National Health Federation
BULLETIN

September, 1971

35c

CHEMICALS IN THE MEAT YOU BUY

200,000 school children legally drugged with amphetamines ...

— See page 1 —

Can People Be Harmed By Fluoridation?

A distinguished physician examines, the medical, moral and legal aspects of compulsory fluoridation. Every city official and every state legislator should consider these thought-provoking facts before advocating fluoridation.

Complete Contents on inside of front cover

Dedicated to the Protection of Health Freedoms

THE
NATIONAL HEALTH FEDERATION
BULLETIN

Protection of Health Freedoms — *Published Monthly*

Volume XVII — Number 8 — September, 1971

CONTENTS

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.

National Health Federation Bulletin, published monthly January through December, except July-August which are combined, at 211 West Colorado Boulevard, Monrovia, California 91016, by National Health Federation, a nonprofit corporation. Fred J. Hart, Managing Editor; Raymond H. Houser, Editor. Subscription rate of $4.00 per year. $1.50 of the annual membership dues is paid as a yearly subscription to the **National Health Federation Bulletin.** Single copies, 35 cents. Second-class postage paid at Monrovia, California 91016.

Mr. Miller's 'Washington Report' points up a problem facing a growing number of parents. This is the expanding use of "speed" (amphetamines) and other behavior modifying drugs to control the behavior of some grammar school children termed "hyperkinetic." The judicious use of certain drugs possibly have a place in the treatment of a truly hyperkinetic child having minor brain dysfunction. How many children, however, who are merely normally energetic and curious, rather than truly hyperkinetic, are administered these drugs as the easy way to "control" their activities? Who determines which children shall receive the drugs and upon what scientific diagnostic evidence to indicate true hyperkinesis? What is the long range effects of these drugs? Does it lay the foundation for later indiscriminate drug use? How ethical and how legal are the tactics used in some areas to pressure parents into giving consent for the administration of the drugs to their children? NHF believes that parents want answers to these and other questions from competent, unbiased authorities rather than from zealous advocates of the practice or the manufacturers of the drugs. Consequently, since the federal government has been directly or indirectly involved in this matter for years, NHF urges a full congressional investigation into all aspects of the matter.

Washington Report

By CLINTON R. MILLER
NHF Legislative Advocate

Time To Lift the Lid for A Clear Look

The National Health Federation is deeply disturbed by the dissolution, by Congressional action, of Representative Gallagher's Subcommittee which shocked America with its hearing exposing wide federal involvement in the use of behavior modification drugs, such as *speed*, on grammar school children. Consequently, NHF is asking Congress, in its stead, to pass House Resolution 164 to establish a brand new House Select Committee on Privacy, Human Values, and Democratic Institutions for the purpose, among other things, to more fully investigate why the Food and Drug Administration has approved some amphetamines as *safe* for "overactive" grammar school children.

(Continued next page)

Amphetamines More Abused and Dangerous Than Heroin

Rep. Claude Pepper (D-Fla.), Chairman of the House Select Committee on Crime, stated in the November 18, 1969 hearings on amphetamines and methamphetamines, "We know there is a great deal of abuse of these drugs, that they involve more people than those using heroin, and that their effects upon the personality can be as dangerous as the effects of heroin."

Yet his fellow Congressman, Rep. Cornelius E. Gallagher (D-N.J.), as chairman of the now defunct Special Studies Subcommittee of the Committee on Government Operations, found the federal government is encouraging the wide scale use of these same, highly additive and savagely destructive amphetamines to control behavior problems in grammar schools.

Representative Pepper went so far as to say, "It has been suggested that, because the amphetamines and methamphetamines are of relatively minor value in medical practice, their production should be banned or vigorously controlled."

Representative Gallagher's Privacy subcommittee started where Representative Pepper's Committee on Crime left off. Gallagher had the audacity, the statesmanship, and courage to investigate the so-called "legitimate" use of amphetamines to control the behavior of hyperkinetic children and narcoleptic patients.

Narcolepsy is an infrequent condition in which the individual has a compulsion to fall asleep during his so-called waking period. He may fall asleep hundreds of times a day. There as so few patients with narcolepsy that it would hardly pay a company to manufacture amphetamines if this were the only "legitimate" use.

"Speed" Is What They Need??? Or Is It?

There are few narcolepsy patients; but what about hyperkinetic children? There are millions of them and "speed" is what they need, according to a strange group of child psychiatrists and educators who are straining at the leash to drug them all with amphetamines and magically solve their "problem."

What is meant by *hyperkinetic*? Rep. Claude Pepper asked the same question of Dr. Sidney Cohen, a physician who is Director of the Division of Narcotic Addiction and Drug Abuse at the National Institutes of Health (NIH). His reply was, "The hyperkinetic child is usually a youngster, perhaps with brain damage and perhaps not, who is behaviorally disordered, very hyperactive. For some strange reason, although you would think amphetamines would make him worse, it does improve the behavior of *some* (emphasis supplied) of these children."

The So-called Paradox Effect

At the opening of his hearings, September 29, 1970, Rep. Gallagher explained it this way, "The amphetamines, such as Dexadrine and Ritalin, apparently do not act the same in children as they do in young adults, according to some authorities. Instead of being 'speed' and accelerating the individual's activity pattern, proponents of the program claim that amphetamines slow down the child and make him controllable both in the classroom and at home. This use of stimulants to calm children, termed hyperactive, is called the 'paradoxical effect' and it is but one of the many paradoxes which this hearing is designed to explore. Let me list a few contradictory implications.

"First, and a distressingly obvious paradox, is the effect of accelerating this use of amphetamines on our extensive national campaign against drug use. From the time of puberty onward, each and every child is told that "speed kills" and that amphetamines are to be avoided. Yet, this same child has learned that the Ritalin, for example, is the only thing which makes him a functioning member of the school environment and both his family and his doctor have urged the pills on him.

"I am frankly very curious about the kind of credibility his parents have when they try to guide him away from amphetamines after encouraging him to take them.

"If for no other reason than this paradoxical effect, every possible alternative method of therapy should be exhausted before an amphetamine is given to the young child."

Rep. Gallagher placed in the record a report from the U.S. General Accounting Office, (GAO) which shows that almost $3 million in federal funds have been expended solely by the National Institute of Mental Health (NIMH) to study behavior modification of small school children resulting from the use of drugs.

Normally Active or Hyperkinetic?

How does one tell the difference between a normally active child and one which is clinically diagnosed as a hyperactive child in need of amphetamines? Gallagher asked this of experts appearing before his Special Studies Subcommittee when he was holding hearings to discover the extent of federal involvement in the use of behavior modification drugs on grammar school children. The answers were disquieting. In short, it was admitted that there are no reliable medical guidelines which can be universally and absolutely applied to separate the wholesomely energetic and curiously active child from a clinically diagnosed hyperkinetic child needing "speed" to slow him down.

Dr. John Peters, Director of the Little Rock Child Study Center of the University of Arkansas, testified that the only way to separate the active child from the hyperactive one was to have had his long experience in seeing thousands of normal and "deviant" children and then making a *personal* (emphasis supplied) judgment.

(Continued next page)

MBD—Minimal Brain Dysfunction

Although minimal brain dysfunction (MBD), another highly medical and mystical term used interchangeably with "hyperkinetic," is no more useful or precise in helping draw the fine line between the normally active and the hyperkinetic child needing biochemical manipulation, Charles Witter, staff director for Congressman Gallagher's Invasion of Privacy subcommittee, explained the term like this: "Minimal brain dysfunction, one of at least 38 names attached to a subset of learning disabilities, can significantly hinder a grammar school student of average or above average intelligence from achieving his full potential. Hyperactive, often loud and demanding, and little responsive to the feelings of others (or himself), the MBD child can be seen as the very model of the uncontrollable student. Then, 30 years ago, it was discovered that amphetamines, stimulants and/or tranquilizers could calm the hyperactive child who was so often disruptive in class or at home."

Dr. Ronald Lipman, Chief of the Clinical Studies Section, NIMH, and Dr. Jerome Levine, Chief of the Division of Psychopharmacology Research Branch of the National Institutes of Mental Health (NIMH) admitted to Gallagher that they were experimenting with Ritalin and amphetamine on "about 150,000 to 200,000" grammar school children diagnosed as having hyperkinesis. Dr. Levine said they only experimented with "those children whose parents willingly gave permission for such treatment."

Willing and Informed Consent?

A parent whose child was selected for the experiment gave an enlightening account of how this "willing and informed consent" is engineered by the zealots administering the test.

