National Health Federation BULLETIN

February, 1972

35c

THE
ANNUAL REPORT
OF THE PRESIDENT

Supreme Court Upholds Patient's Rights

Patients are entitled to relief under federal civil rights statutes when compulsory medication is administered over the patient's objection on religious grounds.

FDA Rejects Petition of LABEL, Inc.

Bill to Ban DES (Diethylstilbestrol) Introduced by Senator Proxmire

Dedicated to the Protection of Health Freedoms

THE
NATIONAL HEALTH FEDERATION
BULLETIN

Protection of Health Freedoms — Published Monthly

Volume XVIII — Number 2 — February, 1972

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.

The Annual Report Of The President

Presented by
CHARLES I. CRECELIUS
President, The National Health Federation
at the Annual West Coast NHF Convention

It is with sincere pleasure and a sense of pride that I am able to once again present my annual report. 1971 was another memorable year for NHF and the cause of health freedom. The growth of membership and the involvement and dedication of that membership has been an inspiration.

The NHF Bulletin

Because of the excellent work of Fred Hart as Managing Editor and Ray Houser as Editor, the *Bulletin* has attained a new height in popularity. It is being ordered and used by several branches of Government, legislators, attorneys and educators. Bulk sales have increased steadily and this wider distribution has encouraged hundreds to join our ranks.

The NHF Staff

Our staff has continued to render an invaluable and dedicated service. Once again, we are able to report that costs for the staff and overhead have remained exceptionally low despite the increased workload and rising costs. At this time we have 7 full time employees and 4 part time employees at headquarters and 2 full time employees in our Washington, D.C. office.

For the first time in 16 years we have been able to institute a fringe benefit for employees who have been with us for 1 year or more. They now have the option of joining a retirement plan program to which they are richly entitled.

Conventions

Again in 1971 emphasis was put on an effort to reach new people through convention activity. 21 events were planned and executed thanks to the growing and exceptional assistance by chapter groups. At these events over 1,500 new members were gained and a cash surplus for projects in excess of $35,000.00 was realized. Even more important, perhaps, is the fact that we gained nation-wide acceptance by the news media and helped start 17 new chapters.

(Continued next page)

Washington Office

Charles Orlando Pratt, as our General Counsel, has continued to render expert and dedicated services in an exemplary manner. He has seen us through a court victory; worked on the Butts (Laetrile-IACVF) case which we intend to win; settled three estates on our behalf and is working on 5 others; rendered 5 important legal opinions; appeared at several congressional hearings; attended and spoken at several NHF conventions; spoken to several groups about NHF and greatly aided the Executive Committee in their deliberations during the past year.

Clinton R. Miller, as our Legislative Advocate, working under the able direction of our Washington Coordinator, Adm. A. I. Malstrom, has been involved in 15 priority projects during the year. Each subject is a matter of extreme importance in the cause of health freedom and has involved the supplement bill, post office bill, Medicare, the medical device bill, national health insurance bills, the child-drugging problem, the human guinea pig bill, the cancer testing problem, the bill to demand that all ingredients in a product be listed on the label, the cyclamate compensation bill and many, many other projects. Each effort has resulted in an excellent educational accomplishment.

New Projects

Many of the items noted above will continue to demand our primary expenditure of time and money. In addition, however, NHF has undertaken to finance a scientfic research project which will provide us with expert, up-to-date data regarding the harmful effects of long term ingestion of fluorides from water, foods, air and our ecology.

Finances

Again, because of the unflagging devotion to our work, the members have fully supported us financially in our every effort. While we will end up with a paper deficit again this year, we are managing to maintain a strong financial condition.

NHF Film

ACTION FOR SURVIVAL is booked through April of this year and as it is seen, requests for it increase. It has now been shown on several educational television stations and to as many groups outside NHF as in the organization. We have now purchased 5 prints at a cost of $575.00 each and we will sell them to those interested at that price. We charge $25.00 for each rental and the cash received is slowly paying the initial cost of production which is slightly over $6,000.00.

The Health Industry

Despite the fact that NHF has spent more time and money on issues of vital concern to the health industry than in any other endeavors, we find that 41% of the stores are non-members and that only 5 manufacturers

are perpetual members. NHF is protecting the industry as even they cannot do for themselves. It is clear that more attention needs to be directed to the industry by members to enlist their financial aid and support by membership encouragement. Let me add that of those store memberships we do have, there is not one that does not support us in an exceptional manner, both with funds and memberships from their clientele. We have suggested that members purchase from stores and firms that support us.

