," which took place a year ago with the final ratification of the merger contract by the CMA House of Delegates. However, there has been no such announcement and no joyful recalling of the "happy event"—which gives rise to a rather fundamental question: what kind of a "marriage" was this merger, anyway? Let's consider it.

The "bride" gave up her name, her autonomy, her past associations, and control of virtually all of her worldly goods. In return, the "groom" has allowed her the conditional use of his name and limited access to his family's estate. He promised to use his "best efforts" to get his family to accept her, but meanwhile she has to live in the guest house. It would appear now from the evidence, a year later, that the groom's "best efforts," whatever they may be, have been unproductive, and the bride shows signs of getting so nervous about the situation as to be unable to "relax and enjoy it."

Let us shift to more literal terms: At this time, after a full year of merger, what have the former D.O.'s gained by it? Have they truly improved their social and professional status? Have they increased in stature? Have they been able to expand or extend their practice privileges? Has one of the specialists been able to gain certification outside the 41st Medical Society? Have they been able to gain acceptance of their new degree and the training on which it rests by the armed services and by the medical boards of other states? **In sum, have the former D.O.'s gained anything socially, materially, intellectually or professionally, after a year of being merged? The answer must plainly be in the negative. What are their prospects of improving their situation? As M.D.'s the prognosis is poor. What can they do to help themselves? One thing: see to it that a second profession—the osteopathic profession—is kept alive in California and given every opportunity to grow.**

Osteopathic Future

Now, what is the present situation and future outlook for the osteopathic profession in California? In this regard, let me read to you the short article which I wrote last March to introduce the first issue of our Association's new monthly paper, **Osteopathic Horizons:**

"We celebrate here the advent of a new voice for an old profession, and with this new voice we bring to the attention of the public, Governor Brown, the State Legislature, the AMA, the CMA, the 41st Medical Society, and all other interested parties, that reports of the demise of the osteopathic profession in California are, in the words of Mark Twain, 'greatly exaggerated.' To show the extent of the exaggeration and to prove that the profession is very much

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alive and kicking, it is only necessary to point out the following facts:

"At the conclusion of the ingestion of the COA by the CMA, there remained nearly 500 D.O.'s licensed by the Board of Osteopathic Examiners dedicated to continuing the profession in California.

"Eight men who originally elected to join the merger and practice as M.D.'s have already come back into our profession, and others have taken steps to follow them.

"Our court case challenging the legality of the merger and its implementing legislation is proceeding at the appellate level.

"The Attorney General has rendered an informal opinion to the Governor to the effect that the law appears to require that the present members of the Board of Osteopathic Examiners—all of whom have elected to practice as M.D.'s under the Medical Board—must be replaced on the Osteopathic Board by persons licensed as D.O.'s.

"We are beginning to gain sympathetic ears in the Legislature among men who are coming to realize that they did not get the whole story behind the merger during the recent election campaign.

"A program is already under way to re-establish reciprocity for out-of-state D.O.'s and to restore the power of the Osteopathic Board to issue new licenses.

"All these things and many more augur well for the future of our profession. All that is required of us to regain our former magnitude—and even go beyond it—is perseverence and a cooperative effort. It is our hope that this periodical may become a symbol of that effort and ultimately point the way not only for the old and honorable osteopathic profession, but for an even older profession —that of the healing artist."

The National Outlook

Let us now look at the rest of the osteopathic profession nationally. What has been the effect on it of its "trials" in California?

Attempts were made in Iowa and Pennsylvania to induce the osteopathic colleges and associations in those states to walk the same plank as California. These attempts failed.

In the State of Washington where no D.O. college exists to be converted for the bestowing of special M.D. degrees, it was proposed that a "paper" college be organized, that is to say a "college" with a charter and a faculty list, but without buildings, campus or courses, for the sole purpose of giving M.D. degrees to D.O.'s in Washington State who might want them. **This, according to an article in** Medical Economics **for July 26, 1963, was being looked on with approval by the AMA—shades of the old diploma mills! How the mighty have fallen! But, let me read to you directly from the article itself:**

"NEW WAY TO MAKE M.D.'s OUT OF D.O.'s—A small band of osteopaths in Washington State are risking their professional lives to become M.D.'s. They hope to get degrees through a 'paper college' set up solely for this purpose by the state medical society. If their approach succeeds, it might well become a blueprint for merger elsewhere.

". . . There were few persons who seriously supposed that the California merger would endanger osteopathy nationally. Were they wrong? Now another merger is well under way, this one in Washington State. Some observers see it as a crucial test—one that, if successful, could well mean the beginning of the end of osteopathy. Yet outwardly the stakes don't seem so high. Washington has only five osteopathic hospitals, as against California's 63, and less than

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one-fourteenth of the D.O.'s that California had before the merger there. Why, then, is the situation in Washington considered so significant? The key reason is that Washington—unlike California but like most other states—has no osteopathic college to convert to medicine. If, despite that, a way can be found to make medical degrees available quickly and in quantity to qualified D.O.'s, one basic problem facing mergers elsewhere will have been solved.

". . . One possible solution to the problem of making degrees available was advanced early this year when the Washington State Medical Association authorized creation of a college that may never have a campus or a classroom. It would be called the Washington College of Physicians. Its sole purpose would be to confer M.D. degrees on eligible D.O. applicants licensed in Washington State. The state medical association would like to see the college begin operating this fall.

". . . some behind-the-scenes action was needed from Chicago. Only an accredited medical school could grant M.D. degrees. And the AMA Liaison Committee on Medical Education alone had authority to decide what school it would be. Washington, however, had no osteopathic college to convert to medicine. While that committee was studying the problem, this speculation was heard:

"Would the University of Washington grant the degrees? Probably not. The university doesn't grant honorary or courtesy degrees.

"Would the California College of Medicine grant the degrees? Not likely. Officials there, while sympathetic, were already thought to be ultrasensitive to the A.O.A.'s charge that this former D.O. school was running a diploma mill.

"Was a college of osteopathy in some other state ripe for merger? None appeared to be.

"Last September the state medical association's House of Delegates unanimously ratified the merger agreement—a sure indication that the AMA committee had solved the problem of how to grant degrees. This January, that solution was revealed. The state medical association announced that the Washington College of Physicians would be created solely for the purpose of granting M.D. degrees to qualified D.O.'s in Washington. It's almost certain that this 'paper college' will get AMA approval.

". . . The Washington plan also attempts to smooth over two other rough spots in the road to merger. One is the AMA's reluctance to barge into interstate dealings and risk getting tangled in conflicting state licensure laws. The Washington plan skirts this risk by offering M.D. degrees only to D.O.'s already licensed in the state.

"The second rough spot is the sensitivity among M.D. leaders to the accusation that they're trying to destroy osteopathy. So the Washington plan, unlike California's, makes no attempt to eradicate the state osteopathic licensing authority. Osteopathy can perpetuate itself in Washington as long as qualified candidates for D.O. licenses continue to appear.

"Even so, there are other potential roadblocks. Pro-merger forces may have run into one just recently when the Washington State Legislature tabled three bills designed to expedite the licensing of D.O.'s-turned-M.D.'s. The A.O.A. contends that this effectively kills the merger. But the state's medical legislation, while desirable, isn't necessary. They predict the merger will take place along these lines:

"First, the Washington College of Physicians, the new 'paper college,' will get its state charter and AMA approval

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to grant the M.D. degrees necessary to effect the merger. Then qualified D.O.-applicants will get their M.D. degrees and be given membership in a special component of the state medical society. They will then apply to the state for M.D. licenses. At this point, the state Attorney General will probably have to rule on whether they can be granted under existing law. If he says they can, merger will be a fait accompli. If he says no, something else will have to be worked out.

"In any case, the state's medical leaders insist, the merger IS going through. If it does, the Washington plan could well turn into a blueprint for merger-minded M.D.'s and D.O.'s in other states."

The Future of Osteopathy Looks Bright

But to continue on a positive note, what is the outlook of the osteopathic profession nationally with regard to its future? Consider the following:

Announcement of plans for a new $30 million osteopathic college campus in Michigan highlighted the accelerated development program of osteopathic colleges during the year.

Plans for the campus include a 600-bed hospital, a research center, dormitories, a school of nursing, and administrative buildings. Grand Rapids, Detroit and Flint are being considered for the 80-acre campus.