The following testimony given before Rep. Gallagher's committee by a parent, Mrs. Youngs, reveals the type of tactics used to pressure the parents:

Representative Gallagher: "Our next witness is Mrs. Daniel Youngs. Mrs. Youngs lived in Little Rock, Arkansas for three years. She has two children, both of whom were singled out as possible recipients of the behavioral modification drugs which are under discussion this morning. Mrs. Youngs vigorously resisted the placing of her children in such a position, the story she will tell today."

Representative John T. Myers (R-Ind.): "I might also, as a fellow Hoosier, welcome you to this committee. I see you are a Hoosier now. I was born that way and you selected it, so we welcome you not only to this committee, but to Indiana also."

Statement of Mrs. Daniel Youngs, Indianapolis, Indiana

Mrs. Youngs: "Mr. Chairman, distinguished members of the committee, I am Mrs. Daniel Youngs, residing at 3651 Dubarry Road, Indianapolis, Indiana, with my husband and two children. Before moving to Indiana, we lived in Little Rock, Arkansas.

"We moved to Little Rock, Arkasas in the fall of 1963 from a small town in Ohio. We had no way of knowing at the time, that the next three years were going to be a nightmare.

"One of the first things we had to take care of after arriving in Little Rock was the enrollment of our third-grade daughter and first-grade son in Hardin Bale Public School. We took our children's report cards into the principal's office at Hardin Bale. The meeting we encountered with the principal lasted four unbelievable hours.

"The principal, Mrs. LeMay, took our children's report cards and studied them for a few minutes, and then made an astonishing diagnosis: 'Your daughter, Mr. and Mrs. Youngs, has minimal brain dysfunction.'

"This diagnosis by the principal was made solely on a report card. She had never laid eyes on our daughter. We protested strongly, but to no avail. She went on to explain that the public schools and the University of Arkansas Medical Center were involved in an experimental program set up by Dr. Clements to help children with learning disabilities.

"Mrs. LeMay told us that her own daughter had minimal brain dysfunction and was put on drugs to stimulate her to learn.

"Before we left Mrs. LeMay's office she gave us some literature that Dr. Clements had written on the subject of minimal brain dysfunction and asked us to read it.

"After spending a week studying the literature and going to the library, my husband and I came to one conclusion: It was absolutely insane to give children with average and above average intelligence, amphetamines and other drugs to stimulate their learning capacity.

"The principal called me a few weeks later and told me they would like to put my daughter back in second grade as she was having difficulty in reading. After much thought we consented.

"Again the principal called and told me my daughter was still having difficulty with reading and would I come in to discuss this. At this meeting I told the principal we would like to hire a tutor to bring my daughter up with the rest of the class. I was informed that the only type of tutor that could help my daughter was a teacher that had training in Dr. Clements' program and furthermore, that my daughter should be sent to the medical center for testing by Dr. Clements' staff.

"I told her under no circumstances would I or my husband allow our daughter to be tested by Dr. Clements' staff. During the school year 1963-64, I was called constantly and went down for conference after conference about my daughter, always about the same thing—minimal brain dysfunction—and always with the same result. We would not cooperate with their program.

(Continued next page)

"At the end of the school year, Mrs. LeMay called and said Dr. Clements was going to speak at the school and would I please come. The meeting was very informative to me because during his whole speech the word drugs was not mentioned.

"This is when a very deceptive pattern became clear to me for the first time. There was a question and answer period and I took the opportunity to ask Dr. Clements about the usage of drugs in his program. This was his answer, verbatim: 'If you are going to worry about the use of drugs, I suggest you don't give your children aspirin.' The subject was closed.

"Dr. Clements and his staff held their first convention in the spring of 1964 on learning disabilities. This was the first time we became aware of the extent of their experimental program.

"The public was being exposed to this program by coverage on radio, television, and in newspapers. We never heard the words amphetamines and drugs used in any of this coverage.

"During the school year of 1964-65 I was called down to the school at least once a week about my daughter and son. I was told my son was overactive and my daughter underactive. . . . One of the meetings I had was with Mr. Floyd Parsons, superintendent of schools. I told Mr. Parsons of the harassment and unfair treatment of my children, the pressure exerted upon us because we would not cooperate with their program and the fact that my children were going to a diagnostic clinic with clinical classrooms insted of a public school.

"Mr. Parsons told me in this meeting that although Dr. Clements stated publicly that 17 percent of all school age children had minimal brain dysfunction, privately, Dr. Clements was stating 30 percent.

"During this 2-year-span my children had made B's and C's on their report cards.

"The next school year, 1965-66, started off well. The month of September we didn't hear from the school. We felt nothing but relief for our children and ourselves. It was short lived. October of 1965 was the month when we began to feel that our own private family life would become the property of the State, involved in a bizarre program of drugs and unethical medical and educational practices that would be unbelievable to most people of the United States of America.

"Within the same week in October 1965, I was asked to come to the school for a conference with my son's teacher, Mrs. Fincher, and my daughter's teacher, Mrs. Nelson. My daughter's teacher was saying the same thing I had heard for 3 years, 'have your daughter tested for minimal brain dysfunction.'

"At the conference with my son's teacher I heard these words for the first time: 'Mrs. Youngs, I think your son has minimal brain dysfunction and we would like to test him.' No sooner had she spoken the words and I was down the hall and in Mrs. Lemay's office. Mrs. LeMay told me they were considering testing both children with or without our permission.

"I told her that if my children were tested without our permission we would take legal action. . . . The next few months, the pressure was extreme. We received almost daily notes from the childrens' teachers and calls from the school. We were told our children had completely quit trying and were failing every subject. We knew what they were trying to accomplish by this because we knew parents in the neighborhood that submitted their children to the program because they couldn't take the pressure. Believe me, it wasn't a pretty sight to see little children's personalities changed with the use of drugs.

"The pressure kept building. My son was not allowed to have recess with the other children because it was too stimulating. The final blow was the day my son came home crying hysterically. After I calmed him down I found out the problem. He had been put in a cardboard box for 2 weeks. I went down to the school in a rage. The box was gone. Mrs. LeMay said the box was removed because some of the parents were going to build wooden partitions to replace the box. They did not deny that the cardboard box had been used for him. He was easily distracted. I was told this way he could learn without distractions.

"Near the end of the school year I received the final and decisive call from the school principal. At this meeting, Mrs. LeMay said my children were failing and since we wouldn't do anything about it, the school officials were very seriously considering taking it out of our hands. When I found out how they hoped to accomplish this, I was panic-stricken. Mrs. LeMay went on to tell me that the school officials were contemplating using our children in a trial court case, to see if children could be put in this program without the parents' consent. At this point, the mental agony I felt was extreme.

"When I arrived home I immediately placed a call to my husband. He came right home and the same night he found a new job in Indiana, and we made preparations to get the children out of the State of Arkansas. The next day he gave his place of employment a 2-week notice.

"We told the school principal we were moving and asked for our children's report cards. With only 2 weeks of school left, Mrs. LeMay said the children would not be promoted nor would she release their report cards to us. She also informed us she would make sure that minimal brain dysfunction was on our children's permanent school records.

"We went down to the school officials and after a much-heated discussion they assured us that no

(Continued next page)

mention of minimal brain dysfunction would appear on any records and that they would call Mrs. LeMay to release our children's report cards. We were told it would be up to the State to which we moved whether the children were promoted to the next grade level. That weekend my husband took our children to safety . . ."

Rep. Gallagher: "Thank you very much, Mrs. Youngs.

Rep. Wydler (R-N.Y.): "Could I just ask one or two preliminary questions? How old are your children now?"

Mrs. Youngs: "15½ and 13½."

Rep. Wydler: "And they are obviously still in school?"

Mrs. Youngs: "Absolutely."

Rep. Wydler: "How are their grades in school now?"

Mrs. Youngs: "Wonderful. They have been ever since they left Little Rock."

Rep. Wydler: "When you say wonderful. I don't know how they grade in Indiana. Probably my colleagues here could inform me. Is it A, B, C, D?"

Mrs. Youngs: "My daughter is an A student and my son is a B and C student."

Rep. Wydler: "Has this been consistently so since they went to Indiana?"

Mrs. Youngs: "With my daughter, yes. With my son, it has been a progressive thing. When we first moved to Indiana, he was getting mostly C's and D's and then he progressively made better grades every year.

"I might add that my daughter last year won six awards in the eighth grade. She won a science award. She received the highest honors in her class—in the school for science. She won the Gold Key Award. Altogether she won six awards."

Rep. Gallagher: "I want to tell you this, Mrs. Youngs. We have stacks of letters that are available that demonstrate or tell of similar experiences. . . . I am not sure really what to say. You have performed a valuable service in bringing your personal experience here today. I want to commend you for your courage and your love of children." (End of Mrs. Youngs' testimony.)