Public Relations

Fred J. Hart, Kurt W. Donsbach, Betty Lee Morales, Diana Deimel, Dr. Emory Thurston and I have travelled tens of thousands of miles last year. Each of us took time on our trips to stop and address NHF chapters at no expense to NHF. This effort proved exceptionally effective in that the members and new people could physically identify with NHF. Such effort was most rewarding for us and it also helped build memberships and encourage chapters in their work.

We are hoping to continue to work in this way as we are able and we are encouraging members of the Board of Governors and others to do so in the coming year. Fortunately, many groups and lecturers already help promote NHF of their own volition.

Additionally, we are pleased to announce that there were over 190 appearances on radio, television and at private gatherings where we were invited to speak. In addition, several organizations gave us free exhibit space at their conventions. We have been pleased to note 67 good newspaper articles on NHF, two in leading magazines, and publication of articles in some 70 publications throughout the United States.

Perhaps one of the greatest achievements was the establishment of THE NATIONAL HEALTH FEDERATION OF AUSTRALIA, LTD. which is a most active group of several hundred members already.

Membership

Attesting to the great need of the populace, membership has continued to grow at an unprecedented rate. As of December 1, 1971 we were representing approximately 49,000 people from all walks of life. This represents an increase for the year of 1,709 members despite losses in mid-year.

Materials

Again in 1971 the sale of NHF reprints exceeded any previous year. Our materials, sold at cost, are educational and scientific and are filling a desperate need in America for factual information which the "orthodox authorities" are not providing the people.

Summary

While this report is brief, it should convey the fact that NHF is not only growing, but is rendering an honest service to the populace in the

(Continued next page)

cause of health freedom. The NHF program is, as you are aware, covered in more detail regularly in the *Bulletin.* Our involvements are many, our successes are increasing and our potential is barely in sight. It remains my fervent hope that the Board of Governors, State Representatives, Chapters and Advisors will continue to exert every effort to assist in our growth and service in the coming year and to this end I again pledge my service.

FDA Delays Enforcement of Bioflavonoid Ban

The FDA has indicated it is moving away from any present intention to enforce a previous Order which would have had the effect of banning the distribution and sale of bioflavonoids. While not officially countermanding the previous order, the FDA, through its legal head, has sent a directive to all FDA enforcement officers telling them to drop all present or future planned efforts to stop the distribution and sale of bioflavonoids.

The FDA, on April 30, 1970, issued the Orders which had the intent and apparent purpose of taking the bioflavonoids off the market, either as food substances or as drugs, WITHOUT GRANTING A HEARING to the holders and owners of the new drug applications or to the consumers who desire to buy bioflavonoids as food substances to fortify or supplement their ordinary or usual diet.

Immediately, the NHF Executive Committee, acting for the Board of Governors, directed Charles Orlando Pratt, NHF Washington General Counsel, to formally protest FDA arbitrary action in the matter and to prepare a strongly-worded request for hearing on bioflavonoids. Accordingly, Mr. Pratt, on behalf of NHF, submitted to FDA a lengthly 31-point brief requesting a hearing and setting forth serious objections to the withdrawal of bioflavonoids from the market place, especially as non-toxic food substances. The brief called the FDA's action capricious, arbitrary and unwise and seriously questioned the statutory authority of the Commissioner of Food and Drugs to forbid or deny the American consumer the right to have or use any non-toxic food substance, such as bioflavonoids, which *may* be essential in human nutrition. The content of Mr. Pratt's brief was published in the October, 1970 issue of the *NHF Bulletin.*

During this intervening time, FDA has held no hearings on bioflavonoids and the recent directive is the first evidence of FDA's intent in the matter.

Bioflavonoids are vitamin - like substances found naturally in a number of foods, especially in citrus fruits, which seem to be related to Vitamin C in function and use.

FDA Rejects Petition of Label, Inc.

The Food and Drug Administration has rejected the petition filed on February 25, 1971 by LABEL, Inc. calling for more informative labeling of food products.

LABEL, Inc., an acronym for Law Students Association for Buyers Education and Labeling, is the corporate name of five law students enrolled in a "work through the system" law course taught by consumer advocate John F. Banzhaf III at George Washington University. Since filing their petition with the FDA, the students have vigorously campaigned for their proposal, first before the FDA, and then before widely publicized congressional hearings and in television interviews. Representative Benjamin S. Rosenthal (D-N.Y.) became sympathetic to the efforts of the students and was responsible getting the petition in the Congressional Record. Later, he introduced a bill in the House which would require, through legislative enactment, the same label declarations as set forth in LABEL's petition to the FDA.