In Des Moines the College of Osteopathic Medicine and Surgery accepted 86 acres of surplus Fort Des Moines land from the federal government as the site for its new $20 million campus.

Construction will begin within two years and continue over a 10-year period. Plans for the new site include classroom facilities for 500 students, almost double the present enrollment; a 150-bed hospital with expansion to 500 beds in 10 years, a teaching clinic which will serve 100,000 patients a year, a research center, student and faculty housing, a geriatrics center, and a physical rehabilitation center.

In Kansas City more than $770,000 has been raised in a campaign for a new $4 million hospital at the Kansas City College of Osteopathy and Surgery. The 200-bed teaching hospital will be the first building constructed in a $10 million campus development program.

The new hospital will be on a 17-acre urban renewal site adjoining the present college. Other development plans include a new administration and classroom building, new facilities for research, and a new auditorium, library and dormitory.

The Pennsylvania state legislature appropriated $4,718,000 for the 200-bed teaching hospital which will be the first new building of the Philadelphia College of Osteopathy's campus at City Line Avenue and Monument Road.

In 10 years the college expects to complete the seven-story building which will include classrooms and research facilities to accommodate 600 students as well as the hospital. Foundations of this structure have been designed to eventually support seven more floors for 600 additional hospital beds. Later plans call for erection of residence halls for nurses, a men's dormitory and a library.

The Chicago College of Osteopathy recently opened its new $1,800,000 hospital wing. The addition provides 75 new beds, a new surgical suite, a complete maternity floor and delivery rooms, a pediatrics wing, and a new outpatient department with laboratory and X-ray facilities. Future plans call for the continued development of the college as part of Chicago's Hyde Park-Kenwood Urban Renewal Program.

At the Kirksville College of Osteopathy and Surgery, all basic science departments except pathology will relocate in the new seven-story basic science-research building. The new building was a major goal in the college's Decade of Purpose development program. Future plans call for the addition of four floors on the Kirksville Osteopathic Hospital and new dormitories and apartments for students.

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The nation's five osteopathic colleges granted 366 D.O. degrees in 1963. Some 425 freshman students have entered osteopathic colleges this year.

AMA Political and Economic

We have now seen to what lengths the AMA will go to gain a monopolistic control of its field. Everyone knows that this trade association (it is so classified by the I.R.S.) holds itself out to be the only legitimate voice of the healing arts in this country. It has consistently, often by unfair means, sought to dominate and severely restrict—or else utterly destroy—every other segment of the health profession. Foremost among its targets has always been the osteopathic profession. That this pattern continues is now abundantly clear—if anything it has become more destructive. Even its status symbol—the sacred sign of its standing in society as a profession**—has been degraded for the sake of its monopolistic ambitions.**

The AMA usually claims credit for all diagnostic and therapeutic advances in medicine. But there are those, including many M.D.'s, who would argue that the AMA functions primarily as a political and economic force—that it has, in fact, inhibited medical progress, that it nurtures and protects a system and philosophy of practice which is archaic and does not work.

Health Monopoly Could Bring Socialized Medicine

It was reported in a recent national health survey that 41% of the population suffers from one or more chronic disease conditions, and 17 million people are partially or totally disabled by disease alone. Existing medical resources cannot adequately care for all these people, even palliatively, and the gap between those needing medical care and those able to provide it grows greater every day. But the AMA, which maintains one of the largest, richest, and most powerful lobbies in the country, ignores this failure and devotes most of its time to suppressing minority health professions and fighting so-called "socialized medicine." Ironically, the closer the AMA comes to achieving a monopoly of health care, the greater will be the probability of socialized medicine. History has shown that nationalization or socialization of any industry is usually preceded by the development of a private monopoly or monolith in that field. The state finds it easy then to step in and simply change the management.

Quackery, What Is It?

I would like now to turn briefly to a consideration of quackery and its possible relation to monopoly. The meeting which is taking place concurrently at the Sheraton-Park Hotel is called the Second National Congress on Medical Quackery, and is purportedly under the joint sponsorship of the AMA and the FDA. The First National Congress on Medical Quackery was held in 1961 under the same purported joint sponsorship. However, at that time, George P. Larrick, Commissioner of Food and Drugs for the Department of Health, Education, and Welfare, stated that ". . . the American Medical Association has taken the initiative in making the arrangements." The AMA published the proceedings of the meeting and, it would appear, generally managed the meeting.

The question, however, which I wish to examine is: what constitutes quack-

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ery? The AMA meeting seemed to concern itself with quackery in a rather limited way, restricting itself primarily to what it alleges are cases of obvious fraud involving machines, pills, injections, etc. But is not medical quackery a broader term involving much more? Among the synonyms for quackery to be found in dictionaries are: empiric, deceiver, hypocrite, nostrums-peddler, sophist. These are but a few, but all of them have in common the element of deceit, and this might even include self-deceit as well as deceit of the public. In reading the proceedings of the AMA Congress of 1961, one gets the impression that another characteristic of a quack must be that he is not an M.D.

Pertinent Questions

I would raise these questions: (1) Is not a large part of medical practice empiric, practiced in a trial-and-error fashion directly on the patient? Is this not quackery? (2) Are not the patent-medicine, over-the-counter drug hucksters on TV and radio, including those who sponsor AMA-approved programs, guilty of extravagant advertising, perhaps bordering on nostrum peddling? Do not these same people advertise in the same fashion in medical journals and in direct mailings to the doctors? Is this not a form of quackery? Is not the approval of a "paper college" for the granting of "honorary or courtesy" M.D. degrees hypocrisy? Is this not quackery? Is not a school of healing which holds itself out to be the only truly scientific school guilty of sophistry and self-deceit? Is this not quackery? Is not an organization that seeks to establish a monopoly in its field on the premise that only it knows what is best for the public guilty of the worst sort of quackery?

If the medical profession is really intent on stamping out quackery, it might do well to cast the beam from its own eye before attempting to remove the mote from its brother's eye.

N.H.F. Editor's Note: The foregoing article is so educational and factual in nature that we are eliminating items we had intended to use in this issue to provide needed space for this much-needed information. The osteopathic profession is to be congratulated for having such an able member as is Dr. David Dobreer to present the case of osteopathy to the public. The emphasis and subheads in the article are ours. Copies of this issue of the **Bulletin** can be had at the following rates: single copy, 25 cents; in lots of seven, $1; in lots of 35, $5; in lots of 100, $12.

Reprints of this article may be secured from the National Health Federation, P.O. Box 686, Monrovia, California, at the following prices: Single copy, 25c; in lots of 10 or more, seven cents each.

BIOGRAPHICAL SKETCH
DAVID DOBREER, D.O.

President, Osteopathic Physicians and Surgeons of California—1962 and 1963
Born—Washington, D.C.
Resident of Los Angeles since 1931
College—St. John's College, Annapolis, Maryland, B.A. degree
Professional training—College of Osteopathic Physicians and Surgeons, D.O. in 1952
General practice of osteopathic medicine and surgery, Los Angeles, since 1953
Member of O.P.S.C. and American Osteopathic Association
Married—four children

Dr. Dobreer led the fight in his state against assimilation of the entire osteopathic profession by the California Medical Association. His exposing of merger as a tool for a total medical monopoly gave courage and militancy to other state groups. He is credited with sparking nationwide opposition to AMA-sponsored legislation such as that passed in California as a "model" for other states.

How the FDA Fosters Health Monopoly

Speech by Kirkpatrick Dilling

Delivered at
the First National Congress on Health Monopoly, October 25, 1963.

Dr. Robinson: Our next speaker is a lawyer born and practicing in Illinois. Another man from the land of Lincoln, a traveler in 55 countries of the world. His practice includes legal matters from Haiti to Turkey, and somewhere in between he acts as an accomplished friend of the Association of Food Supplement Manufacturers and Distributors. Ladies and Gentlemen, it is with great pleasure that I present to you Mr. Kirkpatrick Dilling, who will speak to you on "How the FDA Fosters Monopoly."

