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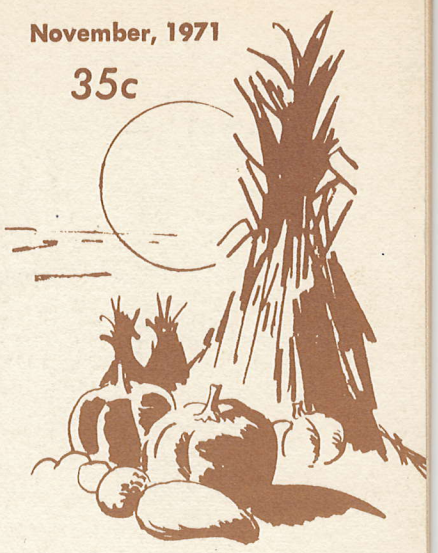

Freedom To Buy Food Supplements Of Your Choice Is In Jeopardy

NHF General Counsel tells what it will be like if the currently stayed food supplement Order is implemented and enforced.

IND 6734 – April 6, 1970 to July 3, 1971

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Dedicated to the Protection of Health Freedoms

THE
NATIONAL HEALTH FEDERATION BULLETIN

Protection of Health Freedoms — *Published Monthly*

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

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In 1966, the Food and Drug Administration issued a proposed Order which, if enforced, would have severely restricted the sale of food supplements and other foods for special dietary uses. Because of the strong opposition to the proposed Order, the FDA postponed (stayed) its enforcement and ordered public hearings to be held on the Order. The ensuing public hearings continued for a period of well over two years. The FDA Commissioner is presently studying the testimony given and the recommendation of the hearing examiner and may, at any time, (1) order the implementation and enforcement of the Order, (2) modify the language of the original Order and implement the enforcement of the modified version, or (3) continue the stay (enforcement) of the Order indefinitely. Here, the NHF Washington General Counsel discusses the effect of the Order if enforced.

Freedom To Buy Food Supplements Of Your Choice Is In Jeopardy

By CHARLES ORLANDO PRATT
Washington General Counsel

If the Food Supplement Order, published in the Federal Register on December 14, 1966, had not been stayed, it would have been "the law of the land" and it would have had the effect of destroying the health food store business and the food supplement industry as we have known it.

Because of the opposition of The National Health Federation, of the food supplement industry, of scientific and trade organizations and universities, the said Order was stayed and hearings were held over a period of approximately two years.

Because the said Food Supplement Order of 1966 has been and still is stayed, "the law of the land" relating to food supplements and food for special dietary uses is the same today as it was when the Food Supplement Regulations were published in the Federal Register, Saturday, November 22, 1941.

The pertinent part of the Food Supplement Regulations published in 1941 is as follows:

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"Section 2:10a *General.* (a) The term 'special dietary use', as applied to food for man, means particular (as distinguished from general) uses of food, as follows:

(1) Uses for supplying particular dietary needs which exists by reason of a physical, physiological, pathological or other condition, including but not limited to the conditions of disease, convalescence, pregnancy, lactation, allergic hypersensitivity to food, underweight, and overweight;

(2) Uses for supplying particular dietary needs which exist by reason of age, including but not limited to the ages of infancy and childhood;

(3) Uses for supplementing or fortifying the ordinary or usual diet with any vitamin, mineral, or other dietary property. Any such particular use of a food is a special dietary use, regardless of whether such food also purports to be or is represented for general use."

Enforcement of Stayed Order Would Severely Limit Personal Freedom of Choice

Some of the most significant changes which would take effect, if the 1966 Order is adopted and enforced, are as follows:

(1) No one would have the right to buy, sell or distribute foods for special dietary uses by reason of a pathological condition.

(2) No one would have the right to buy or sell more than six (6) different minerals in small amounts unless the minerals are sold in a drug store based on medical prescription. The six minerals that would be allowed under the 1966 Order for adults in maximum amounts for one day are Calcium (800 Milligrams or Mgs) and Iron (15 Mgs), which are mandatory, and Phosphorous (800 Mgs), Magnesium (300 Mgs), Iodine (0.15 Mgs) and Copper (2 Mgs), which are optional.

(3) No one would have the right to buy or sell more than eleven (11) different vitamins in small amounts unless the vitamins are sold in a drug store based on medical prescription. The eleven vitamins that would be allowed under the 1966 Order for adults in maximum amounts for one day are Vitamin A (5,000 U.S.P. Units), Vitamin D (400 U.S.P. Units), Ascorbic Acid (vitamin C) (70 Mgs), Thiamine (vitamin B-1) (1.2 Mgs), Riboflavin (vitamin B-2) (1.7 Mgs) and Niacin or Niacinamide (19 Mgs), which are mandatory, and Vitamin E (30 International Units), Vitamin B-6 (2 Mgs), Folic Acid (0-1 Mgs), Pantothenic Acid (10 Mgs) and Vitamin B-12 (5 Micrograms), which are optional.

(4) The label of a dietary supplement under the 1966 Order would have to bear the following statement:

"Vitamins and minerals are supplied in abundant amounts by commonly available foods. Except for persons with special medical needs,

there is no scientific basis for recommending routine us of dietary supplements."

(5) In no case under the 1966 Order would a health food store or food supplement distributor be allowed to sell a food supplement or food for special dietary uses, which contained, in the daily dose as shown in the labeling, more than 100% of the recommended dietary allowance for any nutrient. This means that except by medical prescription, no one could sell a product which supplied in the daily dose, more than the "recommended daily allowance" meaning the specific allowance of vitamins and/or minerals set forth in the charts of the Order.

(6) The label or the labeling could not indicate that the ingredients of the product were derived from natural sources.

Under the 1966 Order a food for special dietary use, if its labeling bears any statement, vignette, or other printed or graphic matter that represents, suggests, or implies any of the following, then that labeling will constitute misbranding:

(1) That the food is adequate or effective for the treatment, prevention or mitigation of any disease, condition or symptom, whether or not clinical or subclinical, by reason of the presence of vitamin(s) and mineral(s) added to such food.

(2) That a diet of ordinary foods will not supply adequate amounts of vitamins and minerals.

(3) That significant segments of the population of the United States are suffering or are in danger of suffering from a dietary deficiency of vitamins or minerals.

(4) That a dietary deficiency or threatened dietary deficiency of vitamins and/or minerals is or may be due to loss of nutritive value of food by reason of the soil on which it is grown, or the storage, transportation, processing and cooking of food."

Action You Should Take to Protect Your Rights

Every member of The National Health Federation who believes in freedom of choice in health matters should write to his or her Congressman urging him to support the NUTRITION PROTECTION ACT, known as *H.R.* 2323. If this Nutrition Protection Act becomes law, your right to buy, sell and use food supplements and foods for special dietary uses in the future will be protected.

The Nutrition Protection Act includes the definition of a food supplement and a food for special dietary use in the same language and for the same purpose as it appears in the 1941 Food Supplement Regulations. The Nutrition Protection Act contains a limitation on the authority of the Secretary of HEW. The limitation reads as follows:

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"Sec. 708. In administering this Act the Secretary . . .

(1) Shall not limit the potency, number, combination, amount, or variety of any synthetic or natural vitamin, mineral, substance, or ingredient of any food supplement unless such article is intrinsically injurious to health in the recommended dosage, and

(2) Shall not require a warning label on any food supplement unless such article is intrinsically injurious to the health in the recommended dosage."

This Nutrition Protection Act, when it is passed by Congress and signed by the President into law, will preserve all of the nutritional rights set forth in the 1941 Food Supplement Regulation, which is the law of the land today since the 1966 Order has been stayed.

Because FDA might at any time this year or early next year vacate or set aside the "stay" and thereby enforce the 1966 Food Supplement Order with all of its restrictions, it is essential that your urge Congress to pass the NUTRITION PROTECTION ACT, known as H.R. 2323.

University Nutritionist Terms American Diet 'Disaster'

A University of California nutritionist says the American diet is a "national disaster."

Dr. George M. Briggs, chairman of the university's department of nutritional sciences, said malnutrition is a fact in the United States and shows up as physical deficiencies, mental problems, work loss, obesity, heart disease, dental decay and alcoholism.