The National Health Federation has supported both the petition filed by LABEL, Inc. and Rep. Rosenthal's bill. The July-August and the September issues of the *NHF Bulletin* outlined the proposals contained in the LABEL petition and urged NHF members to write to the FDA indicating their support of the proposals contained in the petition. As a result of the combined efforts, over 5000 letters have been received by FDA.

In rejecting the petition, FDA Commissioner Charles C. Edwards stated that the FDA could not grant the petition because it lacked legal authority to issue the proposed regulations and explained that the exemption from the requirement to list product ingredients in the case of standardized foods, was explicitly seated in the statute and has been recognized by the Supreme Court. He did state, however, that the FDA would ask Congress to pass a new law requiring the label information, and in the meantime, would urge food processors to list ingredients voluntarily.

Representative Rosenthal, on the other hand, stated that the Food and Drug Administration's rejection of the LABEL, Inc. petition is further evidence of that agency's pro-industry, anti-consumer bias, and further stated that the FDA does have the legal authority to promulgate a rule requiring food labels to list all the product's ingredients, for three reasons:

(1) The Fair Packaging and Labeling Act of 1966 gives the FDA

(Continued next page)

the broad power "to require the disclosure on labels of relevant ingredient information."

(2) Even if one takes the narrow view of the label ingredient regulation power, the FDA could certainly require the listing of ingredients under the provision that without such information, the label is deceptive and the package is mislabeled.

(3) It has had the authority to administratively require full disclosure of all contents since passage of the Food, Drug and Cosmetic Act of 1938.

A large portion of the foods on the market are now required to list ingredients on the label. LABEL's proposal would have extended the requirement to standardize foods—products in which the main ingredients have been fixed by FDA regulation. Standardized foods includes most of the commonly used multiple-ingredient, processed foods such as bread, ice cream, mayonnaise, peanut butter, jellies, cola drinks, etc.

In 1938, Congress enacted the authority to create Standards of Identity for Foods (21 U.S.C. 341). The purpose of these standards was to insure a definite level of quality and uniformity for many foods thus assuring a consumer that the product he buys has a normal and proper composition. Likewise, it was to keep manufacturers from straying from time honored ingredients and standards. Though the law does give the consumer protection, it leaves him in the dark as to what he is eating since the ingredients may not be listed on the label. And there is no way for him to know unless he carries in his pocket a copy of Title 21 of the Code of Federal Regulations containing the Standards of Identity (the mandatory and optional ingredients) of each of the standardized foods.

Without knowledge of these Standards of Identity, one would have no way of knowing that cola drinks, for example, *must* contain caffeine. Furthermore, one has no way of knowing that the foods he eats may contain such ingredients as brominated vegetable oils (outlawed in England), gum acacia, gum tragancanth, glycerol ester of wood rosin, propylene glycol alginate, sodium metaphosphate, mono- and diglycerides of fat forming fatty acids (now under FDA scrutiny), or the scores of other ingredients which are permitted in certain foods without declaring these ingredients on the label.

If the FDA is serious about asking Congress to pass new legislation to require full disclosure of ingredients on the label, they need only to immediately support H.R. 8670, the Truth In Food Labeling Act, introduced by Rep. Rosenthal with the support of 28 other congressmen.

NHF couldn't agree more with Rep. Rosenthal when he made the statement, "What it comes down to is an issue of honesty. The consumer has a right to know what he is eating."

WASHINGTON REPORT

By Clinton R. Miller, NHF Legislative Advocate

Senator Proxmire Introduces S-1828 To Ban DES

Senator William Proxmire (D-Wis.) has introduced a bill (S-1828) to prohibit the administration of the synthetic drug, diethylstilbestrol (DES) to artificially stimulate the growth of any animal intended for use as food in the U.S. Rep. Ogden Reid (R-N.Y.) introduced H.R. 11646, a similar bill in the House of Representatives.

NHF strongly supports these bills.

DES is a synthetic estrogen, a hormone that has been widely used for 17 years to artificially stimulate the growth of livestock destined for America's dinner tables

Human Cancer Linked to DES Use

When he introduced the bill, Nov. 8, 1971, the Wisconsin Senator said: "This controversial drug is a proven carcinogen, or cancer causing agent, yet it is currently used to promote weight gain in cattle and sheep slaughtered for human consumption.