My topic for today is "How the FDA Fosters Health Monopoly." In that connection, we ask ourselves, what is a monopoly? Monopoly is anything by which one group is favored over another, and whereby procedures are followed to insure that such a group continues to be favored, power-wise, over another group. We have anti-trust laws on our statute books which are designed to prevent combinations in monopoly. They are sometimes prosecuted vigorously in certain fields of industry and commerce. I don't think anybody would argue with me that the function of government, regardless of the agency involved, is impartial administration of our laws as they are enacted by our elected representatives. To me, it is unthinkable that any federal agency would in any way favor one group or discriminate against another in the administration of federal laws, which are a sacred trust to be administered by our public officials, not against us, but for us. Yet I am forced to the conclusion, based even upon my own experiences, observations and studies, that certain officials of the United States Food and Drug Administration seem not to have heard of this function of government, and they are using the agency as a discriminate instrument of power. I want to say right here that I think we have to have a Food and Drug Administration. I feel that the rank and file of the members of that organization are just as good Americans as anybody in this room. I'm speaking of a small clique of people, a self-perpetuating clique, if you will, which is guilty of these practices.

Now, you might say, "How can you prove such a thing? This is mere speculation. What government official has told you that he is trying to monopolize?" Nobody stands on a street corner and says, "I'm trying to conduct a monopoly." I well remember a federal judge in a case in the Chicago federal court instructing the jury as to what constitutes "circumstantial evidence." He told the jury that if one goes to bed at night, the ground being clear and the grass green, and we wake up in the morning and there is snow on the ground, this is convincing circumstantial evidence that it has snowed during the night.

Monopoly is nearly always proved by circumstantial evidence. The activities of any government agency are broad and obviously I could not attempt to review all the activities of this particular agency. However, let's follow through on the handling of one nutritional element, and we can see whether or not there is circumstantial evidence of something other than mere impartial administration of federal law.

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Vitamin E

The nutrient or nutritional element which I have chosen is Vitamin E. There isn't any reputable expert who would deny that Vitamin E is absolutely vital to human health. It was discovered in 1923, and the Food and Drug Administration "immediately" recognized its importance by finally declaring that it was necessary in human health some 36 years later. Some people think they are 100 years behind over there, so if you look at it that way, you could then say they were 64 years ahead of their normal schedule in this instance. In any event, 36 years is a long time to wait, but in 1959 FDA did finally decided that Vitamin E had an essential and vital use in human nutrition, thus agreeing with the consensus of opinion of "food faddists" who had said so all along. Needless to say, Vitamin E was vital and necessary when our Lord Jesus Christ was on earth, and even long before when men were living in caves. It was just simply that a scientist discovered that there was such a thing as Vitamin E about 40 years ago.

The most significant sources of Vitamin E in one's diet happen to be what we call the whole grains, unprocessed rice, cereals, foods of that sort. However, when the whole grain is milled and made into white flour, there is a tremendous loss of vitamins and minerals. By the time they finish mauling the whole grain in one of these milling establishments, there is very little left, nutritionally, so even the lowly weevils don't want it at that point. The result is a nutritionless, "foodless" or "empty calorie" concoction out of which bread is made. Some years back, some person thought, "Well, if we took it all out milling it, let's put some back in. We'll call that the enrichment program." So the "enrichment program" was devised whereby one takes a small quantity of a few synthetic nutrients, placing them in the flour. Then the breadmaker can put on his label "enriched bread." This makes mother feel great when she takes Junior down to the store to buy him bread since every parent desires the best for a child. One nutrition scientist described the "enrichment program" as being roughly analogous to robbing a man of his wallet, his watch, his ring, and his glasses, and then handing him a bus token to go back home on.

However, the enrichment program does nothing with the Vitamin E in bread; the Vitamin E just stays lost. This holds true for other lost nutritional factors destroyed by processing. Now, you may think that Dilling might be a good lawyer, and maybe he can appear in court or write a brief, but what in the name of heaven does he know about Vitamin E? I am not relying on my own opinion. My expert on this is Dr. Phillip L. Harris, who is the Head of the FDA Division of Nutrition, appointed earlier this year. Dr. Harris' deposition was taken yesterday, and we have his writings. Dr. Harris has written more than 80 scientific publications and a large proportion of them are on the subject of Vitamin E. Dr. Harris says that when you process the whole grain to get white flour you lose 75% of the Vitamin E in the refining. He says that when you take white bread as compared with whole-wheat bread over 80% of the Vitamin E is lost in the white bread. Dr. Harris made a speech here a number of years back which was published by the New York Academy of Sciences in annals concerning Vitamin E. Dr. Harris estimated the requirement of an ordinary person for Vitamin E at 30 International Units per day. He also wrote another article, on Vitamin E in foods, and estimated that people were getting 13 units a day of Vitamin E. Maybe Dr. Harris was a

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little high in his 30-unit estimate, but there's a devil of a spread between 13 units that people might be getting on an average and the 30 that they might need. Dr. Harris is doing a little backtracking since he's with the Food and Drug Administration, but the basic facts now given you are affirmed as late as yesterday by this distinguished scientist.

Dr. Harris also recommended in another scientific publication a 50 mg per day supplement of Vitamin E, that is, aside from what you would be getting in your diet. Since Dr. Harris estimated yesterday that people are only getting an average of 15 mg of Vitamin E in their daily diet, a 50 mg supplement figure would be quite a nutritional "clout" in my opinion.

Dr. Harris has stated, pursuant to his scientific studies, that eight slices of white bread contain .46 mgs of Vitamin E. If you have a big room with an exceptionally large table, a commodious car to bring your bread home in, and you want to get 15 mg of Vitamin E which Dr. Harris says that your average diet should provide, you can then sit down and eat **256 slices** of white bread. On the other hand, I would very strongly suggest that if you don't have space and time to do this every day, you should find foods that haven't been so mauled and pawed over in processing that virtually all the Vitamin E has been dragged out of them.

Federal laws have been enacted so you can read the labels on any food product and know what is in that product and just what you are getting, nutritionally. Federal law is intended to control the truthfulness of information given to the consumer as to what he eats. Does FDA require those flour milling people to truthfully disclose upon their labels that what you're getting is a bunch of refined pap when you buy white bread? They do not. I have a label here. This product is called "Wonder Bread"—look at the big red letters. As to the word "Wonder," if I happened to be a lawyer in a food supplement case involving some FDA-harassed firm which distributes vitamins and minerals which aid dietary deficiencies, assist people to feel better and help their general nutritional pattern, FDA would undoubtedly say use of the word "Wonder" is "false and misleading," and "misleads" the consumer to believe that there is some special "wonder" quality in the product. Then, on this bread label, look down here and in large letters it is called "enriched bread." This label also has the very modest statement that this bread builds bodies "twelve different ways." Just think of it, if we believe the label, Junior is going to get a tremendous nutritional build-up. There's not one word on that label about the fact that you're not getting any real quantity of Vitamin E. There's not one word in there to tell the buyer about the 24 or 25 minerals and other nutrients that have been destroyed by processing before the final product reaches your table. When anyone sells desiccated food like that to the public they should be required to sell it honestly, but the controlling officials of FDA don't require honest labels in this case, and you'll look until your eyes fall out trying to find one legal case where FDA ever seized one loaf of "Wonder Bread" for false labels. The same situation applies to other "foodless" products distributed by large commercial interests.

How about the FDA treatment of those who attempt to replace in your daily diet Vitamin E that you're deprived of in these other foods, through refining and processing? Commissioner Larrick endorses a publication called "Food Facts vs. Food Fallacies." It is anonymously authored, and I can't say that

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I blame the author for not wanting to be identified when one knows the misstatements in it. I'm sure that if you went over to this other Congress today you would find that they have an adequate supply of "Food Facts versus Food Fallacies" for anybody who wants them, given out at the taxpayer's expense, of course. Does this publication reveal the truth concerning what refining and processing does to nutritional values? This official government publication says, ". . . overlooked is the fact that modern processing methods have been devised to preserve nutritional values or to restore them to foods." That's very, very heartening, except that it just isn't true. Why doesn't FDA be honest with the public? Why don't they tell the truth in a publication put out at the taxpayer's expense, yours and mine?

FDA has gone further, with a "policy statement" on Vitamin E, whereby a statement that a dietary supplement product may be needed to remedy a dietary deficiency of Vitamin E shall be considered a violation of federal law. Thus, the controlling FDA officials could prosecute you criminally, or send a U.S. Marshal out to your place of business, grab your product, and even if wrong, put you through a lawsuit which may cost thousands of dollars, and perhaps ultimately put you out of business, all if you have dared to suggest that some supplemental Vitamin E might be beneficial. FDA also has pending proposals to change the present regulations as to dietary supplements, so that even the mention that Vitamin E is in a product would be forbidden, under penalty of law.