The cost of malnutrition, he said in a recent address, is greater than the cost of crime or automobile accidents or narcotics addiction.

Briggs estimated the cost in California at $3 billion a year, and said the total for the nation might be $30 billion, since California has a 10th of the population.

He attributed malnutrition to poverty, negative social and cultural practices such as vegetarianism and macrobiotic diets, the failure of the food industry to fortify foods adequately, lack of education, lack of motivation and the lack of nutrition education.

"The American public is eating strange diet," Briggs said, add that Americans eat more sugar, pure fat and wheat flour than their entire intake of other foods.

He said the American diet annually includes 102 pounds of sugar per capita, 53 pounds of fats such as salad oil, 100 pounds of white flour, 14 pounds of corn sugar and 17 pounds of white rice —a total of 276 pounds.

Anti-phosphate Crusade Losing Steam

AN NHF STAFF CONSUMER REPORT

There is evidence that the anti-phosphate crusade is waning. When it was first suggested that the phosphates present in most household detergents might be the major cause for the increasing eutroprication (excessive algal growth) in certain lakes, the environmentalists mounted an offensive campaign to ban phosphates in detergents. The logic behind their campaign appeared sound—ban the use of phosphates in detergents, using other nonpolluting chemicals as a substitute, thus stopping the ever-increasaing flow of phosphate compounds through our sewage systems into certain lakes, rivers and the ocean, and this would immediately end at least one devastating man-made form of pollution.

The antiphosphate crusade quickly gained momentum. Large numbers of the general population began to feel a personal responsibility in ending this form of pollution and began to switch to the use of nonphosphate detergents causing an increasing number of such detergents to make their appearance on the market. Lawmakers entered the arena with the result that bills were proposed in many local areas as well as on state and national levels to limit the amount of phosphates permitted in detergents and/or to require strong warning statements on the detergent packages.

There are now pending in Congress 18 bills to restrict the sale or use of detergents that contain phosphates. The FDA has required relabeling of 25 detergents with new or stronger warnings on hazards. The FTC is considering a proposal requiring that detergent labels show the phosphate content and state that phosphates may be pollutants.

On the state level, Connecticut, Indiana, Maine and New York have passed laws to restrict the use of phosphate-type detergents. Bills of similar nature are pending in six other states.

On the local level, 47 communities have adopted ordinances to restrict use of phosphate-type detergents. Among these are Akron,

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Chicago, Detroit and Florida's Dade and Lake Counties.

Ban-the-Phosphate Crusade Losing Steam

All this would make it appear that the antiphosphate crusade is moving forward with a full head of steam. In spite of this, however, there are several indications that ban-the-phosphates zeal is waning.

In Washington, neither the Senate nor the House is in a hurry to act on any of the 18 bills calling for restrictions on the marketing of detergents that contain phosphate-type builders. And it is believed that it will be months before the Federal Trade Commission makes a decision on their proposal to require that certain information be required on the labels of such products.

State lawmakers, likewise, seem to be losing interest or at least enthusiasm in this topic. Even though 171 bills relating to detergents were before legislature in 35 states during the '71 sessions, in only four states were any of these proposals enacted into law. Furthermore, a lawsuit has been filed in Indiana to enjoin enforcement of their new law.

Lawsuits against the restrictive ordinances have been filed also in Chicago, Detroit, and Dade County, Florida. Some of the provisions of the Akron ordinance have been suspended. Lake County, Florida has postponed their ban on phosphate for one year.

Having Second Thoughts

Why is it that public officials, other opinion leaders and even some of the former antiphosphate crusaders seem to be changing their views on this matter? People who follow developments in this field suggest that this is due to several factors.

More criticism is being directed at some of the many nonphosphate household detergents that have been introduced since the conventional phosphate-containing brands came under attack. Recently, the U.S. Food and Drug Administration rapped as "potentially hazardous" about 20 no-phosphate and low-phosphate detergents, as well as five phosphate-based formulations. Still more recently, William D. Ruckelshaus, Environmental Protection Agency Administrator, recommended a return to the use of phosphate-type detergents because of the hazards and uncertainties associated with the phosphate substitutes being used in many of the new formulations.

More scientists and engineers are speaking up in defense of the phosphates and more of their testimony includes quantitative data from actual field tests and laboratory work.

It has now been clearly shown that the phosphates finding their way into our lakes and other bodies of water, come from several sources and that phosphate detergents may be one of the minor sources. Some national projections based on information from the Stanford Research Institute show that following percentages: (1) About 34% of the phosphates going into lakes and streams is from natural sources. (2) Another 30% of the phosphate comes from agricultural run-off including drainage from land where livestock is being raised and from fertilized soil. (3) An additional 18% of phosphate comes from human and food wastes in domestic sewage. (4) Another 18% of the total phosphate input comes from detergents in domestic sewage.

In June, the Federal Trade Commission held public hearings on their proposed labeling requirements for household detergents. Naturally, the manufacturers of phosphate-based detergents were represented and all denounced the proposals while the manufacturers of the rival nonphosphate products insisted that the proposals should be adopted. In addition, however, the commission heard at least nine witnesses who were not affiliated with either of the two industry factions; and eight of these independent witnesses testified against the proposals and in favor of continued use of phosphate builders in household detergents. In this category were Daniel Okun, head of the Department of Environmental Sciences and Engineering in the University of North Carolina's School of Public Health; and Jack Borchardt, professor of sanitary and water resources engineering at the University of Michigan's sanitary engineering laboratory.

Banning Detergent Phosphates Won't Cure Problem

Borchardt says phosphate acts like a vitamin, in the sense that only a relatively small amount is needed for a certain amount of growth. In the euthorphysing lakes his group studied, Borchardt testified, phosphate content was far greater than the concentration needed to support algal growth; and "it would be illogical to expect that elimination of detergent phosphorus would have any effect on the aquatic bioproductivity."

Okum recommended the use of lime to remove virtually all phosphate from municipal and industrial waste waters in areas where eutrophication is a problem. He estimated the cost of this chemical precipitation treatment at 20-80c per person per year. "If such treatment is provided," he declared, "no benefits would accrue from the elimination or reduction of phosphates in detergents."

Possibly of greatest long-term importance is the sudden outcropping of prophosphate testimony from specialists in sanitary engineering, aquatic biology and other disciplines. Their main contention is that in accelerated eutrophication, the key nutrients are not phosphates but simple nitrogen and carbon compounds, notably ammonia and carbon dioxide, that have long been considered essential to rapid growth rates in green plants.

Lawsuits filed by detergent producers and their trade group, the Soap and Detergent Association, have, in the meantime, raised serious questions as to the constitu-

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tionality and the factual basis of the various state and local laws to curb or ban the use of phosphate-containing detergents. At least in some communities, such lawsuits have successfully stalled the enforcement of these laws.

Considering the antiphosphate sentiment that swept the country just a year ago, it appears significant that in the regulatory agencies, in the lawmaking bodies and in the courts, there is now a growing feeling that the detergent phosphate question is by no means ripe for a snap decision. Last year it seemed that phosphate detergents were doomed; now it is beginning to look as if these compounds may win a reprieve—like it or not.

Support of NHF

Perpetual Members Urged

Nearly every national manufacturer or distributor of health products has received a special invitation to become a Perpetual Member of The National Health Federation. The NHF spends thousands of dollars annually supporting its legislative and legal activities which directly, or indirectly, benefit the manufacturers, distributors and dealers engaged in the sale of health foods, health books, supplies and equipment, and, at the same time, insuring the right of all Americans to purchase such products. Many firms (or persons) have responded to our invitation, and to them, NHF extends its sincere gratitude. We sincerely hope that, in time, others will lend similar support. NHF urges members and friends to support, when possible, those who support NHF and, accordingly, we happily list those, with commercial ties, who are Perpetual Members:

W. W. Seroy (N.F. Distributors)
Adelle Davis (Books)
Linda Clark (Books)
Roland Horvath (Health Food Business Review)
Bob Hoffman (York Barbell Co.)
Plus Products (Health Foods)
Bernard Jensen (Bernard Jensen Products)
Lindberg Nutrition (Health Foods)
Alta Dena Dairy
Kahan & Lessin (Wholesalers)
Aaron Solomon (Wholesaler)
Henry Rosenberger
V. E. Irons (Vitratox)
Norman V. Bassett (Let's Live Magazine)
Betty Lee Morales (Organicville)
Jack T. Schwartz (Health Food Retailing)

IND 6734
April 6, 1970 to July 3, 1971

A condensation of an address before the IACVF Convention, Los Angeles, July 3, 1971

By CLINTON R. MILLER
NHF Legislative Advocate

Most of you here today, I feel sure, know that IND 6734 refers to the Investigational New Drug application submitted to the Food and Drug Administration by the McNaughton Foundation seeking authorization to conduct clinical tests using laetrile-Amygadlin on humans suffering from cancer. The story of IND 6734 is a study of bureaucratic maneuvering and political expendiency.