"Cancer causing agents," Proxmire continued, "are particularly lethal because over the time their cumulative effect can be devastating while small doses initially seem to have little impact. The most significant study linking the ingestion of DES with cancer in human beings seems to bear out this delayed reaction theory. The study indicated that women taking DES in the late 1940's during pregnancy had daughters with an unusually high incidence of cancer of the vagina—a condition that did not become evident until the children were between 15 and 22 years of age."

The study reported by Sen. Proxmire appeared in the highly respected New England Journal of Medicine in April, 1971.

Four other U.S. Senators have already joined Sen. Proxmire as cosponsors of S-2818. They are: Sen. Clifford P. Case (R-N.J.), Sen. George S. McGovern (D-S.D.), Sen. Frank E. Moss (D-Utah) and Sen. Abraham A. Ribicoff.

The bill has been referred to the 17-member Senate Committee on Labor and Public Welfare. There is reason to believe the chairman, Sen. Harrison A. Williams, Jr. (D-N.J.) is deeply concerned about

(Continued next page)

the problem and will be favorable to holding hearings in 1972 if he receives enough letters encouraging him to do so.

Excessive DES Residues Found In Meat

Sen. Proxmire urged the Senate to take action because, "Tests administered by the Department of Agriculture have consistently turned up DES residues in the livers of slaughtered animals. The latest tests were completed in September, 1971 and announced in October, 1971. They disclosed DES residues in two tissue samples substantially exceeding the 2 parts per billion minimum. Earlier this year, residues as high as 36.9 parts per billion in sheep and 15.4 parts per billion in cattle were found... DES can cause cancer when fed to mice in quantities as small as 6.25 parts per billion.

Although DES residues 18 times or 1800% above the legal top allowable limit were found, it is shocking to note that the growers or feeders were neither prosecuted, fined, nor imprisoned. FDA officials,. by contrast, in vigorously prosecuting harmless and wholesome vitamin and mineral food supplement manufacturers for alleged misbranding of their admittedly safe and wholesome products, have asked for the maximum criminal penalties of fine and imprisonment. If FDA had taken the grower of the sheep with 36.9 parts per billion DES residue to court and demanded the maximum criminal penalty of 3 years imprisonment for the first offense, you may be sure the other growers would be far more careful to withdraw the DES from their livestock in time to make sure there were no measurable residues to be found by any federal inspector. But, no, FDA didn't do that. Instead they proposed an extension of the withdrawal period from 2 days to 7 days. Senator Proxmire gave this reaction to the Senate about FDA's proposal:

"It seems strange that the Food and Drug Administration's reaction to the continued presence of DES in liver samples was a decision to set the period for withdrawal of DES from livestock feed prior to slaughter at 7 days rather than the existing 48 hours. This is like attempting to stop speeding violations by decreasing the speed limit. If the 48 hour withdrawal period is not being followed, what reason do we have to think that a 7-day period will be honored? And if a 48-hour withdrawal period is inadequate, why did not the FDA move sooner?"

Argentina and Australia Prohibit All DES Use

The two largest beef producing countries outside of the United States — Argentina and Australia — have completely banned the use of DES in promoting the growth of livestock.

Sweden and the Netherlands, who have the world's lowest and 2nd lowest infant mortality rates, have totally banned DES. Their infant mortality rates are 12.9 and 13.4 per 1,000 live births. In contrast, the U.S. has shamefully slipped from 6th place to 13th place in infant mortality since 1950 and has an outrageous current infant mortality rate of 21.7 per 1,000 live births. (We started using DES in 1954.)

FDA reluctantly admits that 9 foreign countries have already totally banned DES. They are: Argetnina, Australia, Belgium, Erie (Republic of Ireland), West Germany, Netherlands, South Africa, Sweden, and Switzerland.

Actually, 12 more countries have banned DES but FDA won't acknowledge it yet, so we report only those facts that are undisputed.

Why Doesn't Delany Cancer Amendment Prevent DES Use?

Some consumers wonder why the Delaney Cancer Amendment of 1958 is powerful enough to cause a reluctant FDA to ban cyclamates when they were discovered to cause cancer in test animals, but cannot be used to prohibit the use in beef of a known carcinogen, DES. The Delaney amendment, as NHF members know, prohibits the use of any additive in food which causes cancer in man or animal. How, then, can DES be used to fatten livestock?