Thus, instead of advocating that people make up dietary deficiencies of Vitamin E, the FDA is trying to suppress any information whatsoever concerning this vital nutrient. Here is what they say today, October 25, 1963, in a press release just issued: "Vitamin E is so widely distributed in the diet that a deficiency is highly improbable." And yet, after a recent scientific survey conducted by FDA's own nutrition chief, Dr. Harris, he stated that a "significant number" of persons observed had Vitamin E deficiency symptoms.

These matters involving Vitamin E and other vital nutritional elements are far from academic. The health of the nation is at stake. If you don't have enough Vitamin E, for example, what happens? Scientists did tests with experimental animals—Dr. Robinson referred to those this morning. They found that cattle would apparently live normally for a number of years and then they would collapse and die of heart trouble if they were deprived of this essential nutrient.

One of the people who joined in the proceedings with Dr. Harris, FDA top man in nutrition, in the previously-referred-to annals of the New York Academy of Sciences was Dr. Shute. In fact, there were two Dr. Shutes. These scientists have written books on Vitamin E as related to heart trouble. It has been scientifically demonstrated that if you don't get enough Vitamin E, you're going to get a large incidence of heart disease. FDA likes to pretend it can't happen, but the statistics are there. If you examine U.S. Public Health Service statistics as to the deaths from heart disease between 1900 as compared with 1956, the rates went from **137** to **360** per 100,000 in a matter of just 56 years. Does this bear out what FDA Commissioner Larrick says, that we're healthier than we've ever been, we're just bulging with so much nutrition we don't know what to do with it, or does it show that we have a situation which is very serious and which warrants the most serious investigation by our government officials? (Continued on next page)

Dietary deficiencies in the American diet are not limited to Vitamin E. One government publication, "Yearbook of Agriculture—1959," which you can buy at the U.S. Government Printing Office for $2.25, reviews a number of nutritional surveys. These are reported, and it is stated that many people are not getting foods they need for health, and that there are widespread dietary deficiencies in the U.S. which should be remedied.

Despite these facts, FDA policy is directed against all dietary supplementation. This was recently affirmed under oath by a high official of FDA, Sidney Weissenberg. The government attorneys present seemed somewhat horrified at the statement and they tried to have it stricken from the record, but it's there anyway and I have the written transcript. So they are not just after "quacks," they're not just after these people who want to violate the law. If you go into the dietary supplement business and you attempt to give people what they're missing in their regular diets, you will have all the hounds of hell turned loose on you. If you don't believe me, ask someone who is in the business.

Food in the United States today is a $83 billion annual business. Selling "empty calorie" products to the public is "big business." A recent report to the Government compared consumption of foods between 1956 and 1960, a four-year period, and it showed trends in dietary consumption. Let's take three or four categories here. Cereals, flour and macaroni consumption went up 16% in four years, soft drinks went up 21%, candy went up 17%, baked goods, 16%. Prescription drugs in four years went up 49%. This shows that we're a healthy nation? Now let's take some volumes of business here. Cereals, flour and macaroni, 1960 volume, $1,700,000,000; soft drinks, $2,172,000,000; candy, $2,500,000,000; baked goods, $7,000,000,000; a total in those four categories alone, of "foodless foods," of over **$13,000,000,000!**

On the other hand, between 1935-1939 period and 1961, the consumption of fresh fruit in the United States, for example, dropped per capita **one-third.** Where are people going to get their nutrition if they don't get it out of some food that hasn't been processed to death? The fact is that our people are not getting the best nutrition, and these galloping casualty and illness statistics do have a relationship to what is reflected by our nutrition. You are what you eat, no matter what Commissioner Larrick says about it.

When anyone ventures into the dietary supplement business and starts telling people that their consumption of "foodless foods" is replacing good nutrition vitally needed for health, and to remedy the deficiencies, he is up against somebody's $13,000,000,000 "candy bar" that they are not going to have taken away if they can avoid it.

Why is it that you can, with impunity, misrepresent Wonder Bread, a product of a huge concern, the Continental Baking Company, and if you're a little food supplement distributor, you can hardly seem to go out of your office without being slapped with some FDA legal process? Why is FDA policy so grossly discriminatory?

Such a policy, one which defies nutritional facts and the facts of life, can only arise from several motives. One is that persons perpetrating the policy are either ignorant or stupid, or another is that there are undisclosed motives wholly inconsistent with the duty of a dedicated public official to impartially and thoroughly administer federal law.

We've had some references here to (Continued on next page)

former FDA official Dr. Welsh. We all know he had $287 thousand within a period of a few years, including about $50 thousand in the last year, originating with various drug houses having Government business with his agency. He was getting $17,500 per year as a public servant. Dr. Welsh departed from the agency and FDA Commissioner Larrick proudly stated: "We've investigated ourselves and we're okay. There was only one bad apple in the barrel."

Was there just one bad apple in the barrel? Only an open, thorough Congressional investigation can answer this question. I would think that an agency actually free from taint would welcome such an investigation, but no request for it has been made by FDA to my knowledge.

Dr. Harvey Wiley is one man that these FDA officials have to give lip service to. He was the author of our original pure food law. Dr. Wiley was a crusader. He was honored with a stamp by Congress a few years ago. Dr. Wiley, before he died, was a very bitter man because he said that our pure food laws had been perverted to favor vested and special interests. I'm going to read you something from the end of his book entitled "The History of a Crime":

"If the Bureau of Chemistry [Note—predecessor of FDA] had been permitted to enforce the law as it was written and as it tried to do, what would have been the condition now? No food product in our country would have any trace of benzoic acid, sulfurous acid or sulfites, or any alum or saccharin, save for medicinal purposes. No soft drinks would contain any caffein, or theobromine. No bleached flour would enter interstate commerce, our foods and drugs would be wholly without any form of adulteration and misbranding. The health of our people would be vastly improved and their life greatly extended. The manufacturers of our food supply, and especially the millers, would devote their energies to improving the public health and promoting happiness in every home by the production of whole ground, unbolted cereal flours and meals.

"The resistance of our people to infectious diseases would be greatly increased by a vastly improved and more wholesome diet. Our example would be followed by the civilized world and thus bring to the whole universe the benefits which our own people had received."

As I say, he died a very bitter man. I am sorry to say there has not been a change for the better since Dr. Wiley made these observations—the situation has become worse. And the Food and Drug Administration hierarchy has become increasingly vicious when it comes to action against those who attempt to tell people that they are not receiving a perfect diet.

A special Citizens Advisory Committee was appointed a couple of years ago by the U.S. Secretary of Health, Education, and Welfare to study FDA. So that you won't think I'm all alone in saying something critical about this agency and its policies, I shall read one paragraph from the committee report, which was reported in the **Food, Drug, and Cosmetic Law Journal** just a year ago.

"The Committee wishes to express its particular concern with the current status of FDA—Industry relationships. In general, these are found not to be based upon common understanding, trust and respect, but rather upon fear, questioning of basic motives, and lack of opportunity for discussion before drastic action is taken on violations, many of them minor and not related to health hazards."

If you study the statistics of the legal actions instituted by FDA, you will find the emphasis is weighted heavily in favor

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of actions against people who are distributing or selling foods for special dietary uses, or dietary supplements. Certain jurists are becoming aware of FDA policies, however. There was a case down in Florida earlier this year, for example. A small firm had attempted to fortify white sugar, which in itself might just as well be used as a component of wallboard, for all the needed nutrition which it gives you. The company attempted to add some vitamins and minerals to the sugar, so if one were going to eat sugar anyway, it would provide nutrition, too. FDA moved in with all of its legal processes, seized the product, and put the company through a long, costly lawsuit. Federal Judge Emmet Choate rendered an opinion which in my estimation is a legal classic and landmark. It's many pages long, and I shall just read two paragraphs. The Judge states:

"The basic flaw in the Government's case against the product is that it is seeking, under the guise of misbranding charges, to prohibit the sale of a food in a market place simply because it is not in sympathy with its use. But the Government's position is clearly untenable. The provisions of the Food, Drug and Cosmetic Act did not vest in the Food and Drug Administration or any other Federal agency the power to determine what foods should be included in the American diet. This is the function of the market place."