Let us start our story on April 6, 1970. A great man, I think one of our greatest living men, Andrew McNaughton, filed an IND application with the FDA. At a cost of about $250,000, the McNaughton Foundation had prepared what is known as an Investigational New Drug (IND) application. It consisted of four large volumes.

To my knowledge, this is the first time in the long history of the battle between toxic orthodox and nontoxic natural remedies for cancer that a sponsor of a drug has properly filed an application with FDA, as required by law, to get their approval. This is the reason the National Health Federation has thrown its support behind the laetrile-Amgdalin cause. We in NHF share with Andrew McNaughton, and most of you at this great convention, the belief that we in the United States of America have the most perfect form of government on the face of the earth—probably the most perfect form of government that has ever been conceived by man. To date, only Andrew McNaughton has had enough financial resources, and enough faith in laetrile-Amygdalin and in our government to do what is required under the law, to file an IND application.

NHF Urges A Fair Test

It is important to note here that NHF doesn't necessarily believe that laetrile - Amygdalin is the whole or even the best answer to cancer, or that it is even truly effective but we of NHF believe, and emphatically declare, that it deserves to have a fair clinical test under the full precautionary condition outlined by FDA and on cancer patients who give their full and informed consent. The McNaughton Foundation has fied a proper

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application and complied with the letter and spirit of the law. FDA officials have admitted to me that it was a first class application.

What happened after April 6, when McNaughton filed? Fourteen days later, on April 20, 1970, the Food and Drug Administration granted the McNaughton Foundation IND 6734. Complete, official FDA approval and permission was granted to conduct clinical tests on humans with cancer to prove or disprove laetrile's efficacy and safety. If it were humanly possible to have conducted the type of clinical experiments which are required before a new drug can be put on the market, within a period of eight days, laetrile would have been officially clinically tested by now. From April 20 to April 28, 1970, the McNaughton Foundation could have had their scientific investigators test laetrile on any cancer patients who gave their informed consent. For a brief 8 days we had all four aces in our hand.

IND Application Terminated Eight Days Later

But then, of course, as you probably know, FDA terminated the IND eight days after they granted it. Or at least FDA tried to terminate IND 6734, because as McNaughton has insisted, and as we insist with him, FDA cannot terminate it. FDA might ask for more information but they cannot terminate his application.

What does this action by FDA do to your faith in our form of government? I hope it doesn't weaken it. I believe with Andrew McNaughton in our limited constitutional form of government. I believe that our government is the most responsive form of government on the face of the earth. I'm biased in favor of our form of government! I really am, and I'm saying this from the bottom of my heart. Let me repeat it again, because if you don't believe it, you won't be much help on our NHF team if you don't believe that our government works.

We're making it work in many ways. The machinery is there to be used and has been there for nearly 200 years. Some people figure that all they have to do is swear at politicians and write them insulting letters and vote at election time to fulfill their political obligations. We work best with people who believe in the United States of America and its limited constitutional form of government, and who do everything in their power to make our form of government work.

Good Government Is Everyone's Job

I want to say this again. I believe our form of government is the most responsive form of government on the face of this earth. I didn't say instantaneous, did I? I said responsive. Now anyone who's naive enough to believe that you can win great military, moral, or political victories overnight, or that you can court and win the love of a beautiful woman overnight, or that you can raise good children overnight, or that you can do anything truly worthwhile, overnight, is very naive. It may take months or years to reinstate IND 6734.

Great things take time. However they don't take as much time as most pessimists would have us believe, once determined, informed, and organized citizens unite and start working with the Congress, courts, press and the President. This government is responsive. Sometimes it seems slow. But it has responded over and over again to requests of the National Health Federation. We're a relatively small lobby compared to the giants in Washington, D.C. We have never had a dime to give to any Congressman to help his campaign. We couldn't vote a Congressman in or out of office, and yet we have changed the Federal law and its enforcement, time and time again because we have discovered the formula which includes a belief in our government. I would rather be pleading an unpopular, just cause in our nation's capital than in any other capital in the world. I—and I believe most of you—live in this country by choice, not by compulsion.

From April 6, 1970 until today, July 3, 1971, more has happened to advance the cause of people who wish to have the cancer remedy of their choice than has happened since a medical monopoly undertook to deny us that choice, many years ago.

Congress Has Supported Our Cause

First, Congress has openly supported our cause. In speaking of Congress, I am referring to the Fountain Committee, because for our purposes, the Fountain Committee speaks for Congress. How did we get this support? By writing personal and form letters to Representative Fountain asking him to hold hearings on FDA's mishandling of IND 6734 and on their attempt to terminate it. NHF printed and had signed thousands of form letters to be mailed to Congressmen asking them, in turn, to request Representative Fountain to hold hearings to reinstate IND 6734. In response, on March 16, 1971, almost a year after FDA's attempted termination of IND 6734, Fountain wrote his historic letter to HEW Secretary Richardson asking that he determine whether or not laetrile is effective in the treatment of cancer. Please read his letter. It is published in full in the June issue of the National Health Federation Bulletin.

It is important that we fully realize what Fountain's March 16 letter means. It simply means that as of that date we have the power of Congress on our side. As Chairman of the Subcommittee on Intergovernmental Relations, Representative Fountain has been delegated tremendous responsibility and authority by other members of Congress to be sure the intent of

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Congress is carried out by federal agencies like FDA.

Rep. Fountain's Letter Contained Potential Flaws

Unintentionally, the Fountain letter has potential flaws in it which we should understand so we can be on guard. In his letter, Fountain suggested a review of the clinical records of patients already treated with laetrile by Dr. Contreras and Dr. Hans Nieper. To the best of my knowledge, neither of these doctors have conducted a single clinical test with laetrile in the sense that FDA demands a clinical test for an IND. It would be meaningless to review records of people treated as patients who are given many adjunctive therapies. An IND clinical test requires the human guinea pig stop all adjunctive therapy and take *only* the substance being tested.

An Unbiased Committee Most Unlikely

In Fountain's letter to Richardson he said, "This review should be done by cancer experts who have no conflicting interests and who are able to evaluate the evidence objectively." For many years I have believed that there is not an objective person on the face of the earth. There are a lot of people who think they are. I clearly remember some of my professors as they would say, "All right, now, let's be objective," and then they would begin to teach their biased point of view. Likewise, in religious arguments, a friend will say, "Now let's be objective," and then argue his bias. It's a myth that scientists are less biased than other humans, and this applies to cancer scientists also. I doubt that there is an objective cancer expert in America, or in the world. I think a man can, in some instances think somewhat more objectively than in other situations. But I am afraid that Representative Fountain has inadvertantly asked for an impossible condition by asking HEW to order a review . . . by cancer experts who . . . "are able to evaluate the evidence objectively." If FDA selects the committee of cancer experts you bet your life they will be heavily biased in favor of FDA's policies. If Dr. Dean Burk or other great scientists acceptable to the McNaughton Foundation are invited to serve on the reviewing committee then we can at least feel there has been some attempt to balance the bias. Anything less than this must be unacceptable.

"Objective" Committee Killed Krebiozen

The reason I am so sensitive and touchy about so called "objective" committees is that this is exactly the mechanism the Food and Drug Administration and the National Cancer Institute used to kill and bury Krebiozen's chance for a clinical test some ten years ago. You'll remember that nearly forty of the most powerful Senators and Representatives in Congress had cosponsored a Resolution asking for a fair test of Krebiozen. The Director of the National Cancer Institute hand picked a committee of cancer experts who were obviously sympathetic to the hard line anti-Krebiozen position taken by the National Cancer Institute. We mistakenly assumed that some, or at least one, of the members of the committee would be objective and without conflict of interest. The 24 scientists met in a luxury motel, just outside of Washington, D.C., at public expense. The committee, as we should have expected, was unanimous in its conclusion that Krebiozen was ineffective as an anticancer drug and strongly recommend that no clinical trial be undertaken.