Representative Gallagher has introduced House Resolution 164 which will establish a fully staffed Select Committee on Privacy, Human Values, and Democratic Institutions so the investigations into invasion of privacy which he has been conducting for 6 years may continue and even expand their scope. You can help get the resolution passed by filling out and signing the letter which follows this article. If you are really anxious to help Rep. Gallagher prevent the further spread of invasions of privacy, as reported above, request extra copies of the form letter from the NHF Monrovia office and have all your friends sign and mail them. Send copies of all replies to: Clinton R. Miller, 121 2nd Street N.E., Washington, D.C. ●

_____ 19___

The Honorable _____
U. S. House of Representatives
Washington, D.C. 20515

Dear Congressman:

I approvingly note the Rules Committee of the House has voted favorably on the Gallagher Resolution (H. Res. 164) and that the proposal is to come to a vote on the floor of the House within the near future.

I respectfully urge you to cosponsor and/or support and vote for H. Res. 164 to establish the House Select Committee on Privacy, Human Values, and Democratic Institutions.

I agree with NEWSWEEK (July 27, 1970) that it would help protect our privacy..."if his (Gallagher's) colleagues would just vote him some money" and that his "fight for privacy for five years on a single Congressional appropriation of $65,000 (is) the most economical campaign since Joshua's at Jerico."

There was never more evidence of the need for a major fully funded and fully staffed congressional select committee working in the area of preserving Bill of Rights guarantees.

Respectfully,

_____ (Name, print)

_____ (Signature)

_____ (Street)

_____ (City)

_____ (State, Zip)

(over)

P. S.

No reply to this letter is expected as I know you are busy. I will read how you voted on H. Res. 164 when it is published in the National Health Federation Bulletin.

This form letter was prepared for my convenience by Clinton R. Miller, Legislative Advocate of the National Health Federation, 121 2nd Street, N.E., Washington, D.C. If you need additional information, please call Mr. Miller at 547-2547.

NHF Affirms Support for Proposals of Label, Inc.

CHARLES ORLANDO PRATT
Washington General Counsel

Earlier this year, Label, Inc. (Law Students Association For Buyers' Education and Labeling) submitted a proposal to the Food and Drug Administration in the form of a petition asking for new regulations which would require that labels on all processed and manufactured foods list all the ingredients in the product. At first, there was apparent reluctance on the part of FDA to do anything about the petition or to publish it in the Federal Register as required by law. Finally on threat of court action and as a result of some congressional pressure, the essence of the petition was published in the Federal Register on May 12, 1971 and interested parties were invited to submit comments on the proposal. Following are the 'Comments' prepared on behalf of the National Health Federation by Charles Orlando Pratt, NHF Washington General Counsel. Additional details concerning the petition filed by Label, Inc. were given in Clinton R. Miller's 'Washington Report' in the July-August issue of the Bulletin.

The National Health Federation has long advocated the idea that labels on processed and manufactured foods should reveal *all* the ingredients contained therein and has further believed that the Federal Food and Drug Administration has both the legal authority and the moral responsibility to require food manufacturers and distributors to do this. Without such a requirement, the door is left open to deception. The NHF believes that the implementation of such regulations is needed *now* to promote honest and fair dealing in the health and safety of the consumer of food products.

Accordingly, your Washington General Counsel, acting on the instructions of the Executive Committee, prepared the following "comments" setting forth the views of the National Health Federation:

(Continued next page)

Hearing Clerk
Dept. of Health, Education and Welfare
Room 6 - 62
5600 Fishers Lane
Rockville, Maryland 20852

June 22, 1971

Re: National Health Federation's Comments In Support of FDA Proposal To Require All Food Ingredients To Be Listed On Food Labels, As Published In Federal Register, Wed., May 12, 1971, Washington, D.C., Vol. 36 - No. 92, Pages 8736 and 8739.

Dear Sir:

The National Health Federation, P.O. Box 686, 211 West Colorado Boulevard, Monrovia, California 91016, is a non-stock, non-profit health consumer corporation. For brevity, hereinafter, it will be called the Federation.

The Federation hereby respectfully adopts, endorses and supports, in principle, the proposal to require all food ingredients to be listed on food labels, which proposal was submitted in the form of "a petition filed by Label, Inc. (Law Students Association For Buyers' Education and Labeling), Box 226, 2020 F Street, N.W., Washington, D.C. 20006, proposing amendment of the regulations setting forth definitions and standards of identity for foods in 21 CFR Subchapter B."

The said proposal dated April 30, 1971, set forth over the signature of Charles C. Edwards, Commissioner of Food and Drugs, in the Federal Register on May 12, 1971, is further identified as "FR Doc. 71-6570 Filed 5-11-71; 8:45 am."

The Federation adopts, endorses and supports the said proposal for the purpose of promoting honesty and fair dealing in the interest of the consumer so that he can make an informative choice of the food he buys.

The Federation justifiiably is concerned about Congressional and other official reports made and published by the U.S. Department of Health, Education and Welfare, the U.S. Department of Agriculture, the Federal Trade Commission, recognized health-minded consumer research groups, and which reports clearly reveal that some Americans are overfed, undernourished and malnourished.

Some foods contain nonnutritive ingredients. Some are blindly labeled to conceal inferiority, artificial and synthetic substitutes, and ingredients of foods, chemicals and minerals which possess little or no significant nutritional value.

Every American should, and must have, the right to have meaningful and useful information on the label of the food so that he can make an informed judgment.

Every American for health reasons must have the right to have full label disclosure of the names of each and every ingredient in all foods, including standardized foods.

The nutritional quality of processed, standardized and natural foods must be clearly disclosed on the label of the food product; and this includes the ordinary or usual name and the natural or synthetic source of all ingredients in the food product.

The Federation believes that the label on, and the labeling of, every food product should, and must, bear declarations identifying such ingredients by its common or usual name and indicating that some of the ingredients has no significant nutritive value, if that is the case.

The label of every food product should and must bear declarations which clearly classify each ingredient by function and source.

The label of every food product should and must present clearly, information of the list of each ingredient in the actual order of predominance, placement thereon, size and type of print, contrast and legibility.

The label should and must bear also an accurate statement of the quantity of the contents in terms of weight, measure, or numerical count. The proposed regulation should require that all ingredients, including, but not limited to, all food ingredients, be listed on the labels. This means that the label should declare also every artificial sweetener, artificial coloring, stabilizer, homogenizer, sterilizer, pasteurizer, preservative and/or natural or synthetic substitute. The label should reveal the whole truth. The label requirements should not be restricted only to food ingredients.

FDA Has Authority to Promulgate the Regulations Proposed By Label, Inc.

The Secretary of HEW has the statutory authority under Section 401 of the Federal Food, Drug and Cosmetic Act, as Amended, to promulgate the foregoing proposed regulations. The said Section provides:

> "When in the judgment of the Secretary such action will promote honesty and fair dealing in the interest of consumers, he shall promulgate regulations (F.D.C. Reg., parts 10, 14-20, 22, 25, 27, 29, 36, 37, 42, 45, 51 and 53) fixing and establishing for any food, under its common or usual name so far as practicable, a reasonable standard of quality, and/or reasonable standards of fill of container: x x x ."

The Secretary of HEW has the legal authority to promulgate foregoing regulations under the Federal Food, Drug and Cosmetic Act, as Amended, and as provided particularly in Section 403, relating to adulteration of food, in Section 403, relating to the misbranding of a food, and in Section 403(g), relating specifically to standard of identity of food.

(Continued next page)

The Secretary of HEW has the legal authority to promulgate the foregoing regulations under Section 701 of said Act, setting forth general administrative provisions. See also F.D.C. Reg. parts 1.701 - 1.715.

New Legislation Need Not Be Enacted to Grant HEW Authority to Promulgate the Regulations Proposed Above and By Label, Inc.

The National Health Federation believes that the Secretary of HEW, as indicated above, has all the legislative, regulatory and statutory authority needed to promulgate the proposed regulations. The Secretary may use the same legislative authority which he employed when he promulgated the present regulations relating to food and food standards of identity. In fact, Section 701(371).(a) of the Federal Food, Drug and Cosmetic Act provides:

> "The authority to promulgate regulations for the efficient enforcement of this Act, except as otherwise provided in this section, is hereby vested in the Secretary."

It is noted that in the June 14, 1971 HEW-NEWS release, the Food and Drug Administration announced major program initiatives to better inform consumers of the nutritional quality of processed foods. This news release set forth "regulatory proposals requiring food manufacturers to disclose on product labels the name and source of all fat ingredients and allowing label declarations on some foods to disclose the kinds of fatty acids present."