And Judge Choate also stated:

"The Congress does not provide the necessity of such determination. Neither will the Court permit a federal agency to appoint itself such an arbiter under the guise of prosecuting an action under the Act in question. Plainly only Congress can or should regulate the use of vitamins and then only to prevent public injury." Earlier this year, the retiring President of the American Bar Association, Sylvester C. Smith, Jr., rendered his annual address and he expressed the concern that there is every indication that the federal administrative agencies are again reaching out for power, extending their jurisdiction beyond the intended delegation granted by Congress. Thus, some people are aware of what is happening.

Despite all protestations to the contrary, the circumstantial evidence is overwhelming that certain officials of FDA are using that agency to foster monopolistic practices by large food processors and refiners and favored drug interests, while persecuting those who would help to remedy our near-disastrous national health situation.

What can be done to remedy the situation in the traditional American way?

First, expose and publicize what is being done, so that an informed and aroused public will demand action.

Second, as FDA requests for appropriations come before Congress, action should be taken to insure that your money and mine is not misused to persecute legitimate business, or to perpetrate monopolistic practices.

Third, there should be a sweeping investigation by Congress.

Fourth, federal law as presently constituted should be amended, if necessary, to eliminate the present discriminatory and monopolistic practices conducted in the name of government.

Some people might be too faint-hearted to tackle such a big job. However, nothing worth-while is ever "too large" a task.

In closing, let us remember the words of George Washington, father of our country, "Let us prepare a standard to which all good and honest men may repair, and let the Lord do the rest."

Editor's Note: Who is this man Dilling? See bottom of next page.

No New Laws Needed Says Pratt

(Continued from page 10)

The uniform state food and drug laws, patterned after the Federal Food, Drug and Cosmetic Act, are adequate to protect the citizens in any state from dangerous, toxic, deleterious, adulterated, and misbranded foods and drugs sold and shipped in interstate commerce.

The federal and state narcotics laws are available to protect the people from habit-forming deadly narcotics and drugs.

The state and local pharmacy laws are available to protect the public from promiscuous sale of drugs that are prescription products only.

The state medical practice acts are available to protect the public from the unauthorized practice of medicine, and the hundreds of state and local regulatory laws are available to protect the public from frauds in the sale and distribution of any and all kinds of products.

The food additives law is available to prevent dangerous additives from being added to food and health food products, whether natural foods such as fruits and vegetables, or processed foods.

Your Washington General Counsel stated, in view of all of the essential laws on the books controlling interstate and intrastate commerce in foods, drugs, medicines, prescription drugs, health foods, dietary food supplements, concentrated foods, vitamin-mineral products, and foods for special dietary uses, that **there is no need for more laws on the subject.**

What is needed is a thorough congressional investigation into the unfair, unreasonable and unwarranted administration of the existing laws, and **what is further needed is freedom in health matters and health care.**

What is needed is the right of the American people to raise livestock and poultry and to market the products therefrom without the use of such carcinogenic poisons as stilbestrol, and to so state on the label of such products.

What is needed is the right to raise fruits and vegetables and to market such foods without the use of dangerous insecticides and fungicides, and to so state on the label of the products.

What is needed is the freedom of the people to state publicly and in print that in some cases the American people are, in fact, overfed and undernourished, and that vegetables and grains grown on soil-depleted land are not so nutritious as those grown on land that is not soil-depleted.

What is most needed is the freedom of the American people to market so-

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BIOGRAPHICAL SKETCH

KIRKPATRICK W. DILLING

Born Evanston, Illinois, 1920. Pre-law work, Northwestern University (1940-41). Law training, Northwestern University and DePaul University (completed 1947). Special studies, l'Ecole Vaubier, Montreux, Switzerland (1931), Sorbonne University, Paris (1939), Cornell University (1940) and elsewhere.

Travel, professional activity, or study in 55 countries of the world. Married (Elizabeth Ely Tilden, of Cleveland), four children, Diana, Eloise, Albert, Victoria.

Admitted to Illinois bar, 1947. Associated in practice of law with father, Albert W. Dilling, in firm of Dilling and Dilling since 1948. Admitted to federal practice, Illinois, Indiana, and Michigan; member of the bar of the U.S. Courts of Appeal for the Seventh, Eighth and Tenth Circuits, U.S. Court of Claims; member of the bar of the U.S. Supreme Court. Has appeared as counsel in legal matters in a number of states throughout the U.S. Practice has also included negotiations and matters involving several foreign governments, including the governments of Turkey, Great Britain and Haiti. Director, Certified Personnel System, Inc.; Director, Quigley, Inc.; Director, Haitian-American Marble, Ltd.; and other concerns. General counsel, V. E. Irons, Inc.; general counsel, National Association of Food Supplement Manufacturers and Distributors. President, Overseas Development, Ltd.

called natural or organic meat, food, fruits and vegetables without harrassment and ridicule of those so engaged by calling them food quacks, nutrition quacks or fraudulent operators.

What is needed is fair and honorable treatment of doctors licensed and engaged in all the healing arts professions, including the medical professions, even though such doctors do not employ the so-called orthodox methods in their practice, or the procedure recognized by the medical consensus, provided products and procedures not dangerous to health are used.

In conclusion, your Washington General Counsel recommended to the Senate Committee that federal and state funds could be better used to establish and promote an honest, strong, positive educational program of nutrition education, pointing out the danger of over-processing of food, the serious ill-health effects resulting from the unreasonable use of insecticides and fungicides on growing crops, and the need for dietary supplementation to fortify the ordinary or usual diet in many cases.

Health food stores should be explained to the public including the need for and the benefit from such foods. Federal and state appropriations should be made available to colleges and universities engaged in the training of doctors in the healing arts professions in the same manner as such funds are made available to the medical schools; this would help to raise the educational training of the doctors attending such schools.

If necessary, funds should be made available for the fair, impartial and adequate administration of all health laws, without prejudice or bias.

Finally, there is a need to upgrade the education of all doctors in the healing arts professions, of those selling so-called health foods and dietary food supplements to the general public, and of those using safe health devices; monopolistic practices of any profession in the healing arts field **should** be investigated and stopped.

Power and Influence of N.H.F. Recognized by FDA California Representative

A high-level official of the San Francisco Office of the Federal Food and Drug Administration testified before the Senate Committee just before Mr. Clinton Miller testified, in effect, among other things, that N.H.F., with its thousands of letters to U.S. Senators, Congressmen and HEW officials, had prevented the so-called "upgrading" of the food supplements regulations by FDA in 1962. This tends to prove that the N.H.F. efforts for freedom in health are effective.

The National Health Federation Does Not Approve, Endorse, or Recommend Any Drug or Food Product

It has been called to my attention by officials of the National Health Federation that some readers of the National Health Federation **Bulletin,** as a result of articles appearing therein concerning the drug "Krebiozen," have erroneously gained the impression that the Federation approves of the efficacy of "Krebiozen."

The National Health Federation does not approve or disapprove of any food, food for special dietary uses, or drug product, nor does the National Health Federation endorse any product.

The National Health Federation believes in freedom of choice in matters of health care and is working toward that aim and purpose in assisting in the establishment of the right of the American people to use products which they believe are helpful to them notwithstanding the biased attitude and opinion of the American Medical Association or the Federal Food and Drug Administration.

Washington Report

By Clinton R. Miller

Generic Trade Name "Every Time" Decision, January 13. Federal Judge Caleb Wright of the Federal District Court at Wilmington, Del., slapped down the counsel for the pharmaceutical industry who had contested FDA's interpretation of the New Drug Law that the generic name of a drug had to be mentioned **every time** the trade name was mentioned. The judge asked one question: if not "every time" and not just once, how, then, should the 1962 Kefauver law be administered? FDA's tough court counsel, W. W. Goodrich, had pointed out that Congress had rejected a proposal requiring use of the generic name only once. The FDA insists that the only other alternative is to require the generic term every time the trade name is mentioned. The drug industry insists that the "every-time" use of a generic name with the trade name will ruin a promotional piece.