One of those 24 "objective" committee members who ruled there was no justification for a clinical trial for Krebiozen is the chairman of the new FDA appointed committee to decide whether there should be a clinical test of laetrile-Amygdalin. His name is Dr. Albert Segaloff. He is a professor of clinical medicine of the Tulane University School of Medicine, and Director of endocrine research at the Alton Oschner Medical Foundation, New Orleans, La. There are only 5 members appointed to the FDA's Amygdalin-MF (laetrile) ad hoc committee. We must never forget they were picked by FDA to evaluate FDA's policy. We have no reason to expect that Dr. Segaloff's committee will be anymore unbiased or objective than his previous committee which reviewed Krebiozen.

Dr. Dean Burk recognized a potential peril arising from from Rep. Fountain's request and immediately wrote to HEW Secretary Richardson, and warned about the problem of bias if he followed Rep. Fountain's suggestion and appointed a review committee. Dr. Burk said: "I have yet to see a 'cancer expert' who cannot be fairly said to be biased, in one direction or another . . . Therefore, if any board on laetrile were ever to be assembled, I would strongly recommend that it include, initially at least, one or two individuals already possessed of extremes of bias at each end of the spectrum, and to do this only to insure the preparation of minority reports on both sides as needed. Otherwise, one might well expect some form of one-sided whitewash as has indeed occurred in earlier instances of such boards at NIH, with respect to non-laetrile agents."

FDA Violates Verbal Promise

FDA stalled two months before selecting the 5 man review committee for IND 6734. They made no attempt as suggested by Dean Burk, to balance the committee with one or two individuals already possessed of extremes of bias at each end of the spectrum. In fact, a sixth person, Earl Meyers, attended the meetings of the ad hoc committee in direct violation of a verbal promise which he made to Mr. McNaughton that no member of FDA would meet with the committee. Earl Meyers is the FDA official who is handling the laetrile

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application for the Food and Drug Administration. His anti-laetrile bias is well known. He is unalterably opposed to the reinstatement of IND 6734.

As soon as NHF learned of FDA's distorted concept of the word, objective, I phoned Tom Reutershan, who is the aide of Sec. Richardson in this matter. I registered the strongest possible protest at the very thought the Secretary should authorize or even allow the Food and Drug Administration to set up a committee to evaluate themselves. I asked him if he felt this farce would pass unnoticed or unchallenged by Representative Fountain. Mr. Reutershan patiently told me that he felt it would be only fair to wait until the committee had made its report, before judging it. I strongly disagreed. I told him NHF would never again go along with FDA evaluating themselves via biased committees.

I then immediately called Representative Fountain to alert his staff. He said he had not yet received a response from Sec. Richardson. Fountain's first letter went out March 16. I asked Del Goldberg, Fountain's tough minded top aide, if this was the kind of a committee review he had asked the Secretary to conduct. I told Del NHF had long believed it was unpossible for FDA, when under attack, to appoint an unbiased self-review committee, and that FDA's appointment of this 5 man committee with Earl Meyers, FDA's most biased official, to advise and guide it, had reinforced our conviction.

Rep. Fountain's Staff Not Pleased

Del was emphatic. He said that anyone who could read the English language would know that what FDA had set up was not what Representative Fountain had asked for. I was very glad to hear that! It means that Congress is still with us. It means Congress will be with us after FDA's committee gives its report. Representative Fountain is not easily fooled. Secretary Richardson may not be fooled, either. that remains to be seen. But it's a tragedy that over 3½ months have been lost since March 16 when Congress, through Rep. Fountain's letter, first asked Richardson to initiate an appropriate study without delay.

This indicated to me, at least, that Congress and the Fountain Committee are still with us on this issue and that they will remain with us regardless of the recommendations of the ad hoc committee.

Influential Press Swings To Our Side

As of April 12, the press, a great influential body in American political life, came over to our side. The turning point, in my opinion, was the *TIME* Magazine article entitled, "Debate Over Laetrile." This magazine reaches some 7 million persons. The article quotes Dr. Burk as saying, about Laetrile, "The stuff is absolutely harmless, so why not give it a try?" Then *TIME* adds three words, "Why not indeed?" The *New York Times* and the *Washington Post*, both great, opinion-making newspapers, have carried fair and objective articles concerning laetrile.

Another great victory was won on May 3 right here in Los Angeles when, in court, the California Attorney General acting on behalf of the State Department of Public Health sought an action to enjoin and restrain the IACVF, the NHF and a number of persons associated with the two organizations, from making any representations that laetrile has any value in arresting, curing or alleviating cancer. You all know that the great Judge Max Z. Wiscot ruled for the IACVF and NHF by refusing to issue the injunction sought by the Attorney General.

Let's look at the score. We have three of four aces. We have the support of Congress, the courts and the press. We have only to win over the President of the United States, the Executive Branch of our government, or those to whom he has delegated his authority, like Secretary Elliot Richardson who heads HEW. The FDA is a subagency of HEW.

A great deal depends on what Secretary Richardson will decide about reinstating IND 6734 after receiving the report from FDA's ad hoc committee. The possibility has been anticipated that Secretary Richardson may not properly apply the wide discretion vested in him by Congress and over-rule FDA's attempt to prevent the clinical testing of laetrile. In this case, NHF is prepared to inaugurate the next step towards achieving an ultimate victory in this matter.

When we, the people, have won this victory, when IND 6734 has been reinstated, and clinical tests have been fairly conducted, you people, you wonderful people will have done as much or more for your posterity as anyone has done. This will be true regardless of the outcome of the clinical test because you will have forced a government agency and our public servants to act in a fair and just manner and in the interests of every present and future cancer sufferer. Until clinical tests are conducted, we'll never really know the value of laetrile and until then, the air will remain filled with suspicion of bias and political expediencies.

NEW PERPETUAL AND LIFE MEMBERS

Perpetual Members

Mrs. Violet L. Bugan
More Natural Foods

Life Members

Fred Machenheimer, Jr.
Nick N. Suciv
Health Haven Foods
Miss Theresa Zacharyacz
David F. Creighton
Mr. and Mrs. Leon Naef

(Received mid-August through mid-September)

Some Befouled Food For Thought: We Wage Chemical War -- On Us!

By Sylvie Lake

Reprinted from the (Los Angeles) Canyon Crier

If you are still unconvinced that the food industry in our United States is—to a scandalous degree—engaged in plundering the public health in order to turn a more lucrative buck, the National Health Federation, with headquarters in Monrovia, has a 16mm film that will rock some of the blind faith we all place in long-established government institutions such as the Food and Drug Administration (FDA), the Department of Agriculture (USDA), the Department of Health, Education, and Welfare (HEW), and assorted government agencies.

Roughly described as the ACLU of foods, drugs, and health, the National Health Federation (NHF) is a non-profit organization founded a few years back by a gentleman named Fred Hart "to aid and protect the health interests of the American people."

Since the general public is just beginning to reel under an avalanche of revelations concerning the abuse of its well-being from a multitude of sources once thought above suspicion, the voice of the NHF is bound to gather strength and volume in months to come.

Non-sectarian, non-political, and free of vested or commercial interests, the NHF maintains a small but specialized legal watchdog staff in Washington and accomplishes its goals through educational, legal and legislative means. Its most significant tool, however, is the awakening of a misinformed or uninformed public through the dissemination of literature and films such as the recently-completed "Action for Survival."

Completed on a budget of $6,000, the film won't win awards for outstanding artistry (though a truly artistic documentary on the subject is an excellent idea)—but it should win some for bringing such persuasive personalities as Adelle Davis, Ralph Nader, Miles Robinson, M.D., and Congressman James J. Delaney (Democrat from New York who is responsible for the Delaney Food Amendment prohibiting the use of carcinogenic additives in food) to air their views and — wherever necessary — expose the national food swindle.