Sen. Proxmire gave this explanation:

A known and undisputed cancer causing drug can be used to fatten animals ... "because of a 1962 addition to our food and drug laws 21 USC 360b(d)(1)(H) that permits the use of cancer causing additives in feeding animals if no residue is found after slaughter in any edible portion of the animal."

You might reasonably ask how even this unwise amendment can be used by FDA and USDA to allow DES use when, as noted by Sen. Proxmire, above, we are finding DES residues in beef and sheep fattened with DES. The answer is FDA and USDA have stubbornly refused to enforce the letter and spirit of the law. In the face of mounting congressional and consumer group concern and awareness of DES's potential for causing cancer, in the spring of 1971, the USDA exhibited arrogant irresponsibility by doubling the amount of DES allowed per animal per day in its feed from 10 milligrams per day to 20 milligrams.

Economics of DES A 15% Growth Increase For 14c to 40c A Steer

There are two legal ways to give DES to livestock (sheep and cattle). USDA and FDA allow an implant in the ear or addition to the feed. New regulations have raised from 2 days to 7 days the withdrawal period of DES before slaughter. However, this withdrawal period can only cover the DES which is added to feed. The ear implant can continue to pour DES directly into the animal up to the instant of slaughter without a withdrawal period of a single second.

It costs a total of 40c to give 20

(Continued next page)

mg. of DES per day, per animal for 150 days in feed, and 14c per animal per 150 to 190 days for a 24 to 36 milligram implant. (An implant costs 7c and lasts about 90 days). Most of the DES added to feed is excreted while the implant flows directly into the animal. The fantastic biochemical potency of synthetic DES can be seen when we note that it takes less than one half of one thousandth of one gram per day per 1,000 pound steer to cause it to gain weight 15% faster. This means that, with DES, the average steer will gain about 6 ounces per day for 150 days. 900 ounces on the hoof is about 540 ounces after it is slaughtered (about 60%). This 540 ounce slaughtered weight is about 34 extra pounds per 1,000-1,200 pound steer. The increased market value is about $12.00. The cost? Well, if the feeder used two 7c DES implants, it cost him 14c! If you feed 1,000 steers, you can make an *additional* $12,000 at a cost of $140.00, a net profit of $11,860. If, for convenience, DES is added to the feed instead of using ear implants, the cost would be 40c times 1,000 or $400.

It is estimated that 80 to 90% of all meat sold in the U.S. is raised with DES. We slaughter about 30 million cattle a year. If we figure 80%, or 24 million, are given DES, we have more than $250 million per year in extra profits which cattle growers are told by USDA and DES drug manufacturers they will lose if DES use is banned. One quarter of a billion dollars annually can finance some strange "research."

A Court Test

While the DES battle rages in Congress, it is also getting a court test. David G. Hawkins, as attorney for the Natural Resources Defense Council, Inc., (NRDC), filed suit Oct. 28, 1971 to get the courts to force FDA and USDA to ban DES use in animal foods under proper court interpretation of current food and drug laws. Joining Mr. Hawkins and the NRDC in filing the suit were the Environmental Defense Fund, the National Welfare Rights Organization and the Federation of Homemakers.

What You Can Do

Sign and mail the form letters included in this issue of the *Bulletin*, which have been prepared for your convenience. If you want to do more, order extra copies at 1c each by sending to NHF, Box 686, Monrovia, California 91016. Please include return postage. Get as many as you can signed and mailed to all members of Congress but especially to the Chairman of the Senate Health Subcommittee, Sen. Edward M. Kennedy and the Chairman of the House Health Subcommittee, Rep. Paul Rogers (D-Fla.). Keep writing until you get a committment of support or cosponsorship from your own U.S. Senators and U.S. Representative. Send copies of all replies from your Congressmen to me, Clinton R. Miller, 121 2nd Street N.E., Washington, D.C. 20002.

_____ 19 ___

The Honorable Edward M. Kennedy,
United States Senate,
Washington, D.C. 20510

Dear Senator:

I urgently and respectfully request you, as Chairman of the Senate Subcommittee on Health, to hold hearings on S.2818 at your earliest opportunity.

S. 2818 was introduced by Senator Proxmire with the cosponsorship of Senators Case, McGovern, Moss, and Ribicoff.

S. 2818 will ban the use of diethylstilbestrol (DES) to stimulate growth in any animal intended as food.

DES causes cancer in man and animals in fantastically small, barely measurable concentrations. DES residues have been found in sheep in 1971 in concentrations as high as 36.9 parts per billion. These levels are more than 500% higher than those which have been found to cause cancer when fed to mice.