In this HEW-NEWS release, Charles C. Edwards, M.D., Commissioner of Food and Drug, said:

> "The purpose of the proposed fat labeling regulations is to help consumers identify the amount, source, and type of fat in the foods they buy. We are not recommending changes in the American dietary habits."

Notwithstanding the fact that the word PURE was dropped from the 1906 Pure Food and Drug Act in 1938, the Federation believes that Congress enacted the Federal Food, Drug and Cosmetic Act in 1938 to protect the American consumer from adulterated, dangerous, deleterious, toxic or misbranded foods however they were marketed.

For too long the gigantic food processing industry apparently has controlled the policies of the government for economic gain, sometimes on the ground that an abundance of food was needed and that the food was safe, even though it had little real nutritional value of quality.

The Federation is appreciative of the present realization by our government that food must provide wholesome nutrition for the consumer. In brief, every label on food, and all labeling of food, should and must

bear thereon a full disclosure in meaningful, useful and understandable language of each and every significant ingredient in the order of its predominance, which will clearly and easily inform the consumer to enable him to make a realistic judgment of the food he buys.

Health and religious dietary reasons require full label disclosure of the names of all ingredients in all foods, including standardized, processed and unprocessed foods.

The National Health Federation believes, as do millions of other Americans, that wholesome, nutritious food is the best protection for good health. FDA can do no less than to issue new regulations, under the present laws, for the essential purposes of promoting honest and fair dealing in the health and safety interests of the consumer. It is believed that such new regulations will require all food manufacturers and food distributors to list on the label, in the order of their prominence, all ingredients which are contained in their products.

The National Health Federation hereby respectfully reserves the right to submit future supplemental comments or remarks for consideration in connection with the foregoing comments.

Respectfully submitted,

Charles Orlando Pratt
Washington General Counsel
The National Health Federation"

The TEN-PLUS CLUB is for you...

When you get at least ten new members during one calendar year, you become a member of the 10-PLUS CLUB. Talk your friends, neighbors and relatives into joining—give memberships as gifts for birthdays, Christmas, etc. Your rewards for becoming 10-PLUS CLUB member will be better legislation, a feeling of accomplishment, and a FREE ticket for a luncheon held in conjunction with our Annual NHF Convention OR your own NHF dues paid for the following year. Keep a record of the memberships you have sent in during the year and, if you qualify as a 10-PLUS CLUB member, send your list to NHF headquarters in December for verification and indicate whether you will want the luncheon ticket or your membership dues paid.

Can People Be Harmed By Fluoridation?

By F. B. EXNER, M.D., F.A.C.R.

Important moral, political, and economic questions are involved in the proposal to fluoridate your water supply. For example, can we justify causing deliberate, unnecessary harm to some people in the hope of benefiting others? Is it a proper function of government to force people to take medicine they don't want to take?

Is it a proper use of public funds to fluoridate the water when less than 50 cents out of every thousand dollars spent will go for the intended purpose, which is to supply every child until age ten with one quart of fluoridated water per day?

The city can buy fluoride tablets for every child from from 20 to 40 cents per thousand, depending on the number bought. This means a life-time cost of 63c to $1.25 per child, as compared with a life-time cost of $7.00 for a life-expectancy of 70 years at the promised cost of 10c per person per year. Actual costs are usually many times that high.

But underlying all these questions are the basic questions of effectiveness and safety. And however effective fluoridation may be, to be acceptable, it must also be safe. But how safe is "safe"?

Principle of Informed Consent Eliminated

When a doctor treats a patient in a free society where the rights and dignity of the individual are honored, he must have the patient's "informed consent." The patient must be told what is hoped to be accomplished, what possible risks are involved, and what alternative methods might be used, after which it is for the patient to decide whether the hoped-for benefits justify the risk and whether to accept or reject the proposal. The question is not whether the proposal is "safe," but whether in the *informed* opinion of the patient, it is "safe enough."

For a physician to treat a patient without first obtaining his "informed" consent is malpractice for which the patient can recover damages if harm results. But what about "over the counter" drugs sold directly to the consumer? And when the water is used for the purpose of preventing tooth-decay it is, by definition, a drug. A drug is any substance or mixture intended to be used for the cure, mitigation, or prevention of disease of either man or other animals.

State Laws

The wording of the laws differs from State to State, but in every State the intent of the law is the same. In my State of Washington, the container of the drug must have displayed thereon so as to come prominently to the attention of the consumer, a label with directions for use and warnings against over-use and misuse. Obviously, there is nowhere that such a label can be displayed on the container of the water-supply.

What warnings, then, should such a label on the water supply contain? Is there evidence that people can be harmed by such amounts of fluorine as some may get from the use of water which contains the recommended one part by weight of ionized fluorine to each million parts by weight of water (one milligram of fluorine per liter)? There is much such evidence and it would be strange if there were not since, of all toxic substances, the fluorides are the only ones for which it has even been suggested seriously that in low concentration they can do no harm to any consumer regardless of the amount consumed.

Total Fluoride Intake Must Be Considered

In the first place, effects are not governed by concentration, but by the total daily dose of fluorine ingested or inhaled from all sources, food, water, and air. Ten glasses of water with one part per million (ppm) contain the same amount of fluorine as one glass with ten ppm.

In the second place, sensitive persons can be harmed by unbelievably small amounts of any toxic substance. Some people are killed by a single aspirin tablet or a single bee-sting. The fact that most people can eat aspirin by the dozen and be stung with impunity, and the fact that the number who die thus is too small to be detected in the mortality statistics, make those who die no less dead. Injury and death are personal matters not subject to statistical evaluation, and wholly unaffected by what happens to anyone else.

Wide Differences In Water Consumption

In the third place, even most physicians don't seem to realize how wide individual differences in water consumption can be. Some people consume almost no water from the public supply, getting their fluids in other forms. Others consume water literally by the gallon.

There are innumerable accounts of prodigious water-consumption, including the case of a 14 year-old boy weighing 83 pounds. He had diabetes insipidus (the kind that can't be controlled with insulin). While in the hospital where his fluid intake and output were actually measured, he required 94 percent of his body-weight of water per day.[1] And this was while in the hospital. If he had been out and strenuously active, he would have needed much more.

(Continued next page)

His measured intake was 35.6 liters (37.6 U.S. quarts, or 31.3 Imperial quarts). Comparable figures for a 165-pound man would be 75.2 U.S. quarts (18.8 gallons), and while others with lesser needs can get their fluids in other forms, those with such massive need for fluid *must* depend on water.

If the water is fluoridated, such people get upward of 70 milligrams of fluorine from the water alone and the promoters of fluoridation, themselves, admit, relying on data published by Roholm in 1937, that crippling bone-disease can result from long-continued intake of 20 milligrams of fluorine per day. (Some of Roholm's cryolite workers were so badly crippled that they couldn't put on their own socks or pick things up from the floor.)

Cases of diabetes insipidus are, of course, relatively rare but, like everyone else have a right to a water-supply free from added poisons harmful to them. And they are not the only ones who drink massive amounts of water. Ordinarily diabetics and compulsive water-drinkers commonly drink 20 to 30 liters of water per day. The diagnostic signs of diabetes are: excessive hunger, excessive thirst, and excessive urination. There are hundreds of thousands of undiagnosed diabetics who don't know they have it. They only know that they are always thirsty.

The second edition of the American Medical Association *Handbook of Nutrition* says that men at hard work in a hot environment may sweat 2½ liters per hour. That is 20 liters in an eight-hour work-day, all of which must be replaced in addition to the body's resting requirement for water plus the water needed to carry away the resulting metabolic wastes from strenuous activity.

The fluoridators tell us that average daily consumption of fluoridated water is one liter, and provides a daily dose of one milligram of ionic fluorine, which they like to refer to as "fluoride ion." This would mean nothing even if true since averages don't drink water. It is people who drink water, and they may drink anywhere from almost none to 70 or more quarts per day, getting whatever fluorine is in that water over and above what they get in their food, in their air, and at their work.

What Fluoridators Mean by "Safe"

But when the fluoridators tell us that fluoridation is "safe," they don't mean what you or I would mean, or what they want us to think they mean, namely that it can do no harm of any kind to any consumer. They merely mean that they don't expect it to do too much harm to too many people. This raises the questions as to how much harm is too much, and how many people too many.