But aside from figures who can, and do, speak with authority, it is the disquieting array of grim facts that makes this film valuable.

A distressing example of murderous bureaucratic obtuseness concerns two herbicides designated as 2,4,5-T and 2,4-D which became the focal point of a spraying incident which occurred in June, 1969 near Globe (Arizona). It seems the U.S. Forestry Service, in an effort to control brush, used them in concentrations which the NHF and local residents claim caused irreversible—and even lethal— damage to human, animal, and plant life in the area.

This was so shocking, The CRIER did some homework on 2,4,5-T and 2,4-D (in plain English trichlorophenoxypropionic acid and dichlorophenoxyacetic acid).

"Monster Makers"

A Bionetics Report commissioned in October 1969 (four months after the Globe incident) by the National Cancer Institute, classified 2,4,5-T and 2,4-D as carcinogens, mutagens, and teratogens. In layman's terms this simply means that 2,4,5-T and 2,4-D have the power to cause cancer, have the power to produce animal and plant mutations, and have the power to affect genetic systems so profoundly as to give rise to congenital anomalies and even birth monstrosities. All of these things occurred near Globe.

When we checked with a local branch of the U.S. Forestry Service, the Globe incident was acknowledged but responsibility for the damage denied, or at least avoided: the Service insisted that "it was never proved" that ill or injured persons, malformed and injured animals, and dying or anomalous crops and trees, were attributable to the spraying. A letter of inquiry from The CRIER to the U.S. Forestry Service in Arizona has remained unanswered.

In December, 1969 (six months after the Globe incident), HEW issued a Report of the Secretary's Commission On Pesticides and Their Relationship To The Environment which indicated the indiscriminate use of pesticides, proved their toxicity to be extremely difficult, if not impossible, to control and stated that "2,4,5-T is so toxic that HEW does not license its use outside the laboratory."

We Bomb Ourselves

Yet, 2,4,5-T and its only slightly less vicious cohort — 2,4-D — were used near Globe in the Tonto National Forest. They have been used, until just recently, with unrestrained American "largesse," as defoliants in Vietnam. A UPI release from Japan in January of this year stated: "North Vietnam says defoliants dumped by U.S. aircraft in South Vietnam have caused millions of people to suffer the same fate as victims of World War II's Hiroshima and Nagasaki atomic blasts . . . medical studies revealed that the defoliants provide important chromosomic alterations . . . chemical war has hit millions of acres of croplands and woodlands and rendered whole areas barren, where not a single blade of grass can grow."

And yet, when we checked with a local office of the FDA, it was further discovered that the use of 2,4-D and even 2,4,5-T is sanctioned on "range grass, rangeland

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clearance and pasture grass with certain tolerance controls." The HEW Report, however, already warned how difficult these controls are to exercise. In addition, the use of 2,4-D is sanctioned on "most crops."

The FDA also told us that the use of these pesticides on wilderness and watershed areas is controlled by the Environmental Protection Agency. Since the EPA has no local office, it has not been possible immediately to determine the current extent of the use of these pesticides as weapons in brush control. But even from the pinnacle of our ignorance it does seem a convenience akin to pure folly to resort to pesticides considered so dangerous by HEW as to limit their use to the lab, in order to get rid of the fire hazard presented by clumps of brush. Does it not suggest, at the very least, replacing a possible blight by another absolutely certain and far more dangerous one?

Yet all is far from over. Widespread use of these and other lethal herbicides has been going on in California for the past twenty years and continues today. They are now banned in Vietnam but still used here (with self-congratulatory "tolerance controls") on food crops, forestlands, rangelands, pasturelands, parkways, freeways, and playgrounds, according to a "Report To The Consumer" by Ida Honorof, and according to first-hand information The CRIER was able to obtain by contacting the agencies involved.

They Poison Our Food

After repeated warnings that the USDA had violated its own regulations and the regulations of the FDA by failing to enforce the 1964 Pesticides Chemical Act which prohibits the use of chemicals until they have been proven safe, Representative Richard McCarthy (Democrat from New York) wired President Nixon in February, 1970 to "ban the use of 2,4,5-T and related herbicides, and seize all supplies now on the market"—going on to explain that the spraying of it causes birth defects in animals, that traces of 2,4,5-T had been found in food products in Boston and Kansas and that no safe tolerance level had yet been established. His urgings fell upon deaf ears.

Perhaps, the simplest and most understandable proposition in the end, is one made on camera by nutritionist Adelle Davis: food that will not do you any good, MUST—if only by default—do you harm.

And in this, the wealthiest nation in the world (though it might be good to remember writer-philosopher Will Durants' warning in "What Is Civilization?" that "The Health of nations is more important than the wealth of nations"), in a country possessed of vast natural resources and an industrious, ecology-conscious population, it is a pathetic, genocidal, and totally-unacceptable state of affairs.

(Individuals or groups may rent [$25] "Action for Survival" from National Health Federation, 211 W. Colorado Blvd., Monrovia 90116.)

NUTRITION -- Its Relation To Cancer

An NHF Convention Address
By VICTOR H. BAGNALL, D.O.

It seems quite reasonable to state that cancer can develop as the consequence of a disturbed metabolism and faulty nutrition. This doesn't mean that this is the only cause of cancer, nor does it mean that poor nutrition alone will always cause cancer, because it certainly won't. But, when the herititary factors of cancer are present and a metabolic disturbance takes place leading to impoverished cellular metabolism and enzyme imbalance, cancer may occur.

In the nutritional field it has been shown that over the centuries, people who live according to natural methods do not get cancer, while people who accept what is called modern nutrition on an increasing scale become involved in degenerative disease, including cancer, in a relatively short time.

The best known cancer-free people are, of course, the Hunzas who have lived in the Himalaya mountains for centuries, isolated from the curse of "modern nutrition," and who use only foods grown in their own country and fertilized with natural manures. Other goods and imported foods are forbidden.

The great cancer specialist, Max Gerson, stated that nutrition is an exogenous factor in the causation of cancer, but a constantly changed unnatural nutrition brings about in our bodies, an internal premorbid disposition and that it is the combination of these factors that will produce malignancy.

Dr. Albert Sweitzer dated the appearance of cancer and other degenerative diseases amongst the African natives with the advent of civilized foods. He pointed out that the natural diet of these natives had been bananas, casaca, ignam, taro, sweet potato and a large range of fruits. Dr. Sweitzer commented, "Curiously enough, we did not have any cases of cancer in our hospitals before the natives began using condensed milk, canned but-

ter, meat and fish preserves, white bread and white sugar."

One In Every Six Deaths Due To Cancer

Today, cancer in the United States accounts for approximately one in every six deaths, and is the second leading cause of death. The Public Health Service stated in 1954 that 32 of every 100 children could be expected to develop cancer at some time during their lives. The figures are even greater than this today. This is a national tragedy and a crime, because it doesn't have to be this way.

Dr. Thomas McCoy, writing in the World Review of Nutrition and Dietetics points out that a neoplasm in the body is dependent on that body for its supply of amino acids, carbon, hydrogen, fats, minerals, and a great number of other cofactors, and that it is only reasonable to deduct that the critical period of tumor development as well as tumor growth can be influenced by the dietary regime and the nutritional status of the host. What this means, basically, is that in animal experimentation varieties in the kind of food and the amount of food fed have an influence on the formation of cancerous growths in the first place, and on the rate of growth of the cancer in the second place.

Relationship of Fat and Cancer

It has been suggested that there is a direct relationship between tumor formation and the kind of fats in the diet because mice fed on a diet high in cholesterol developed a high rate of cancer of the lung, but very little breast cancer. But, on the other hand, when they were given pure lard in the diet, a very high rate of breast cancer resulted.

In attempting to pin down the connection between nutrition and cancer to a practical working hypothesis it is noteworthy to consider the four categories into which most of the actual human studies have been grouped. These are:

(1) those cases relating to obesity and generalized overeating;
(2) those associated with generalized undernutrition;
(3) those identified with the consumption of a specific food item;
(4) and those concerned with relatively 'immune' cancer groups.

1. The rather extensive studies of dietary habits of cancer patients and the surveys of life insurance statistics suggest that individuals who overeat and are overweight when past middle age are more likely to die of cancer than are persons of average weight or less.