Sometimes exotic trade names are put on common, inexpensive drugs. The price zooms. For those economy-minded Americans who wanted to read the labels, the "secret formula" would be revealed by the every-time mention of the generic term. As an observer of the debates that accompanied passage of the Kefauver '62 drug law, this writer believes that FDA has accurately interpreted the intent of Congress in its "every-time" interpretation.

Smoking and Health, the 387-page report to the Surgeon General, may become a best-seller.

The paper-bound volume is for sale by the Superintendent of Documents, Government Printing Office, Washington, at $1.25 a copy, postpaid.

Squibb Aspirin and Penicillin Mix-up may never have received FDA attention if an alert reporter had not picked up the story. FDA's warning press release was not issued until a full week after the mix-up was first reported in the press. The mix-up apparently occurred a year or more ago, for Squibb claims that new bulk packaging machinery was installed last March, which would prevent a recurrence on the hospital-size bottles. Nagging questions still unanswered: 1. Why the delay and reluctance of FDA to act? 2. How many 1,000- and 5,000-tablet bottles were sold before March? 3. Does the FDA plan any arrests or criminal charges? 4. Were there any seizures, or were FDA inspectors too busy picking up sea salt, kelp tablets and honey from health food stores? (Two-thirds of the enforcement activity by the FDA in 1962 was against harmless food supplement products. FDA Commissioner Larrick has proudly boasted to a Senate Subcommittee that his agency prosecuted harmless food products twice as often as drugs. He said that in the 18-month period ending December 31, 1962, there were 97 seizures of food supplements, . . . and 49 of drugs; . . .)

Senate Antitrust and Monopoly Subcommittee, under its new Chairman, Senator Hart (D) Mich., has shown unhealthy signs that the primary interest in drugs shown by its previous chairman, Senator Kefauver (D) Tenn., is tapering off. A disappointing lack of militancy has marked its willingness to postpone hearings again and again on Latin-American drug price fixing. The drug industry is jubilant. Senator Dirksen (R) Ill., ranking minority member, seems to have seized control of the subcommittee. Dirksen is second only to Senator Lister Hill (D) Ala., in his inability to see any anti-trust or monopoly dangers in the American Medical Association or drug industry.

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Something to Watch — A "PLANNING" Officer for FDA. The Food and Drug Administration has recently appointed a **planning officer** [emphasis ours] as one phase of the agency's reorganization. A native of England, David Grandpierre will be responsible for "identifying emergent trends in food, drug and cosmetic areas and in assisting in the planning of broad programs and development of new policies." We hardly think this is the kind of reorganization demanded recently by Senator Humphrey, N.H.F., and others.

Narcotics. The late President Kennedy's Commission on Narcotics and Drug Abuse made its report public January 24, 1964. The major recommendation was to disband the Treasury Department's excellent Bureau of Narcotics and transfer enforcement of narcotics laws to the Justice Department. The move was immediately opposed by the Pharmaceutical Manufacturers Association.

Where the Health Money Goes

Agencies Concerned with Health	Appropriated by Congress for 1963	Requested by Administration in 1964	Approved by Congress for 1964
	(Figures in Millions)		
HEW (Total)	**$5,181.0**	**$5,301.0**	**$5,090.0**
Public Health Serv.	$1,514.0	$1,597.0	$1,608.0
National Institutes	880.8	930.4	918.4
Cancer	155.7	145.1	144.3
Mental Health	143.6	190.0	183.3
Heart	147.4	133.6	132.4
Dental	21.2	19.8	19.7
Arthritis	103.4	114.7	113.7
Allergy and Infectious Diseases	66.1	69.2	68.7
Neurology	83.5	88.4	87.7
General Research	159.8	164.7	163.9
Biologic Standards	—	4.8	4.8
Child Health	—	34.0	34.0
Hospital Construction	226.2	179.5	226.2
Envir. Health Center	—	2.7	—
Chronic Diseases	22.9	55.9	53.4
Commun. Diseases	18.9	30.4	28.4
Community Health	26.5	31.6	29.6
TB Control	7.0	6.8	6.8
VD Control	8.0	9.6	9.6
Nursing Services	8.4	11.2	11.2
Air Pollution	11.0	13.0	12.9
Radiological Health	15.9	18.8	19.1
Water Pollution	24.7	29.9	29.0
Research Facilities	50.0	50.0	50.0
National Library	3.3	4.0	4.0
Food and Drug Admin.	31.0	49.1	40.2
Vocational Rehabil.	102.9	131.4	128.4
Welfare Admin.*	2,829.9	3,016.2	2,826.7

*Includes Public Assistance and Kerr-Mills programs.

Legislative Workshop by Clinton R. Miller

Abbreviations used: H.R.—A bill in the House of Representatives. H. Res.—A resolution in the House of Representatives. H.J. Res.—A joint resolution in the House of Representatives. S—A bill in the Senate. S.J. Res.—A joint resolution in the Senate.

GOOD "GREEN LIGHT" BILLS

	GREEN LIGHT Bills with: Number — Sponsor — Description	COMMITTEE or SUBCOMMITTEE and Chairman and present status of the bill.	INSTRUCTIONS and SUGGESTIONS
CIGARETTES — SMOKING	S. 2429, Cigarette Advertising and Labeling Act. (Jan. 16, '64), Senator Neuberger (D) Oreg. (for herself) and co-sponsored by Senators Bennett (R) Utah; Church (D) Idaho; Clark (D) Penn.; Gruening (D) Alaska; McGovern (D) S.D.; Metcalf (D) Mont.; Morse (D) Oreg.; Nelson (D) Wis.; Randolph (D) W. Va.; Young (D) Ohio. To confer upon the Federal Trade Commission the duty to require each cigarette package and advertisement to contain the warning words: "Caution — Habitual Smoking Is Injurious to Health."	Senate Committee on Commerce. Senator Warren G. Magnuson (D) Wash., Chairman. This bill was introduced to provide the "hot breath of threatened legislation" to back up the Federal Trade Commission who intend anyway to enforce a warning message on cigarette packages and advertisements under their existing authority. If the tobacco trust fights the FTC actions successfully in the courts, S. 2429 will legislate needed additional specific FTC authority.	1. Write to the sponsors. Compliment them! Let them know that you are a member of the N.H.F. (Tell them and use the N.H.F. stamp on both letter and envelope.) 2. SPECIAL COMPLIMENTS should be given to the courageous Mrs. Maurine B. Neuberger for spearheading Congressional action. 3. Do **NOT** ask for hearings now. They may never be needed if the present FTC proposal is accepted by the tobacco industry. 4. Moral support should be given to the FTC to offset tobacco industry pressure.

	H.R. 9655 (**Identical to S-2429**) Cigarette Advertising and Labeling Act. Co-sponsored by Paul A. Fino (R) N.Y. — H.R. 9693.	Committee on Interstate and Foreign Commerce. See (S. 2429) above.	Same as above.
FUND DRIVES	H.R. 346 Herlong (D) Fla. A bill to discover graft, i.e., to prevent directors of health fund drives from paying themselves fabulous salaries by requiring full public disclosure of funds expenditure records. This is H.R. 9319 of 87th Congress.	House Committee on Ways and Means. Wilbur D. Mills (D) Ark., Chairman. The committee asked for a report from the Treasury Department Jan. 18, 1963. The report was received Dec. 10, 1963. The report said that the Treasury Department was not opposed to the bill. However, it had two pages of qualifying comments. These comments are currently being studied by the National Health Federation and Rep. Herlong to consider Treasury Department recommendations.	No action from members yet. This bill is reported so that you can see the steady progress that N.H.F.-sponsored legislation is making. Once it is ready for committee hearings and Congressional vote, you will be instructed how to best support it.

Statement of George M. Briggs

Chairman, Department of Nutritional Sciences, University of California, Berkeley

At Hearing of Senate Subcommittee on Frauds and Misrepresentations Affecting the Elderly (a Subcommittee of the U.S. Senate Special Committee on Aging) Room 1194, State Office Building, 350 McAllister Street, San Francisco, California January 13, 1964

Mr. Chairman and Members of the Committee:

My name is George M. Briggs, Professor of Nutrition, Biochemist in the Agricultural Experiment Station, and Chairman, Department of Nutritional Sciences, University of California, Berkeley.