In 1950, Dr. Francis A. Arnold, Jr., of the (U.S.) National Institute of Dental Research, wrote that fluoridation:

> ". . . demands a complete change in the general philosophy concerning the treatment procedures consistent with furnishing a group population with a good and safe water supply."[2]

The same year, the Senior Sanitary Engineer of the Public Health Service told the Southwest Section of the American Water Works Association, in New Orleans, that:

> "A fluoride concentration which is set too high, although providing increased caries protection, will cause an excessive amount of fluorosis (chronic fluorine poisoning) and, perhops result in an embarrassing series of law-suits. One such incident might well discourage fluoridation projects scheduled for many other communities."[3]

The following year, the same man told the 4th Annual Conference of State Dental Directors with The Public Health Service and The Children's Bureau that:

> "The criterion that we have been using is that if there is some 10 to 20 percent fluorosis in the community, that would not be objectionable, because in those places the degree of intensity is not greater than the accepted designation of 'mild'."[4]

He was referring specifically to the disfigured teeth produced by poisoning of the enamel-forming cells of the toothbud while the teeth are being formed, within the jaw and before they erupt. These were first described by Black and McKay in 1916, as follows:

> "The most essential injury occurring in this mottled enamel is in the appearance of the teeth and the general evil effect on the countenance of the individual. The teeth are of normal form but not of normal color. When not stained with brown or yellow, they are a ghastly opaque white that comes prominently into notice whenever the lips are opened, which materially injures the expression of the countenance of the individual. When this opaque white color is mingled with spots of brown, or a very large proportion of brown, the injury is still greater."[5]

In the "accepted designation of 'mild' " as officially classified by the Public Health Service:

> "The opaque, white areas on the surfaces of the teeth involve at least half of the tooth surface. . . . Faint brown stains are sometimes apparent, generally on the upper incisors." (the upper front teeth.)[6]

When the author of this classification, Dr. Dean, was questioned before the Delaney Committee on February 26, 1952, he squirmed and equivocated but, when pinned down he said:

> "But we certainly don't want any 'mild' when we are talking about fluoridation. We don't want to go that high and we don't have to go that high."

(Continued next page)

and, again,

"I don't want to recommend any fluoridation where you will get any 'mild'."[7]

But he had himself reported "mild" mottling wherever water contained as much as 0.4 ppm, and had found "mild" mottling from fluorine in food in Grand Rapids, Michigan, *before* they fluoridated its water as the first "fluoridation experiment" in 1945.[8]

Instructions at the 4th Annual Conference

At the 4th Annual Conference, the Dental Directors were told:

"I think the first (objection) that is brought up is: 'Isn't fluoride the thing that causes mottled enamel or fluorosis? Are you trying to sell us on the idea of putting that sort of thing in the water?'

"What is your answer? You have got to have an answer and it had better be good.

"Now, we tell them this, that at one part per million dental fluorosis brings about the most beautiful looking teeth that anyone ever had. And we show them some pictures of such teeth. We don't try to say that there is no such thing as fluorosis, even at 1.2 parts per million, which we are recommending. But you have got to have an answer. Maybe you have a better one." [Proceedings, at pp 23-24.]

While there, the Dental Directors decided to "Use terms that will avoid controversy. For example, speak of controlled rather than artificial fluoridation; eggshell white rather than chalky appearance in describing tooth color." [Proceedings at pp 103-104]; and they all came home to practice what they had been taught.

And now dentists are told by the Public Health Service that fluorine-mottled teeth are "pearl white to bluish white in color" and are shown a color-picture of "very mild" mottling as the worst found with 8 ppm of fluorine.[9]

Other Cells Poisoned As Well As Toothbuds

But far more important than the disfigurement as such, important though it is, is the fact that it is produced by poisoning of the toothbud while the teeth are being formed; and if there was enough fluorine in the blood and tissue fluids to poison the enamel-forming cells and cause the production of defective enamel, we must assume in the absence of contrary evidence that there was also enough to poison other cells and interfere with other processes throughout the body.

There is no possible reason to believe that, of all body tissues, the enamel organ is uniquely sensitive to harm from fluorine. The difference lies in the fact that other harm done at the same time is more difficult to detect, more difficult to identify as caused by fluorine, and never recognized unless searched for, which almost never happens in the USA. The mottled teeth, on the other hand, are right there, staring you in the face,

and nothing else can cause the same appearance. The Public Health Service, itself, has called them "the dental sign" of chronic fluorine poisoning.[10]

Even a child with fluorosis classified as "questionable," when the changes were actually caused by fluorine, is a poisoned child. We may never be able to know just what other harm was done, but he can never be as well as if it hadn't happened. And since fluorine is a cumulative poison, it may take as much as 40 years for some of the more unpleasant effects to become manifest.

In any sizeable population there will be children with "very mild" and "mild" fluorosis from fluorine in their air or in their food, and adults being poisoned by air-borne and food-borne fluorine and occupational exposure, even where there is none in the water. There are bound to be more, and the poisoning more severe, if the water is fluoridated.

Burden of Proof Rests on Proponents

Whenever harm from water-borne fluorine is reported, and there are dozens of such reports in the foreign medical literature, the fluoridators simply deny that the harm was caused by fluorine and challenge us to prove that it was, thus trying to shift the burden of proof from them to us. But when it is proposed to add, deliberately and unnecessarily, a known chronic, cumulative, insidious poison to a public water supply where everyone, old or young, sick or well, must consume it in unpredictable and uncontrollable amounts so long as it is there, the burden should not rest on us to prove harm. It should properly rest on proponents to prove beyond reasonable question that no harm of any sort can accrue to any consumer.

This, of course, they cannot do so, instead, they simply state that fluoridation is safe, effective and cheap. Then, having said it once, they say it again, louder, and tell you how many other people and organizations have said it. Meanwhile, they ridicule the rapidly growing body of scientific evidence that people can be, and are being, seriously harmed by doses of fluorine such as many get from the use of fluoridated water, and resort to personal attack on any and all who dare to oppose them and their schemes. ●

---

1 Whitehead, R. W. and Darley, W.: Endocrinol. 15:286-296, 1931.

2 Arnold, F. A., Jr.: The use of fluorides in the practice of dental medicine. Oral Surg., Oral Med. and Oral Path. 3:622-630, 1950. Reprinted in a 636-page book of PHS reprints entitled: *Fluoride Drinking Waters,* at page 294. (PHS Publication No. 825, 1962, hereinafter referred to as FDW with page numbers.)

3 Maier, F. J.: Fluoridation of public water supplies. JAWWA 42:1120-1132 (Dec.), 1950, at p. 1123. Also FDW pp. 258-263 at p. 259.

4 Proceedings: 4th Annual Conference of State Dental Directors, at page 65.

5 Black, G. V.; and McKay, F. S.: Mottled teeth. Dental Cosmos, 58:129-156 (Feb)., 1916. At p. 142.

(Continued bottom of next page)

NOTES FROM THE NEWS

Los Angeles Herald Examiner

Lead Levels

The Environmental Protection Agency has informed the public that lead levels in the air have inincreased by a substantial amount during the last decade at 17 of 19 of the sampling locations in three cities. Dr. Jesse L. Steinfeld, Surgeon General, estimated in November that up to 400,000 American children have dangerously high blood levels of lead. "Lead poisoning has caused mental retardation and sometimes death," Steinfeld said.

*

Los Angeles Herald Examiner

Virus Linked to Nasal Cancer

A team of Harvard physicians and scientists believe a known virus is one factor involved in causing cancer of the nose and throat. Virus EBV should not be confused with viruses of the common colds and the flu. Many cancer patients with nose and throat cancer were found to have the EBV virus. It was suggested that world-wide serum tests should be conducted.

Los Angeles Herald Examiner

Vitamin C, A Friend

It has been found that ascorbic acid (Vitamin C) prevents the injurious changes in the body caused by the near ultraviolet light of the sun, to an appreciable extent. Vitamin C helps to decrease and prevent the aging of the lens of the eye and of the skin by the light of the sun.

*

Los Angeles Herald Examiner

New Step Against Cancer

Scientists in Berkeley have reported that they have discovered that a common cancer causing agent attacks living cells. The chemical, which is found in cigarette smoke and auto exhaust, is known as BaP, benzo-a-pyrene. It attacks cells only in the presence of light or oxygen or both. Under certain conditions the electric imbalance in the molecule causes a reaction where BaP attacks a cell's genetic structure and induces cancerous growth. Now the problem is to find what part of the cell's genetic structure is attacked.

(Continued from previous page)

6 Dean, H. T.. Classification of mottled enamel diagnosis. JADA 21:1421-1426. 1934. Also: FDW at p. 25.
7 Hearings: House Select Committee to Investigate the Use of Chemicals in Foods and Cosmetics. House of Representatives, 82nd Congress, 2nd Session, Part 3. At p. 1652.
8 Arnold, F. A., Jr.: The present status of dental research in the study of fluorides. Arch. Env. Health 60:308-311 (Apr.), 1960.
9 Diefenbach, V. L.: Fluoridation and the appearance of teeth. JADA 71:1129-1137 (Nov), 1965.
10 Dean, H. T.; and Elvove, E.: Studies on the minimal threshold of the dental sign of chronic endemic fluorosis (mottled enamel). Pub. Health Rep. 50:1719-1729. Also FDW pp. 36-40.