2. The reports of generalized malnutrition in western countries chiefly relate to malignancies of the upper digestive tract, and corresponds to nutritional disturbances relating to protein lack. Incidently, clinically, protein deficiency does not exist without an acompanying lack of vitamins and/or minerals.

3. Specific food items have been implicated as a possible cause of cancer in this country particularly, and because of their high rate of consumption in relation to specific organs, we must label animal fats, alcohol, white sugar, and coffee and types of foods that may be causitive in cancer. In recent studies both coffee and sugar consumption are correlated with prostatic cancer, and sugar is also directly involved with breast, ovarian, bladder, intestinal and rectal malignancies. And of course we know what smoking does to the lungs and heart.

4. Relatively little attention has been directed toward cancer-free or relatively free groups. Diets reported to be associated with a low incidence of cancer vary remarkably as to content, but they are surprisingly similar in a number of aspects. First, they are nutritionally balanced and adequate. Second, they are not overcooked and third, excessive amounts of salt, condiments and nutritionally empty foods such as alcohol, white sugar and white flour are seldom used or not used at all.

Specific Nutrients Shown Valuable In Some Types of Cancer

In regard to treating already established cancer through dietary means, it has been reported that massive doses of vitamin C given to men suffering from prostatic carcinoma has been helpful in retarding the growth of cancer. Extensive studies have also been done using massive doses of vitamin A in the treatment of oral leukoplakia, which is a precancerous condition.

At the Sloan-Kettering Institute temporary or sustained remissions for two years or more were obtained with folic acid treatment of metastatic choriocarcinoma, and tentative success has been achieved in the treatment of cancer in children using massive doses of vitamin B-12 in the treatment of neuroblastoma, and low protein, purine-free diets with added amino acids in the treatment of acute leukemia.

Some success has also been achieved using a forced-feed, continuous tube method of treating terminal cases of cancer. Patients were given a daily intake of about 3500 calories with proteins at 210 grams and high amounts of vitamins and minerals. Surprising results were obtained in that, even those near death, showed marked improvement with general increase in strength, some becoming partially ambulatory and quite a few able to leave the hospital and return to family living without special care.

What is the mechanism involved in this increased feeding program? We find that the restriction of calories in general has the most striking inhibitory effect on the beginnings of all experimental cancers, and also experimentally we find that vitamins, especially C and B may have a special role in protecting against the start of certain cancers. However, once the tumor is formed, its response to dietary influence becomes less.

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A tumor capable of feeding on the host will be slowed only if the lack of nutrition impairs the well-being and health of the host. But in many cases where the patient is fed a highly nutritious diet devoid of all chemicals and processed food, a so-called 'spontaneous cure' often results. It has been conjectured here that the stimulation of the increased food intake has caused the pancreas to produce great quantatives of pancreatic enzymes, and these enzymes have dissolved the tumor.

What is the cause of cancer and why does it get started in one person and not in another? Also, why is cancer on the increase in the civilized world today? Why do I feel that cancer is systemic in every case and not just a local disease? I am persuaded that cancer is not a single entity of pathology or a localized growth that involves just one part of the body.

The Trophoblastic Concept of Cancer Etiology

Cancer is a systemic, degenerative disease that involves the entire organism, and only by treating the entire organism can we hope to overcome cancer. And in examining the various theories and relative to causation, I am convinced that the trophoblastic concept of cancer etiology is the correct one. This concept was brought forth by Dr. John Beard of Scotland and states that cancer is inherent in every one of us, but that there are mechanisms such as hormones, enzymes and other nutritive factors that prevent these trophoblastic cells from ever growing. In many people, however, something happens to the defense mechanism that allows these trophoblastic cells to start growing and this is cancer. Many of us believe that it is a deficient nutrition that impairs this defense mechanism and that a return to a high degree of proper nutrition will, in many cases, either stop the growth entirely or slow it down so that it can be halted eventually and the person can live a normal full-span life.

On the basis of this assumption we feel that the condition of the liver and kidneys, especially the liver, is what tips the balance for health or disease, and that these organs cannot do their proper jobs unless the nutrition of the individual is adequate in every respect.

This type of reasoning was followed out by Dr. Max Gerson who treated cancer by nutritional means alone with great success. He advocated a diet completely different from what we might call "normal nutrition" in America today. He gave his patients fresh raw juices of fruit, leaves and vegetables, large quantities of raw fruit and vegetables in their natural state w i t h o u t chemicals, compotes, stewed fruits, potatoes and oatmeal. And he used a saltless rye bread. After six to twelve weeks he added animal proteins in the form of pot-cheese, yogurt, and cultured buttermilk. His treatment was based on the theory that sodium must be excluded from the diet as far as possible and the tissues must be enriched with potassium to the highest possible degree.

Three Steps In the Nutritional Treatment of Cancer

In other words, the concept of treating cancer through nutritional means involves the folowing steps:

(1) detoxification of the entire body through natural means of excretion;
(2) provide the essential minerals of the potassium groups;
(3) the use of oxidizing enzymes continuously as long as they are not reactivated and built in the body (in the form of green leaf juices and calves liver).

Dr. M. E. Page of the Page Foundation in St. Petersburg, Florida, treats the degenerative disease, including cancer, by a dietary change from the chemically treated and non-nutritive American diet to one based on natural foods and minute amounts of a selected hormone. The secret of Dr. Page's method is to obtain a correct balance of calcium and phosphorus (2½ to 1) and a blood sugar of 100 mgs. He has proved that with a proper supply of raw materials (food) and proper utilization or metabolism (endocrines) the body can prevent and/or control cancer.

One of the basic rules for health is that "the closer one lives with nature and her products, unspoiled by man's fetid touch, living on naturally fertilized soils, eating fresh fruit from trees untouched by chemicals, and eating vegetables directly from a clean, unspoiled garden, the nearer one is to normal health."

The Role of Protein

More specifically, we know that susceptibility to cancer increases markedly when the diet is deficient in protein and the essential amino acids. The disease called Quashiorkor, which is prevalent in South Africa results from a marked deficiency of protein. It has been shown by autopsy that more than 90% of people dying from this disease also had cancer. Yet when these cases are treated with protein and vitamins, especially B vitamins, before they become terminal, the disease is arrested and a return to health is often made, with no evidence of cancer.

Vitamins Play Important Role

The vitamin B complex is essential in our fight against cancer. Just how this works we are not sure, but, without the B vitamins, especially choline, the liver cannot function properly, and as I said before the liver function is essential to perfect health. Experimentally in animals, liver cancer can be produced by removing choline (part of the B complex), from the diet. A return to a normal diet with plenty of choline, restores the animal to health and no cancer is found on autopsy.

Vitamin C has long been discussed in relation to cancer. It is well-known that wounds of any kind—burns, cuts, ultraviolet rays,

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chronic infections, radium, etc., increase the body's need for Vitamin C. It is also known that the level of Vitamin C in the blood of cancer patients is lower than that of healthy people. Could we increase our resistance to cancer by making sure we have an adequate amount of Vitamin C every day?

It would appear that in preventing cancer Vitamin E plays an important part. As long as Vitamin E has been given in adequate doses no cancer developed in mice who had been subjected to excessive doses of radiation and large amounts of the various mineral oils which leach out vitamin E from the body. Without the E, the cancers did develop.

Salt May Be A Villain

Salt intake in the diet is another product of civilization which may have a part to play in cancer causation. Throughout history salt has played an important part in the lives of men. However, the salt which is referred to as "the salt of the earth" is really a mineral conglamoration which is salty and which the animals in various wild spots of the earth search out. However, this is not the chemical sodium chloride of the grocery store. Salt, or sodium chloride, added to the diet of men and animals is not necessary, and there are many instances of proof regarding this statement. Dr. Gerson stated flatly in his work with cancer that salt is detrimental to the human body and he ruled it out in treating cancer patients.

My own belief that salt should be eliminated in the normal human diet and especially in the treatment of cancer is concerned with the following reasons:

(1) Salt causes retention of fluids in the tissues and this puts a load on the heart and kidneys, and is often associated with high blood pressure.

(2) Salt may prevent the proper assimilation of calcium.

(3) Salt, because of fluid retention, increase body weight and obesity appears to be a factor in the production of cancer.