The Delaney amendment of 1958 prohibits ANY additive in our food which causes cancer in man or animal. The two largest beef producing countries outside the United States - Argentina and Australia - have completely banned the use of DES in promoting the growth of livestock.

Sweden and the Netherlands, who have the world's lowest and 2nd lowest infant mortality rates have totally banned DES. Their infant mortality rates are 12.9 and 13.4, respectively, per 1000 live births. In galling contrast, the United States, which has shamefully slipped from 6th place to 13th place in infant mortality since 1950, has an outrageous current infant mortality rate of 21.7 per 1000 live

(over)

births. We started using DES to fatten cattle and sheep in the early 1950s.

The highly respected New England Journal of Medicine reported, in its April 1971 issue, a study of women, given DES in the late 1940s to prevent miscarriage, who had daughters with an unusually high incidence of cancer of the vagina which was not discovered until the children were between the ages of 15 and 22.

Besides Argentina and Australia, the countries of Belgium, Ireland, West Germany, Netherlands, South Africa, Sweden, Switzerland and a dozen others have banned DES.

Over 1000 U. S. citizens die each day from cancer. It will do little good to spend billions to attempt to find a cure for cancer if we knowingly allow known carcinogens (cancer-causing substances) to be added to our food supply. THERE IS NO SAFE LEVEL OF A CARCINOGEN.

Urgently and respectfully yours,

_____ (Name, print)

_____ (Signature)

_____ (Street)

_____ (City)

_____ (State, Zip)

P.S. No reply to this form letter is needed. I know you are busy. This letter was prepared for my convenience by Clinton R. Miller, Legislative Advocate, National Health Federation, 121 2nd St., N.E., Washington, D.C. For additional information, call NHF at (202) 547-2547.

_____ 19___

The Honorable _____
House Office Building,
Washington, D.C. 20515

Dear Sir:

Please protect me from the U.S. Food and Drug Adminstration!

As a first step, I urgently request that you immediately cosponsor H.R. 11646 with Rep. Ogden R. Reid and/or introduce, in the House, a bill identical to S. 2818. Then urge Chairman Paul Rogers to hold hearings. The bills would ban the use of diethylstilbestrol (DES) to stimulate growth in any animal used as food.

DES causes cancer in man and animals in fantastically small concentrations. DES residues have been found in sheep in 1971 in concentrations as high as 36.9 parts per billion. These levels are more than 500% higher than those which have been found to cause cancer when fed to mice. Yet, the Delaney amendment of 1958 prohibits any additive in our food which causes cancer in man or animals. The FDA didn't prosecute the offending producers nor did they move to ban the use of DES to fatten cattle or sheep. Instead, they have set a "safe" level of 2 parts per billion DES -- in complete violation of the letter and intent of the Delaney amendment and other provisions of the Food and Drug Act.

The two largest beef producing countries outside the United States -- Argentina and Australia -- have completely banned the use of DES in promoting growth of livestock. Sweden and the Natherlands, who have the lowest and second lowest infant mortality rates, have totally banned DES. Their infant mortality rates are 12.9 and 13.4, respectively, per

(over)

1000 live births. In contrast, the United States, which has shamefully slipped from 6th place to 13th place in infant mortality since 1950, has an outrageous current infant mortality rate of 21.7 per 1000 live births. We started using DES to fatten cattle in the early 1950s.

The New England Journal of Medicine reported, in April 1971, a study of women given DES in the late 1940s to prevent miscarriage, who had daughters with an unusually high incidence of cancer of the vagina which was discovered when the children were between the ages of 15 and 22.

Argentina, Australia, Belgium, Ireland, West Germany, Netherlands, South Africa, Switzerland, Sweden, and a dozen other countries have banned DES.

Over 1000 U. S. citizens die each day from cancer. It will do little good to spend billions to attempt to find a cure for cancer if we knowingly allow known carcinogens (cancer-causing substances) to be added to our food supply. THERE IS NO SAFE LEVEL OF A CARCINOGEN!

Urgently and respectfully yours

_____ (Name, print)

_____ (Signature)

_____ (Street)

_____ (City)

_____ (State, Zip)

P.S. No reply to this form letter is needed. I know you are busy. This letter was prepared for my convenience by Clinton R. Miller, Legislative Advocate, National Health Federation, 121 2nd Street, N.E., Washington, D.C. For additional information, call NHF at (202) 547-2547.