Let's Halt Chemical Pollution Of the Body

By PETER LAWFORD
An address given at an NHF convention, Palm Springs, California

I read an interesting sign the other day which said, "If you wear out your body . . . where are you going to live?" I thought this very aptly states why we are all involved in this problem called nutrition.

I am vitally concerned about what is happening in the United States today, particularly with the chemical bombardment of our food supply. Today we are able to, and are, raising a small number of chemical-free vegetables and fruits. Today we are able to, and are, raising a small number of chemical-free animals . . . but to my knowledge we are not, nor are we able to raise chemical-free children. This is frightful to me and I want to do everything in my power to change this situation.

I am not a nutritionist . . . I am not a doctor . . . or a chemist . . . therefore, I cannot even speculate as to whether or not this chemical bombardment is harmful. But then again, no one knows that it is not terribly harmful. As a concerned American though . . . I do not want us to gamble with our childrens' future. I do not want us to gamble with the prospect of this generation leaving a heritage of something dreadful such as genetic mutations for our children. I would rather see the future health of our children and teenagers left in the hands of Nature which, through millions of years, has proved herself beautifully capable in this respect.

We are all concerned about air pollution and water pollution. Ladies and Gentlemen, I see body pollution as a more serious problem and a major national problem.

You, as members of this organization, are vested with the responsibility for the solution of this problem. Concerned Americans, such as you, are vested with the responsibility of providing the youth of today with a heritage of good health.

Your organization has done outstanding work . . . people such as Ralph Nader, also have done outstanding work in this area but . . . don't think for a moment we can rest on our laurels . . . none of us have done enough. Hot dogs are still served in our schools; we cannot come home from the supermarket without bringing home food containing questionable chem-

(Continued next page)

icals. As I stated earlier, we cannot even raise a population of chemical free children. In short, pollution of our bodies is still a major problem.

If we are going to solve this problem, we, who are informed and concerned, must join together as concerned parents and or consumers. We must turn concern for the nutritional problems in America today into a major movement that will sweep the United States. We must make ourselves so visable and our voices so strong that we will mass the whole of public sentiment to our cause. We must build public sentiment to the point of high pitched emotionalism so that our voice will be the roar and those that disagree will be the whisper.

We must mass public sentiment to our cause so that no one in industry will fear telling the truth because the public will demand to know the truth. We are vested with the responsibility of informing the masses, and not be content with having just the 8% of the population that shop at health food stores informed. On behalf of my company, I will be appearing on national television to bring this message to the public. Each of you, in your own way, can and must help.

I worry about this problem but that is not enough. I want *everyone* to worry about it, because everyone is going to have to help in order to get the job done. Let's all do our best to spread the word so that we will leave to the next generation, a healthy, pollution-free world. ●

Nader Team To Monitor Medical Profession

Consumer advocate, Ralph Nader, has stated that he is organizing a team of doctors to monitor the medical profession in the same way "Nader's Raiders" keep tab on the federal government and the auto industry.

The team will focus its attention on food and drug regulations and any gap between high costs and low quality medical care.

Nader said there is too much secrecy surrounding hospital operations and not enough impetus for changes within the medical profession.

Hypoglycemia Bulletin Available

There is presently great interest in the subject of HYPOGLYCEMIA (low blood sugar). Readers who may be interested can obtain a scientific bulletin on the subject written by Emory W. Thurston, Ph.D. and Donald Underwood, B.Sc., M.A. and published by the Institute of Nutritional Research, a nonprofit corporation. It is available without charge by sending a self-addressed stamped envelope to the Institute, P.O. Box 2190, Hollywood, California 90028 along with your request.

Chemicals In the Meat You Buy

"The FDA is violating federal law by allowing residues of a cancer-inducing hormone to reach consumers," Senator William Proxmire charged. The Senator urges an immediate ban on the artificial hormone DES (Diethylstilbestrol), used in fattening of cattle and known to cause cancer in laboratory animals and to incite beginning cancer in man. Based on the Department of Agriculture sample checks, it is safe to estimate between 100,000 and 150,000 head of cattle containing residues of the hormone were slaughtered last year. The FDA, in allowing meat containing DES residues to be sold to the consumers, is guilty of a direct and clear violation of the Delaney Amendment to the Food, Drug and Cosmetic Act, which prohibits the use of any food additive that causes cancer. Twenty-one countries have banned DES use in animals and poultry and Italy and Sweden have prohibited the importation of American beef because of DES.

In June, 1971, Richard E. Lyng, Assistant Secretary of Agriculture, stated that tests conducted by the USDA shows no red meat containing detectable levels of DES residues has reached the consumers. But, are the few animals tested a cross-section of all meat animals marketed?

Last year the USDA checked 31 million cattle carcasses for freshness and cleanliness but they random-checked only 250 for residues of DES . . . *one out of every 124,000 cattle carcasses were checked for DES!* Is this really a valid check? A USDA Special Assistant to the Director of Meat Inspection openly admits, "Our statisticians should shudder at calling this a satisfactory, valid sample."

Last year, in a statement to the Association of American Feed Control, Dr. C. D. Van Houwelling, Director of the FDA's Bureau of Veterinary Medicine, said, "Even though the hormone is beneficial to growers, the government cannot tolerate any residue of DES, and if residues persist because feeders are not allowed specified restriction and withdrawal period, there will be no alternatives but to withdraw approval of its use." These words sound encouraging from the standpoint of the consumers but it was only recently that the FDA showed a blantant disregard for human health by allowing the level of permissible DES residues in meat to be doubled. This seems highly inconsistent with the Delaney Amendment which prohibits the use of any additive that is cancer-causing.

John N. S. White, Veterinarian and former USDA meat inspector, states, "The drug, Diethylstilbestrol, represents a tremendous business to the pharmaceutical industry

(Continued next page)

. . . over $100 billion. It also represents tremendous profits in the pockets of the cattle industry and the supermarket. Is it any wonder that they will not relinquish use of the drug?"

DES is an artificial female sex-hormone, used to promote rapid gain of weight in animals. The USDA Yearbook of Agriculture (1959) states that DES may increase the weight by 19%. Obviously then, the only ones that benefit by the use of this hormone are the drug manufacturers, the cattle raisers, and the meat distributors.

In addition to the use of Diethylstibestrol, farmers and livestock dealers are recklessly injecting and feeding antibiotics to their stock, which ultimately stimulates the production of resistant bacteria. Antibiotics are added to the feed of farm animals all over the world except England.

These antibiotics will end up in our food. Chronic exposure to antibiotics immunizes the body against their useful therapeutic effects. As a result, when bacterial infections strike, there may be no drugs that are effective. Dr. Barnard Dixon, writing in *World Magazine*, maintains that there is massive evidence of dangerous exploitation of these antibiotics and that they pose a clear and present danger to human health. He states, "The longer a drug is utilized as a food additive, the less it is of value as a medicinal agent. Drug resistant germs are now responsible for considerable proportion of the disease in cattle previously caused by pathogens sensitive to antibiotics."

Twenty - one counrties protect their citizens against the carcinogenic sex-hormone, DES. *We also must be protected.* Meats and poultry should bear not only the "Inspected and Passed" stamp of approval of the USDA, but also they should bear a stamp showing whether or not the animal has been given DES and routinely fed antibiotics. As long as the government permits both of these practices, only then will the public have a choice of the type of meat and poultry they buy. But . . . wouldn't the more sensible approach be the immediate banning of the use of DES and an honest re-evaluation of the routine use of antibiotic-treated animal and poultry feed? Especially since the health and welfare, and the life of the people are at stake.

From—
"A Report to the Consumer"
Ida Honorof, KPFK-fm
(Los Angeles)

THINGS ARE LOOKING UP

Abbott Laboratories, one of the nation's largest drug firms, has developed a new biological insecticide (NHF always said it could be marketed), which hopefully will cut use of the old, dangerous insecticides. It is bacillus thuringiensis and marketed under the name of Dipel. The product has been approved for use by the Federal Environmental Protection Agency.

Crossing the Editor's Desk...

● A local (Los Angeles area) grass roots movement, a **Committee to Get Drugs Out of Meat (DOOM)** urged a boycott of all meat and poultry products July 4th - 11th as a protest against the use of DES (Diethylstilbestrol) to fatten animals prior to slaughter. The move was instigated by Ina Honorof, Consumer Advocate of radio station KPFK-fm and Burt Wilson, a KUSC commentator. How successful was it? One supermarket meat department manager, located in the center of the committee's greatest activity, reported that his sales were down one-third.