Sugar and the Pancreas

Sugar, and I mean refined white sugar, is another product which is harmful to the human body and which I am convinced has caused more misery to the human race than any one other product. I believe that nature did not intend for humans to use concentrated sugar in any form. Primitive man never had sugar in any amounts other than an occasional cache of honey, or that found in season in ripe fruits.

White sugar leaches out the B vitamins from the body tissues. It is an irritant to the central nervous system. It loads the liver with glucose which puts a load on this organ which must be in perfect condition to ward off cancer. Sugar stimulates the pancreas in an abnormal manner and often produces first a hypoglycemia and then later a diabetes. This involves the activity of the pancreas, which, in addition to the production of insulin, produces the enzymes necessary for the control of the trophoblastic cells we spoke of earlier. The chymotrypsin in the pancreatic enzymes digests the trophoblastic cells and prevents their growth into a cancer.

Minerals are essential for normal health. This also means that the absence of one or more essential minerals or a marked deficiency may allow for the inroads of disease. The thyroid cannot function without iodine, muscle contraction cannot take place without calcium, and the heart cannot contract properly without potassium. It has been pointed out that the need for the essential minerals, especially calcium, magnesium, potassium, iron and molybdenum must be present in normal amounts if we would be successful in treating cancer. Other minerals listed in the category of trace minerals are also essential and their presence must be considered for good health.

A Return To Natural Food Practices Best Insurance

What is the answer when one considers all the facts I have mentioned? It is really a poisoned world in which we live and it will take an exceptional effort on the part of every one of us to avoid the pitfalls of modern eating practices, and food handling. However, it must be done on an individual scale before we can hope to see it on a nationwide scale. This means to me, a return to natural farming and organic gardening. The life cycle of returning the organic wastes to the soil must be put into every day practice, and the chemicals in our agriculture must be sharply curtailed and done away with eventually. That this practice of eating organically grown food works, has been proven many times.

There is the report made by Dr. Collins in the Feb. issue of the Journal of Proctology for 1961 stating that he had observed 5 patients for a period of 36 years who had early been diagnosed by orthodox methods of examination, such as X-rays, biopsy, surgery, etc., to have extensive malignancies. Many years later, after each of these five had died, autopsies on all of them failed to find any evidence that they ever had had cancer. The only thing these people had in common was that each ate nothing but an organic diet very strictly for all the years after cancer had been diagnosed.

It has been said that cancer is nature's revenge on man for eating and living artificially. Eating organically grown food is living naturally, but eating foods filled with chemicals from artificially fertilized soils and carrying poisonous sprays, is living artificially and brings with it the possibility of cancer. Cancer can be ruled out by living a completely natural existence without the processed foods and chemicals introduced by our civilized way of life. A return to nature is the answer.

Some Facts About THE OSTEOPATHIC PROFESSION

The philosophy and science of osteopathic medicine was first described in 1874 by Dr. Andrew Taylor Still, a licensed physician, and eighteen years later, in 1892, he founded the first osteopathic college at Kirksville, Missouri.

Members of the profession are designated as physicians and surgeons, D.O. They are qualified to render a complete health service. Osteopathic medicine encompasses all phases of medicine but goes beyond general medicine in its distinctive recognition of the function of the musculoskeletal system in health and disease. Diagnostic and therapeutic methods applied to this system make osteopathic medicine today's most comprehensive and complete approach to man's health problems.

Osteopathic medicine cooperates with all other branches of medical science. It maintains its independence in order to deveop and perpetuate, for mankind, this unique and inclusive system of medical care.

Doctors of osteopathy are engaged in the legal practice of their profession in all 50 states and the District of Columbia. In 45 states and in the District of Columbia, osteopathic physicians and surgeons enjoy the same unlimited scope of practice as is accorded the M.D.s. Likewise, the Armed Forces of the United States and the United States Public Health Service accept osteopathic physicians and surgeons on the same level as M.D.s and are afforded equal privileges.

There are six osteopathic colleges in the United States with a seventh under construction in Texas. Admission to an osteopathic college requires the completion of at least three years of preprofessional training in a college or university accredited by a regional educational association. Statistically, however, 95% of the matriculants in osteopathic colleges hold a bachelor's degree. Four additional years of training in an osteopathic college is required for the degree of Doctor of Osteopathy. Two years are devoted to anatomy, physiology, chemistry, pathology, bacteriology, and immunology followed by two years devoted to the clinical subjects. Inherent in all osteopathic study is the role of the musculoskeletal system as a reciprocal factor in health and disease. Structural factors in disease processes are stressed, and students are trained in osteopathic manipulative therapy and in medical, obstetrical, and surgical procedures.

On entering practice, 60.9% become general practitioners thus doing much to relieve the shortage of all around family doctors (about 2% of the medical graduates enter general practice). 16.2% are general practitioners with special emphasis upon a specialty. 13.9% limit their practice to a specialty. 9% limit their practice to manipulative therapy and clinical conditions amenable to it. With regard to specialties, osteopathic physicians may be certified to practice in anesthesiology, dermatology, internal medicine, neurology, psychiatry, obstetrics, gynecology, ophthalmology, pathology, pediatrics, physical medicine and rehabilitation, proctology, radiology, and surgery.

There is a total of 263 osteopathic hospitals in the United States, having a total of approximately 19,000 beds. Of these hospitals, 131 of them are accredited and 87 approved for intern and/or residency training.

MEMORIAL CONTRIBUTIONS

The idea of memorial contributions, of course, is not new. It would seem that there could be no finer way to express remembrance and give honor to a deceased friend or loved one than to make a memorial contribution, in the name of the deceased, to a church, charity, foundation, or other nonprofit organization. The National Health Federation has received a number of memorial contributions and we trust that we shall always remain a worthy recipient of such contributions.

Naturally, all memorial contributions are acknowledged, but, in addition, when such a contribution is received from other than the immediate family of the deceased, a very suitable and lovely card is prepared and mailed to the family or surviving spouse. In this way, the family may know that the memory of their loved one has been both honored and perpetuated through the work of the organization.

BEQUESTS and GIFTS

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

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

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

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

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

Crossing the Editor's Desk

Medicredit, the AMA-sponsored version of a national health insurance, now has 149 cosponsors. Even so, knowledgeable persons in Washington do not believe that Medicredit will be the type of national health insurance which will ultimately be adopted.

Arteriosclerosis accounted for almost half the deaths (927,660) in 1968, the last year for which the figures are available, says the National Health Education Committee. During the same year, cancer caused 318,910 deaths — about one in every six deaths. The same report states that it is estimated that about 20 million Americans — one of every ten persons — currently suffer from mental illness.

After a New York man died of botulism contained in a can of Bon Vivant's vichyssiose he had eaten, the FDA ordered a nationwide recall of all the company's products. Although botulism was found in only four cans, the FDA said in a court affidavit that none of the firm's products should be considered safe because they found so many flaws in Bon Vivant's processing equipment and procedures. The recall was a task of gigantic proportions inasmuch as Bon Vivant packed more than 70 different soups and sauces under more than 20 brand names. The FDA lacks the legal authority for nationwide action against a contaminated product, and thus, at first, FDA relied on Bon Vivant's voluntary cooperation in recalling their own products. When this failed to bring in the cans, however, FDA took the only legal action open to them—seeking seizure orders in U.S. districts courts. Since a U.S. district court judge can order seizure of stocks only within his district, action has been required in 106 courts. By the middle of September, 1.1 million cans of Bon Vivant products had been seized, destroyed or placed under embargo in warehouses.

Only about one out of five prescription drugs live up to their claimed effectiveness says Dr. Charles Edwards, head of FDA, in testimony before

a Senate subcommittee. He went on to say that one out of seven fail to meet **any** of the manufacturer's claims.

The osteopaths have won a major victory in California. An initiative proposition sponsored by the vast majority of California osteopaths and adopted by the state's voters in 1962 terminated the licensing of new osteopaths in California either through examination or reciprocity. The 2400 D.O.s in the state were permitted to become M.D.s if they chose. About 300, however, chose to retain their osteopathic identity and to continue to practice as osteopaths. In the meantime, California has been closed to new osteopaths. The small group of osteopaths, supported by an organized lay group (Californians In Support of Osteopathy), ultimately instituted a suit in court challenging the constitutionality of the 1962 initiative. Recently, the court ruled the 1962 action unconstitutional thus reinstating the osteopathic profession in California and requiring the Board of Osteopathic Examiners to issue osteopathic licenses. The decision may be appealed to a higher court.