I have been associated with the science of nutrition for 23 years as a researcher, educator, and administrator at all times with state or federal institutions. I received my B.S. degree in 1940, M.S. in 1941, and Ph.D. in 1944, all in Biochemistry, at the University of Wisconsin, Madison. Before coming to California to my present position in 1960 I worked for the U.S. Government as Biochemist at the National Institutes of Health in Bethesda, Maryland, for 19 years as Chief of the Nutrition Unit in the National Institute of Arthritis and Metabolic Diseases and, the last two years, as Executive Secretary of the Biochemistry, Pharmacology and Nutrition Training Committees of the Division of General Medical Sciences of the National Institutes of Health.

I am a member of a number of national scientific organizations and served as Secretary of the American Institute of Nutrition from 1957 to 1960. I am author or co-author of over 100 publications on nutritional subjects in scientific journals, and in 1958 received the Borden Award.

I speak today as an individual and my opinions do not necessarily represent those of the University of California.

I welcome this opportunity to describe a highly successful course of nutrition education which the University gave as an experiment in the spring of 1963, primarily for health food store operators, and to give my views on a positive approach to the education of health food store operators. A copy of the 1963 program is attached as well as a list of recommended reading distributed as part of the course.

The course, "The Nutrients in Our

(Continued on next page)

Food," presented as a special evening course, X106, over a six weeks period (April 25 to June 6, 1963) for one unit of credit, was administered by the University Extension Division. It was developed and sponsored by the Department of Nutritional Sciences in cooperation with the Family and Consumer Sciences Program of the Agricultural Extension Service, and the Division of Nutrition, School of Public Health, University of California, Berkeley. The faculty consisted of myself as coordinator and 14 leading and distinguished nutritionists and biochemists in the University and the Bay Area. The program consisted of six Thursday evening lectures for 2½ hours on such subjects as the nutrients in our foods, vitamins, amino acids, minerals, carbohydrates, polyunsaturated fats, cholesterol, chemical additives, toxins in our foods, nutrition and disease relationships, nutrition history, special dietary foods and their composition, food labeling information, a discussion of "who is a nutrition authority?" nutrition of infants, children, adults, and older people, and sources of nutrition information and misinformation. We used as our textbook the excellent United States Department of Agriculture Yearbook for 1959 on "Food." Each evening session consisted of two- to four-hour lectures by different persons, plus a half-hour panel discussion with the "experts" answering and discussing questions from the floor. We developed as strong a program as possible so that there would be no question at any time by members of the audience as to who were the authorities. In other words, we "led through strength."

The program proved to be highly successful as well as popular. We enrolled 140 persons (each of whom paid a $30.00 registration fee) and had to turn down more who could not be accepted because of the capacity of the meeting room. Two examinations were required for the 80 persons taking the course for credit (the rest were auditors). Attendance and interest kept up very well throughout the series.

Of the 140 persons attending, about 40 were health food store owners or operators and an additional 40 were health food store employees. The rest of the persons were interested laymen — chiefly older adults — from all walks of life including several dentists and chiropractors.

I should add at this point that much of the success of the program was due to the good cooperation we had at all times from the health food store operators, who were all members of Northern California Nutritional Food Retailers, Incorporated, representing about 150 health food stores in Northern California, and, I would estimate, with at least 100,000 customers or more. A special committee of food store owners was appointed by this Association, which made the initial proposal for holding this program. Throughout the planning of the program their suggestions were considered by the University planning group which, of course, always made the final decision. The industry committee's most important role was in the publicity of the course. Leaflets describing the course were distributed in over 30 health food stores within 100 miles of Berkeley and/or mailed to their customers. Officers of the Association worked hard to get their members to attend.

At the conclusion of the course we had a number of unsolicited favorable comments—with no unfavorable ones. There were many who expressed a wish for an additional program this year, and we had requests to repeat the course in other parts of the state.

To me, this was an excellent example of how food quackery can be attacked

(Continued on next page)

by a strong positive program of nutrition education. I am of the opinion that operators of legitimate health food stores (or dietary food stores, as I would rather call them) have as much interest in combating food quackery and as much right to be in business, and to receive special education, as do owners of any other stores where food items are sold —say a grocery store, drugstore, liquor store, or department store—as long as the products sold are not misrepresented, are properly labeled, and are legal in all other respects. They stay in business only as long as customers come to their stores and make purchases, and as long as they offer for sale what the customer wants and what he usually cannot obtain at the corner supermarket. They specialize in such diverse items as special dietary foods (low sodium foods, low sugar foods, allergy-free foods, etc.), unusual breads and grains, rare fruits and nuts, a wide variety of types of honey, nutrition books, and many different types of vitamin, mineral, and protein supplements available on a nonprescription basis.

No matter what laws are passed against food-quacks (and I'm as much against food-quacks as anyone) legitimate dietary foods are going to be sold in one type of store or another as long as there is a demand for them and as long as a small percentage of our population have special dietary needs. One cannot legislate against the "medicine man" any more than against immorality. In my opinion it is far better to educate the sellers of these products so that they become more responsible for what they sell, and to educate the consumer—the uninformed—the aged—the poor—so that they can buy wisely, if they need to buy these special foods at all. The great majority of persons have no need for special dietary foods.

Better labeling laws are urgently needed for food products — including those sold in the corner supermarket, I believe. The older person who is interested, or instructed by his physician, often wants to know how much protein, or sodium, for instance, is in a food product that he buys. This information is not given on most regular grocery store items, and many items, such as ice cream and other dairy products, bread, mayonnaise, and soft drinks, hide under the "standards of identity" law and have no information as to their contents on their labels.

It seems strange to me that we have laws in this country that make it necessary to give this information (ingredients and approximate analysis of protein, fiber, ash, fat, etc.) on manufactured foods we buy for our cats, dogs, chickens, pigs, and cattle, but we do not get this information on food packages for our people. In other words, I can buy food more wisely for my cat than for my family. Only a few foods volunteer this information, such as certain cereals. Thus, the interested person has to buy dietary foods to get products with this type of information on the label.

I feel strongly that "standards of identity" of food items should be abolished and that more information about the contents of a food should be put clearly on the label. How much sugar, salt, protein, fat, does the product contain? The average grocery store manager or owner has shown very little concern for such matters of nutritional importance.

I feel, too, that our various programs of nutrition education in this country need much strengthening in all areas and at all levels—from our elementary schools, through high schools and colleges, and on through adult education. Buying good food economically is not a difficult subject to learn, but people

(Continued on page 39)

California Agriculture Pesticide Initiative

San Diego, California, January 28, 1964: Laura Tallian, San Diego champion of pesticide control, today received word from the California Attorney General that her Pesticide Control Initiative Measure has been titled: "Agriculture Pesticides Initiative Constitutional Amendment." This, then, is the official title for the initiative. The Attorney General gave, along with the title, the following legal explanation of the initiative measure:

"AGRICULTURE PESTICIDES INITIATIVE CONSTITUTIONAL AMENDMENT. Provides it is unlawful to use in agriculture certain designated or any pesticides which might cause damage to the human body. Legislature may enact implementing legislation."

This means that cancer-producing pesticides and those that produce deformed children, as well as those that cause degenerative changes in the human body, are prohibited in agriculture. It will be illegal for the farmer to use stilbestrol in producing meat animals. The organic phosphate, chlorinated hydrocarbon, arsenic, and carbamate pesticides are specifically prohibited.

To qualify for the November ballot, petitions bearing the names of 486,000 registered California voters must be filed with the State within 130 days from January 28. To be sure of having sufficient to provide for the many names that will be thrown out by county clerks, for numerous irregularities, an additional 100,000 signatures will be required.

Mrs. Tallian would appreciate hearing from anyone who would be interested in helping in this fight by circulating petitions or helping with the finances. The address: Laura Tallian, Box 33, Sunnyside, California.

V. Earl Irons and Betty Lee Morales Honored

At each annual meeting and convention the National Health Federation honors outstanding citizens who are on the firing line, fighting for the right of all Americans to good health and freedom of choice therein. This award is known as the "National Health Federation Humanitarian Award."

At the annual meeting just past, the Federation so honored Betty Lee Morales of Los Angeles and V. Earl Irons of Boston. On Betty Lee's beautiful bronze placque were these words: "National Health Federation Humanitarian Award. To BETTY LEE MORALES, member of the Board, for her untiring and selfless efforts in behalf of the Federation as a lecturer, authoress, philanthropist, educator and friend. Awarded the first day of January, 1964, in convention, Los Angeles, California."