● Citrus growers and processors of diluted orange juice drinks have finally agreed, under government prodding, to show on their labels the percentage of pure orange juice contained in their beverages. Based on this voluntary agreement, the FDA will now propose standards for various categories of diluted orange drinks. Under the proposed standards, "orange juice drinks" would be required to contain at least 35% pure orange juice. Those described as "orange drink" would be required to have at least 10% juice while those called "orange flavored drink" would have less than 10%. Beverages containing juice of other fruits are not covered in the proposed standards.

● Internal Revenue figures indicate that physicians lead other professionals in average net incomes. Specifically, the average net income of a physician is approximately $36,500 per year with lawyers trailing second with slightly less than $25,000, and dentists third with approximately $17,000. Architects and engineers fall slightly below the dentists.

● Personal freedom of choice regarding health care practitioners were furthered recently when Wisconsin Governor Patrick Lucey signed into law a bill that authorizes chiropractic treatment under the state's workmen's compensation law, following the precedent set in most other states. As we expected, the State Medical Society voiced strong criticism of the governors action. The Society had offered the same opposition to the bill that they have offered to any other competitive group, whether chiropractic, optometric, podiatric, or osteopathic. As a trade association, their self-interest produced a valiant effort aimed at preserving their economic privilege at the expense of the public good. Governor Lucey apparently reasoned that freedom of choice was the major premise of importance, especially in view of the fact that the State of Wisconsin licenses chiropractors to treat Wisconsin citizens after they complete their six years of college training, passing the same basic science examination as do the medical practitioners plus passing their own chiropractic board test. In signing the bill, the governor has served both the public interest and the requirements of truth and rationality.

NEW PERPETUAL AND LIFE MEMBERS

Perpetual

Mrs. Adeline Morris
Mrs. Lillian Helling
Leo L. Duncan
Helen E. Nelson
Jean Chadwick
D. S. Carlson
Carl R. Grets
Mrs. Marcelle Porter

Life Members

Melanie Schekeryk
Dr. John A. Simkovich
Juanita Roberts
Margaret Isely
Robert H. Borden
Kathryn Seymour
Katherine Willard
Leland B. Taylor
Dr. William H. Rogers, D.C.
L. E. Person
Mrs. May E. Holland
Marion Kovak
Mrs. Vera M. Harma
Tom and Jane Donigan
Edward J. Nolan
Mr. and Mrs. John E. Miller
Norma Snow
Ginny Boscacci
Dorothy Page
Mrs. Margaret Whiteley Jacques
The Fibertone Company
Adam Kuhar
Mr. and Mrs. Darrell Troy
Gables Health Mart, Inc.
Mrs. George Ingram
Esther R. Lyons
Mrs. Katie Moore
Larry Mock
Stanley and Eileen Vander Does
Dr. Samuel E. Anderson, D.C.
Buster and Alice Nagao
Mr. and Mrs. Tex Keene
Dr. Gerald C. Ross
Velma Martin
Thomas Fursts
L. N. Crimmins
Mr. and Mrs. Eugene D. Bednar
Howard Klausner
Piedmont Ave. Natural Food Store
Plantation Trader
Ramona Albright
Jules and Joyce Glickman
Ruth Reuwer
Mary M. Rattray
Mrs. J. Hansis
Martha P. Magruder
George F. Ehrline, N.D.
Helen Tipler
Mr. and Mrs. Raymond V. Shuster
George Scott
Mr. Vere L. Griffen
Ethel P. Eisinger
Ruth E. Abernathy
Charles and Mamie Harger
Verna Trushel
F. A. Rowell
Harvest Village Natural Foods
Frank and Edna Tatonetti
John J. Dudovich
Mrs. Sue Hayssen
Richard W. Scully
Erna E. Wickersheim
Mr. and Mrs. Albert Takai
Carl W. Edstrand
Dr. Robert T. Oshiro
Marion L. Rickinger
Mrs. H. Goldman

(Received mid-May to mid-July)

Book Reviews

OPEN DOOR TO HEALTH by Fred D. Miller, D.D.S. (ARC Books, Inc., 219 Park Avenue, South, New York City 10003; 181 pages; paperback; index; $1.45)

For those who may have missed it when it first appeared in 1959, or when it was reprinted in 1969, Dr. Fred Miller's book *Open Door to Health* is worth one's attention on at least two major points.

First, Dr. Miller, a dentist, hypothesizes that one's mouth is a barometer, or reflection, of one's general health. He illustrates that patients who came to him with poor teeth and gum disorders, and who would follow a diet he would prescribe (basically, milk, butter, cheese, meat, fresh fruit and vegetable, whole grain breads, and *only* natural sweets), invariably improved both their teeth and their general health. Dr. Miller is a strong advocate of the natural and organically grown foods and a significant portion of the book deals with the advantages of these foods as contrasted with the refined and processed foods generally available. His approach is by no means that of a food fanatic however.

The second interesting item concerning the book is that, taken from an historical vantage point, in comparing it, say, with Mrs. Hunter's *Consumer Beware!* (reviewed in the last issue) published this year, it becomes apparent how little progress, if, indeed, any has been made in improving the real quality of the foods on the marketplace. In fact, one might even feel that things have become worse instead of better. Basically, all Dr. Miller and Mrs. Hunter want is common sense and an ethical approach to marketing food, and one can only wonder why this commodity (common sense) seems to be as rare as good food.

—Marilyn Ramsey

HEALTH FOOD RECIPES FOR GOURMET COOKING by Carlson Wade (Arc Books, Inc., 219 Park Avenue South, New York City 10003; paperback; 264 pages; index; $1.65)

The keynote of this fascinating book is "food can be your best medicine" and "healthful foods can be exciting and delicious." Though the book is crammed with appealing recipes, it is much more than a simple recipe book. It contains a great deal of information concerning nutrition, basic cooking instructions, and many interesting "case histories" of persons having specific health problems who found relief through a change in their eating habits. Mostly, the recipes are simple to prepare, but in keeping with the title of the book, have a gourmet touch. The judicious use of selected herbs provides this gourmet touch in a majority of the recipes. If you like to prepare tasty, and a-bit-out-of-the-ordinary, foods, you'll be eager to try these recipes.

Dr. Carlton Fredericks Authors New Nutrition Newsletter

A new twice-monthly newsletter dealing with foods and nutrition has just begun publication and is available only on subscription. It is authored by Carlton Fredericks, a name familiar to most all Americans even remotely interested in nutrition since Dr. Fredericks is the author of several books, innumerable magazine articles, a syndicated newspaper column and was on radio from coast to coast for several years. Those who have followed him in the past have appreciated his direct, factual, no-nonsense approach in his writings and talks. He has always been one to call the shots as he sees them and thus frequently voiced stern criticism of some of the practices of certain food manufacturers and the nutritionally inferior food products which they produce. Judging from the first issue of the new newsletter, he will continue this same honest, practical approach.

There is no commercial tie-in with this new publication and in writing the newsletter, Dr. Fredericks can remain outspoken and free of the influence of specific product-interests. The topics covered in the first issue are varied and, presumably, this is the intended pattern with final purpose being to provide information which will help increase your family's well-being through proper nutrition.

The subscription price is $18.00 per year (24 issues). Those interested in a brochure outlining the projected features of the publication may write The Carlton Fredericks Newsletter, 51 Madison Avenue, New York, N.Y. 10010.

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."

NHF REPRINTS

The following is a list of NHF reprints available from NHF by writing Box 686, Monrovia, California 91016. The price includes handling and postage. California residents, please add 5% sales tax. Allow three weeks for delivery unless first-class postage is sent with orders. Build your own library now from these excellent reprints.