There has been a decline in the number of hospitals in the United States since 1967 but an increase in the total number of hospital beds available according to data from 50 states and reported by Assistant Surgeon General Harald M. Graning. He believes this is a favorable trend because it reflects the mergr of certain smaller hospitals to form larger facilities "in order to provide more comprehensive services."

FDA's lack of visits to food processing plants was explained in testimony before the House commerce subcommittee by FDA Commissioner Charles C. Edwards. He admitted that hard-pressed Food and Drug Administration inspectors **average** only one visit every six years to the nation's 60,000 food manufacturing and wholesale plants. He stated that their present $18 million budget for field inspections would have to be increased nearly five times to adequately inspect all food processors each year. The frequency of inspections vary according to circumstances and Edwards said that some plants are inspected annually. "Every time an emergency situation or a natural disaster occurs," said Edwards, "it is necessary for us to suspend planned food inspections, planned food analyses, and our normal operations." Edwards cited, as an example, the death of the Westchester County, N.Y. man from botulism linked with Bon Vivant's vichyssoise which necessitated the expenditure of 125 man-years, or enough time to inspect 2300 food plants. Also, another 2800 planned inspections were dropped during the past eight months due to FDA involvement in the problem of mercury in tuna and other work. Altogether, FDA has 210 field inspectors with 43 additional personnel assigned to the major ports to inspect $5 billion in annual imports of food and drugs.

FDA Negotiates On Ombudsman Plan

The Food and Drug Administration is negotiating with consumer advocates on creation of an ombudsman who would represent the consumer viewpoint on issues ranging from food additives to drug labeling.

Private consumer groups are pushing the idea as an entree into an agency they consider oriented toward industry.

FDA Commissioner Charles C. Edwards and Deputy Commissioner James D. Grant said they welcomed the idea because it would provide a contact, or lobbyist, who was both familiar with FDA issues and able to funnel the often disparate views of consumer groups.

The negotiations currently are hung up on the consumer groups' demands that their man be involved in FDA policy-making to an unprecedented extent.

"We want some official involvement in development of FDA policy, including presentation of the consumer view in each stage of policy development," said James S. Turner, a former associate of Ralph Nader. Turner wrote "The Chemical Feast," a book sharply critical of past FDA actions.

In an interview, Edwards and Grant said they would gladly give the ombudsman as much entree as any industry or medical group but could not go further.

"The commissioner has legal and management responsibilities for the FDA and he can't delegate them outside the agency," Grant said.

Both sides, however, said they were optimistic an agreement ment would be reached.

"Our man's job will be to increase the organizational effectiveness of the consumer movement," Turner said. In many cases, he said, the ombudsman would not give opinions himself but rather direct FDA officials to consumer experts on specific issues.

Edwards and Grant said this would serve the FDA's interests, too. They said they often discuss an issue with several consumer groups, then find themselves criticized for failing to deal with someone else claiming to represent consumers on that subject.

Turner said the consumer advocates also want the right to appoint one member to each of the FDA's dozen or so advisory committees, which deal with subjects from contraception to children-proof packaging of hazardous household products.

"What we're trying to do is break down the government - industry clubbiness in FDA," Turner said.

—From (UPI) San Diego Evening Tribune 9/17/71

Book Reviews

UNINTENTIONAL SUICIDE by Dr. Melchior T. Dikkers (Franklin Associates, Inc., P.O. Box 11522, Phoenix, Arizona 85017) 214 pages, paperback, $5.95.

Basically, this book is a timely and well-documented report on the state of the health of this nation's people and the personal and environmental factors which have a strong bearing on health. However, to describe a book as a "statistical report" suggests that it would be dull, dry reading at best. Such is not the case and it would be a grave injustice to the book and the author to imply that the book contained nothing but dry, statistical facts and figures. The documented facts are there but they are woven into the text as documentation for the author's sage remarks and observations which both the layman and the professional will find interesting reading.

Most of the readers of the book will find a great deal of the information to be alarming, however, the author is not an alarmist and it is doubtful that he intended to produce an alarmist book. Rather, he states the facts as they exist, documented with excerpts from the writings of current authorities. As this reviewer sees it, the real purpose of the book is to call attention to the grievous errors of man—the manner in which he has polluted his environment, the way he has processed and devitalized his food supply, his overuse of dangerous pesticides, the growing use of addicting drugs, the growing laxity of his moral standards, his preoccupation with the material things of life to the exclusion of the spiritual values, the ever-increasing tempo of his life style – and how these errors have and are reflecting adversely on the health, both physically and mentally, of the general population.

The author is a research chemist, a lecturer and educator. He has the ability to write in an interesting style and to interpret in simple, easy-to-understand terms, subjects which, otherwise, might be too technical for the average lay reader. He is well qualified, through background and experience, to draw the conclusions and make the comments and suggestions found throughout the book. In reading through the book, one begins to feel and to become acquainted with the author's philosophy and viewpoints as he discusses our troubled country. It is likely that most readers, especially NHF members, will find themselves in complete accord with the author's sound, practical, reverent viewpoints.

To be sure, UNINTENTIONAL SUICIDE documents the fact that we are living in a sick society . . .

(Continued next page)

but there is a way out and the book makes this clear. However, the way out depends upon what man chooses to do. Government agencies can be effective in working towards some of our current problems but it is impossible to legislate honesty, ethics, and morals into people. Consequently, until each individual himself recognizes his own errors and becomes ready to assume his responsibilities to society at large, we shall continue to have a troubled country.

HEALTH SECRETS FROM EUROPE by Paavo O. Airola, N.D. (Arco Publishing Co., Inc., 219 Park Avenue South, New York, N.Y. 10003) 225 pages, index, paperback, $1.65.

As the title might imply, this book provides a first-hand report on the natural health methods utilized by some of the most progressive medical clinics of Europe. Generally speaking, it seems that Europeans are more prevention-minded in contrast to Americans who are basically cure-minded. Consequently, most American medical research is directed towards finding a cure for the various diseases while much of European research is directed towards the discovery of the causative factors of disease and developing means of preventing it. This has led to the development of what might be called the biological methods of health care. It is these methods, as practiced in many of the famous clinics and spas of Europe, that are described in the book. Those interested in the benefits of preventive medicine, and in the use of the natural methods of cure, will find interesting reading in Paavo Airola's Health Secrets From Europe.

The author describes in some detail the various nutritional approaches used in these health centers, he discusses the theory behind fasting and the various types of fasts, he describes many of the hydrotherapeutic procedures commonly employed in the European spas, and tells of the role of raw fruit and vegetable juices. Several of the common chronic diseases—arthritis, heart disease, high blood pressure, multiple sclerosis—are discussed in detail with an outline of the natural approaches employed in the treatment of these diseases. Finally, in the last chapter, a couple of dozen recipes are given for the special foods mentioned in the previous chapters.

Throughout this interesting book are simple instructions which the reader may follow in his own home to take advantage of some of the health-building procedures commonly utilized in the European health centers. While these instructions are not intended to be a do-it-yourself guide in the treatment of any actual diseases which may be present, the reader will undoubtedly find many worthy suggestions to aid him in preventing disease and attaining a degree of greater vitality.

THIS IS THE NATIONAL HEALTH FEDERATION

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

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

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

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

Will you join us in this worthy effort?

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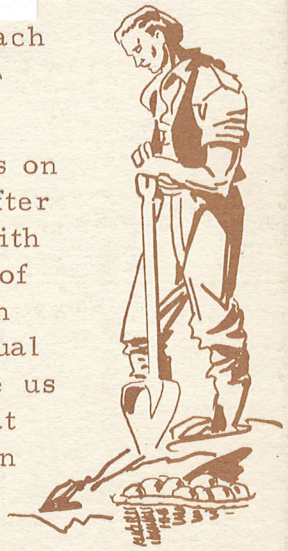

HELP SAVE OUR HEALTH FREEDOMS