This is a report on a highly significant case. Some may find its legal language confusing, however, it is presented in this fashion in order to be more informative and helpful to attorneys who may be called upon to help protect the constitutional rights of other patients.

Supreme Court Upholds Patient's Rights

By CHARLES ORLANDO PRATT, Washington General Counsel

Patients are entitled to relief under federal civil rights statutes when compulsory medication is administered over the patient's objection on religious grounds:

Because of the rapid growth of socialism and the increasing power of the bureaucratic welfare state, it becomes urgent that Americans know more about their constitutional and statutory rights. In the United States in 1967 about 600,000 patients were in psychiatric facilities.

However, it is heartening to know that a patient, Miss Miriam Winters, stood up to the mental health authorities of the City and State of New York with the able help of the New York Civil Liberties Union.

On behalf of Miss Winters a Brief was filed on October 26, 1971, in the Supreme Court of the United States, October Term, 1971, No. 71-418, and was entitled as follows:

Alan D. Miller, M.D., as Commissioner of Mental Hygiene of the State of New York, Francis J. O'Neill, M.D., as Director of Central Islip State Hospital, and Alexander Thomas, M.D., as Director of the Psychiatric Division, Bellevue Hospital Center, PETITIONERS,

against

Miriam Winter, on behalf of herself and all other persons similarly situated, RESPONDENT.

On Petition For A Writ Of Certiorari To The United States Court of Appeals For The Second Circuit

Brief For Respondent In Opposition

Bruce J. Ennis, c/o New York Civil Liberties Union, 84 Fifth Avenue, New York, New York 10011, (212) 924-7800, Attorney for Respondent; William H. Pratt, Of Counsel

(Brief continued next page)

Miss Winter's Brief was in opposition to Petitions filed in the Supreme Court of the United States by the Attorney General of the State of New York for the mental health officials described above, the Corporation Counsel of the City of New York for the Director of the Psychiatric Division, Bellevue Hospital Center, and doctors on the staff of Bellevue Hospital.

Miss Winters' Brief was in opposition also to the Brief for the Hospital Association of New York State, Inc., as Amicus Curiae in support of the Petitions for a Writ of Certiorari.

The purpose of these Petitions and the Brief for the Hospital Association was to ask the United States Supreme Court to prevent Miss Winters from having the right of a trial on the merits of her case in the United States District Court. This right had been granted by the U.S. Court of Appeals.

Here is Miss Winters' story as set forth in the Brief filed on her behalf. (She is referred to as Respondent.)

"Respondent is a 59-year-old Christian Scientist. She has never been convicted or charged with any crime or violent behavior. She has never been found to be mentally ill or mentally incompetent by any court or judge, and except for the incidents at issue, she has never been hospitalized or treated for mental illness. Respondent lived alone, on welfare, managing her person and affairs without assistance, until May of 1968. In mid-April of that year, her long-standing request for a room with a private bath (he had a diuretic problem) was finally granted, and she was taken to a Manhattan hotel by her welfare caseworker. She and her caseworker were led to a shabby room in the rear of the hotel, with no light or view. She protested, and was shown a much nicer room, in the front of the hotel, which she and her caseworker accepted. The rent was paid for the remainder of April, and respondent lived there, without incident, until May 2, 1968. On that day, her attempt to pay the rent for the month of May was refused, the hotel claiming, for the first time, that the room she was in was for "transients, not for permanents." Respondent refused to move to the rear room she and her caseworker had initially declined, and locked herself in her room. The management called the police and within hours police officers broke through her door and took her directly to Bellevue Psychiatric Hospital where she was admitted under section 78 of the New York Mental Hygiene Law as an 'emergency' patient. At Bellevue she was examined for less than a minute by a psychiatrist, who attempted to take her blood pressure. She refused, telling him she was a Christian Scientist, and he left the room. She was then taken to a ward where, over her express religious objection, she was forcibly subjected to an intramuscular injection of Thorazine, a tranquilizing medication, before she was examined by any other psychiatrist. On

May 6th, although she had not, in fact, been examined by any doctor, she was notified that she had been examined by two doctors and found by them to be mentally ill. On May 7th, the two doctors did examine her, and certified that in their opinion she was mentally ill—a characterization which respondent vigorously disputes. On May 13th, pursuant to their certificate, respondent was transferred to Central Islip, a state mental hospital, where she remained as an involuntary patient until June 18, 1968. On that date, she was converted to 'voluntary' status, and on July 18, 1968, she was discharged to her own custody."