Revised List as of July, 1971 — Please discard all previous lists

		Each	25 or More
NHF PROMOTIONAL MATERIAL			
1.	15 page -pamphlets that tell about NHF	$ .25	$ .05
2.	NHF postage-paid envelopes with application	.25	.01
3.	NHF Freedom crusade leaflets	.25	.01
4.	Are We Living in a Fool's Paradise?	.25	.04
5.	Take Off That Blindfold	.25	.04
6.	NHF Application—Cartoon	.20	.01
			5 or More
IMMUNIZATION AND SHOTS			
7.	Your Right to Refuse Immunization in Travel	.25	.05
8.	Polio Immunization Certificate	.25	.05
BEAUTY			
9.	Help Yourself to Beauty	.25	.03
EYES			
10.	Cataract Cure Without Operation	.25	.20
11.	I Threw My Glasses Away	.25	.15
PESTICIDES			
12.	What Are Pesticides Doing?—Granville Knight, M.D.	.25	.20
13.	Public Health and New Pesticides—Morton Biskind, M.D.	.25	.15
DRUGS			
14.	AMA Links Drugs to Blood Damage	.25	.02
15.	Humans Used as Guinea Pigs—Los Angeles Times	.25	.02
16.	The Concept of Safe Tolerance—J. B. Bruce, M.D.	.25	.03
FOOD AND NUTRITION			
17.	What is Wrong With White Bread?	.40	.30
18.	The Nutrition Role in Healing Arts—M. Schultz, D.C.	.25	.10
19.	Kelp—G. L. Seifert, M.D. and H. C. Wood, Jr., M.D.	.25	.06
20.	Mineral Nutrition—George P. Larrick, Comm., F.D.A.	.25	.10
21.	Sources of Fundamental Nutrition—L. Bromfield	.25	.10
22.	Perils on Your Food Shelf—Congressman J. J. Delaney	.25	.10
23.	Are We Eating a Diseased Diet?—Wm. A. Ellis, D.O.	.50	.30
24.	Ice Cream	.25	.03
25.	And Then the Real Fight Began—Harvey Wiley, FDA	.60	.50
26.	Sugar	.25	.15
27.	A Statement on Aging—Karl Lutz, L.L.B.	.25	.15
28.	Let Food Be Your Medicine—Doris Grant	.25	.10
29.	Are We Starving to Death?—Neil M. Clark	.25	.10
30.	Chemicals in Food—Dr. Harvey W. Wiley	.40	.30
31.	Bleaching of Flour—North Dakota Aricultural College	.60	.25
32.	Nutrition in Everyday Practice—Canadian Medical Association	.35	.15
33.	Hypoglycemia—Alan H. Nittler, M.D.	.25	.20
CANCER			
34.	The Pill	.25	.10
35.	Carcinogens in Our Human Environment—W. Heuper, M.D.	1.25	1.00
36.	Cancer Reprint (Directory for Treatment and Services)	.25	.03

(Continued next page)

37.	What's in the Hoxsey Treatment?—E E. Bond, M.D.	.25	.15
38.	Cancer Organizations that Need Investigating—Senator Langer	.35	.25
39.	Trials and Tribulations—J. W. Wilson, M.D.	.25	.05
40.	Sarcoma and Glucose Indictment—Japanese Journal Cancer	.25	.05
41.	Twelve Questions on Cancer Treatments	.25	.10
42.	Who Murdered This Girl—The FDA?	.25	.05
MEDICAL MONOPOLY AND MEDICAL QUACKERY			
43.	Monopoly as an Approach to Quackery	.25	.15
44.	A Reply to an Unjustified Attack—J. Broadman, M.D.	.25	.15
45.	Scientific vs. Smear Tactics—George Crane, M.D.	.25	.15
46.	Misuse of Our Food Law—Royal Lee, D.D.S.	.25	.15
47.	Death Food Propaganda—Royal Lee, D.D.S.	.25	.15
48.	Medical Monopoly—Charles Orlando Pratt, LL.B.	.50	.25
49.	Medical Monopoly and Chiropractic—Leonard Savage, D.C.	.50	.25
50.	Medical Myths About Chiropractic—C. W. Weinant, D.C.	.25	.10
51.	Freedom and Truth—Charles I. Crecelius, B.S.	.50	.25
52.	The Seven Myths Exploded—NHF	.25	.10
53.	Autocrat at the Table—F.T.C Commissioner Lowell B. Mason	.50	.20
54.	Four Food Traps—R. Dean Conrad, B.A., M.A.	.25	.10
55.	Government Subsidizes Malnutrition	.50	.30
56.	Are We Masters or Slaves?—John J. Miller, Ph.D.	.25	.20
57.	Regulation vs. Regimentation—Milton A. Bass, LL.B.	.30	.15
RAW MILK			
58.	How to Stop a Ban of Certified Raw Milk	.25	.15
59.	Certified vs. Pasteurized Milk	.25	.05
FLUORIDATION			
60.	Fluoridation (NHF compiled best-book reference in the U.S.)	3.50	3.00
61.	A Hoax from Harvard—F. B. Exner, M.D.	.25	.10
62.	Fluoridation and Dental Caries—A. Burgstahler, Ph.D.	.25	.06
63.	Medical Reasons Against Fluorides—J. B. Bruce, M.D.	.25	.10
64.	Fluoride vs. Freedom—F. B. Exner, M.D.	.25	.10
65.	How to Fight Fluoridation in Your Area	.25	.10
66.	Another Fluoride Bombshell	.25	.08
67.	Suggested Letter to Officials in Opposition to Fluoride	.25	.06
68.	Perilous Credulity About "Scientific Progress"—R. Kirk	.25	.05
69.	Fresh Facts About Fluoridation—James Kilpatrick	.25	.05
70.	Fluoridation in the light of Recent Evidence—Burgstahler	.25	.05
71.	Scientists and Fluoridation—A. Burgstahler, Ph.D.	.25	.20
73.	Congressional Record, Extension of Remarks—Kilpatrick and Lear	.25	.10
74.	Nip It in the Bud—Don Matchan	.25	.06
75.	Farmers Crippled, Crops Burned—Danville, Ontario Incident	.25	.06
76.	Air Is Fluoridated—Ned Groth	.25	.06
77.	Government 'Not Doing Job'—Fluoridation Research—Nader	.25	.05
78.	Fluoride Kills Ponderosa Pines—Herald Dispatch	.25	.05
MISCELLANEOUS			
79.	That Man Fred Hart—Sketch of Our Founder	1.00	.50
80.	Aluminum	.25	.10
81.	The Dictators—Our Unelected Rulers—Omar V. Garrison	1.00	.75
82.	The Chemical Feast—James S. Turner	.95	.70

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?

FEDERATION ELECTED OFFICERS AND THEIR RESPONSIBILITIES

Charles I. Crecelius—President and Executive Head of the Federation.
Address: P.O. Box 686, Monrovia, California 91016

Kurt W. Donsback, N.D., D.C., B.T.S., Vice President

Fred J. Hart—Chairman of the Board of Governors and Managing Editor of the **Bulletin.**
Address: 211 Newport Drive, Palm Springs, California 92262

PAID FEDERATION STAFF AND THEIR SPECIFIC FIELDS OF ACTIVITY

Howard C. Long—Vice President in charge of the following divisions of Federation activities: Membership, Promotion, Education, Public Relations, and Conventions.
Address: P.O. Box 686, Monrovia, California 91016. Phone: (213) 357-3695

Clinton R. Miller—Vice President in charge of the Washington Office, which includes Legislation and Regulations.
Address: 121 2nd Street N. E., Washington, D.C. 20002

Charles Orlando Pratt—NHF Washington General Counsel.
Address: 2534 North Vermont St., Arlington, Virginia 22207

Hazel K. Stevens—Controller at the Main NHF Office, Monrovia, California.
Address: P.O. Box 686, Monrovia, California 91016

Raymond H. Houser—Editor of the National Health Federation **Bulletin.**
Address: 5366 Auburn Drive, San Diego, California 92105

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

NATIONAL HEALTH FEDERATION
P.O. Box 686
211 West Colorado Boulevard
MONROVIA, CALIFORNIA 91016
Return Postage Guaranteed
Entered as Second-class Matter

$5.00 Membership (includes **Bulletin** subscription)

PRICE FOR ADDITIONAL COPIES OF THIS ISSUE
35¢ each—5 for $1.00—30 for $5.00—50 for $7.50—100 for $14.00

PLACE 6¢ STAMP HERE

YOUR INVITATION TO JOIN
THE NATIONAL HEALTH FEDERATION

☐ I wish to become a REGULAR MEMBER of the National Health Federation and am enclosing $5.00 as dues, $1.50 of which is for a subscription to the BULLETIN for the current year.

☐ I wish to become a SUSTAINING MEMBER and am enclosing $..... (minimum fee, $25.00) as membership dues for the current year, $1.50 of which is for a subscription to the BULLETIN.

☐ I wish to become a LIFE MEMBER of the National Health Federation and am enclosing the sum of $100.00 in payment thereof; $25.00 of this sum is for subscription to the BULLETIN so long as it is published.

Name.....

Address.....

City..... State..... Zip.....

CLIP OUT AND MAIL TODAY

COMING CONVENTIONS

Chicago ..... **September 10-12**
Pick Congress Hotel

New York City ..... **November 13-14**
New Yorker Hotel

HELP SAVE OUR HEALTH FREEDOMS