The following words were inscribed on the beautiful bronze placque awarded to V. Earl Irons: "National Health Federation Humanitarian Award. To V. EARL IRONS, President of the Board, for his fearless efforts to preserve the health freedoms of man, for his devotion to and support of the Federation, awarded this first day of January, 1964, in convention, at Los Angeles, California."

A Battle Ahead

You Can Help Win It by Getting a New Member Now

Reprints Now Available

The following is a listing of items available from N.H.F. They have been carefully selected and reproduced to provide you with the best material on the subject. They are excellent for your health library, your chapter or club work, general knowledge, or friends. The cost listed includes postage and handling. It is hoped that as interested members you will avail yourselves of this material.

	Less than ten Each	Lots of ten or more Each
1. Is Fluoridation Safe?	.08	.03
2. Province of Ontario, Canada, Takes Stand Against Fluoridation	.08	.03
3. Washington Office Report on Congress Quackery	.10	.04
4. The National Health Federation—What It Is	.10	.04
5. The History of a Crime Against the Food Law	.15	.10
6. The Decline of the Medical Profession in Public Esteem	.50	.35
7. Is Cancer Curable?	1.00	.90
8. A.M.A. Discovers Truth About Salk Vaccine —Reprinted from the Journal of 1-21-56	.08	.03
9. Use of Humans as Drug Guinea Pigs Charged	.08	.03
10. Health Foods and Death Foods	.50	.50
11. The Fluoride Curtain	.25	.25
12. Polio Exemption Letter	.08	.05
13. How Keen Is Your Reason?	.08	.03
14. N.H.F. "Worker's Kit"	1.50	1.50
15. Manual of Deficiency Disease	1.50	1.50
16. Three Opinions of the "Death Food Propaganda"	.10	.08
17. The Effects of Fluoride on the Human Body	.08	.04
18. Medical Reasons Why You Should Not Drink Fluoridated Water	.10	.07
19. What's in the Hoxsey Treatment?	.08	.05
20. Why Fluoridation?	.08	.03
21. Statement by Karl B. Lutz	.15	.10
22. New Storm over Polio Vaccine?	.08	.03
23. Sentence of "Health" Lecturer for F.D.C. Act Violation Upheld	.08	.03
24. A.M.A. Links 48 Drugs to Blood Damage	.08	.03
25. Fluoride vs. Freedom	.15	.13
26. Corruption in the A.M.A.	.25	.25
28. Medical Monopoly Charged—Health Group Answers A.M.A.	.08	.03
29. Are We Starving to Death?	.15	.13
30. Your Health—What It Is Worth to the Racketeer	.25	.18
31. North Dakota Agricultural College Bulletin No. 72: Bleaching of Flour	.25	.18
32. Chemicals in Food	.25	.18
33. How Our Government Subsidizes Malnutrition and Disease	.25	.18
34. The History of a Crime Against the Food Law	.25	.18
35. Congressional Record—86th Congress, 1st Session: Health of the American People	.08	.05
37. Peril on Your Food Shelf	.08	.05
38. Three Blood Transfusions Out of Four Are More Likely to Harm Than to Heal	.15	.13
39. New Cancer Menace in Foods	.15	.13
40. The Despotic Misuse of Our Federal Pure Food Law	.15	.13
41. Pure Food and Pure Fraud	.08	.05
42. Hidden Dangers in White Bread	.10	.08
43. The Great American Tragedy—Our Health Is Being Destroyed by Four Food Traps	.10	.08
44. Fred Hart—an Advocate of Truth	.10	.08
45. The F.D.A. Campaign of Deception to Mislead the Public	.50	.40
46. The Food You Eat	1.00	.90
47. Trial and Tribulations of a New Remedy (Cancer)	.10	.08
48. N.H.F. return envelopes	.10	.02
49. Second International Seaweed Symposium	.10	.08
50. A Fresh Look at Milk	.15	.10
51. Take Off That Blindfold	.10	.04
52. Are We Living in a Fool's Paradise?	.10	.04
53. Drug-induced Illness	.10	.02
54. One Poison for Another	.10	.03
55. Biological and Political Consequences of Malnutrition	.10	.04
56. Talking About Food	.10	.05
57. How Much Have You Been Brainwashed?	.10	.04
58. New Foods Can Kill You	.10	.05
59. Health and Soil	.10	.04

need some education to be able to do this wisely. Many professional groups are doing this to the best of their facilities and abilities—the home advisor of the Agricultural Extension Service, the public health nutritionist, the dietitian, the home economics teacher, the biology teacher, medical doctors, dentists, colleges and universities, school lunch personnel, newspaper columnists, and others, but there is a great need for more of this type of education to reach all people, especially our aged persons. Much more support for the training of these persons needs to be available at the state and federal level.

We are doing what we can in the Department of Nutritional Sciences toward the education of professional nutritionists. Our limited time is much better spent when we "wholesale" information to professional groups rather than "retail" it to individuals or the layman. We have had (sponsored or co-sponsored) three workshops in the past three years for professional nutritionists and nutrition educators. Last year our "Calories Count" Conference, co-sponsored by a number of state agencies, attracted over 700 professional persons in Northern and Southern California.

There is more that can be done to combat food quackery. Research in nutrition needs to be strengthened considerably, including research on nutritional requirements, on dietary habits, and on factors which motivate people to eat wisely. Again, I must admit that far more effort has been expended in this country in developing nutrition facts for farm animals—the chicken, pig, and cow—than for human nutrition. There are a number of good reasons for this, but it is important now to enlarge our research programs in human nutrition in state institutions and in the U.S. Government in the U.S.D.A. (which, I understand, is being done) and at the National Institutes of Health (where exceedingly little work is carried on or supported in human nutrition). Support of graduate training of nutritionists and nutrition educators needs to be expanded.

There is urgent need to upgrade the education of dietary food store operators, since I am convinced they are going to play an important role in our economy in the future (whether in health food stores or as divisions of supermarkets or drug or department stores). We might set up state—or federal—standards for their education, just as we now do for pharmacists in the present drugstore. I believe that it should be mandatory that each dietary food store have a qualified dietitian or nutritionist present at all times in the store.

I do not wish to ignore the physician's important role in the prevention and cure of nutritional disorders and diseases, or the dentist's special interest. My remarks today include only advice to aid the normal healthy person with an interest in the food he eats or in his pocketbook, and there are large numbers of such persons!

In summary, we know by experience that it is possible to develop highly successful programs of education for health food store operators and personnel, and interested lay persons. Presenting a strong, positive program of education is, in my opinion, the best way to combat food quackery and misinformation.

I believe protection against food quackery could also be aided by new legislation at the state and/or federal level concerned with protection against misrepresentation and the labeling of foods, concerned with nutrition research, concerned with educational and professional qualifications of those who sell health foods, and concerned with opportunities of nutrition education for people of all ages.

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NOTICE: Regular Membership Dues have been raised from $3.00 to $5.00 per year as of June 1, 1962.
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Renewal ☐ New Member ☐

SPECIAL FREE OFFER

1. **To each one who pays his dues promptly,** or to each **new member,** the Federation will present a copy of the important booklet: **Carcinogens** [cancer-forming substances] **in the Human Environment,** by W. C. Heuper, M.D., of Bethesda, Maryland. Dr. Heuper is not only a leading authority on cancer, but one with courage enough to tell the truth as he finds it. The retail price of this booklet is one dollar, but it is yours without cost, **if you act promptly.**
2. **All Federation members' dues are due and payable** on the first of each year, regardless of what time of the year they have joined.
3. **If you will look at your address on this "Bulletin,"** you will find printed in connection therewith a series of numerals; if the last two of these numerals read 64, or you are a life member, then your dues are paid up in full for this year, 1964.
4. **If the last two numerals read either 62 or 63,** then your dues are now due and it would help the Federation program if you paid them at once.
5. **Due to the increased cost of the Washington program,** we hope, if you can spare the money, that you will add $2 to your regular dues for the support of the Washington program. **Liberty is worth fighting for.**
6. If you have already paid your dues for 1964, you may also have a copy of this booklet by advising the Federation of your desire.