"The Central Islip 'mental status' report described respondent's orientation, memory, retention and recall, knowledge, and abstraction ability as 'good,' and her 'judgment' as 'normal' (Appendix to the Second Circuit, pp. 48a-51a). And yet, for the eleven weeks she was hospitalized at Bellevue and Central Islip, including her final month as a voluntary patient, she was forced daily to take medication, orally or by injection, over her express religious objection, even though those medications were not necessary to preserve her life or safety, and even though she was not a behavior or management problem. The doctors and hospital officials, including petitioners, did not obtain or attempt to obtain judicial authorization for their actions."

"Following discharge, respondent filed suit under 42 U.S.C. Sec. 1983 seeking declaratory and injunctive relief, and damages. The District Court granted summary judgment for petitioners. The Second Circuit reversed and remanded for trial."

As indicated above, this means that Miss Winters won her case in the U.S. Court of Appeals, which gave her the right to pursue her lawsuit in the U.S. District Court.

For the information of the readers, the attorneys for Miss Winters used the authority in the Civil Rights Act as set forth in the United States Code (28 U.S.C. Sec. 1343 (3)) which provides as follows:

"(3) To redress the deprivation, under color of any state law, statute, ordinance, regulation, custom or usage, of any right, privilege or immunity secured by the Constitution of the United States or by any Act of Congress providing for equal rights of citizens or of all persons within the jurisdiction of the United States;"

For brevity, only a few of the significant opinions and statements expressed by the Judge of the U.S. Court of Appeals in this case are set forth below as follows: (Miss Winters is referred to as Appellant)

"This is an appeal from an order of the United States District Court for the Eastern District of New York (Anthony J. Travia, Judge) granting defendants-appellees' motion for summary judgment and dismissing the

(Continued next page)

complaint in an action brought pursuant to the federal civil rights statutes (42 U.S.C. Sec. 1983 and 28 U.S.C. Sec. 1343(3)). The opinion below is reported at 306 F. Supp. 1158 (1969). We reverse and remand for further proceedings as to the claim for damages resulting from the forced medication in violation of the plaintiff's right to freedom of religion under the First Amendment

As a preliminary matter we note that jurisdiction is properly founded under 28 U.S.C. Sec 1343(3) since the rights infringed are unquestionably those of 'personal liberty' rather than 'property.'

"The primary question raised in this appeal is whether appellant's constitutional rights were violated in nature, and whether she is therefore entitled to relief under the federal civil rights statutes."

"It should be emphasized at the outset that appellant had never been found by any court to be 'mentally incompetent,' nor, so far as the record shows, were any facts alleged by the medical personnel who attended her which would justify a finding by a court of 'mental incompetence,' although the two physicians who examined her pursuant to section 72(1) did state that in their opinion she was suffering from a 'mental illness'."

"However, the law is quite clear in New York that a finding of 'mental illness' even by a judge or jury, and commitment to a hospital, does not raise even a presumption that the patient is 'incompetent' or unable adequately to manage his own affairs. Absent a specific finding of incompetence, the mental patient retains the right to sue or defend in his own name, to sell or dispose of his property, to marry, draft a will, and, in general to manage his own affairs. Sengstock v. Sengstock, 4 N.Y. 2d 502, 176 N.Y.S. 2d 337 (1958); Finch v. Goldstein, 245 N.Y. 300 (1927)."

"It is clear and appellees concede that if we were dealing here with an ordinary patient suffering from a physical ailment, the hospital authorities would have no right to impose compulsory medical treatment against the patient's will and indeed, that to do so would constitute a common law assault and battery."

"The right of a State to regulate, for example, a public utility may well include so far as the due process test is concerned, power to impose all the restrictions which the legislature may have a 'rational basis' for adopting. But freedom of speech and of the press, of assembly, and of worship may not be infringed on such slender grounds. They are susceptible of restriction only to prevent grave and immediate danger to interests which the state may lawfully protect. It is important to note that while it is the Fourteenth Amendment which bears directly upon the State it is the more specific limiting principles of the First Amendment that finally govern this case. (319 U.S. at 639.)"

In the present case, the state purports to find an 'overriding secular

interest of public health and welfare' in the 'care and treatment of persons suffering from a mental disorder or defect and (in) the protection of the mental health of the state.' Yet there is no evidence in the record that would indicate that in forcing the unwanted medication on Miss Winters the state was in any way protecting the interest of society or even any third party. Appellant, however, is not suggesting in this case that the authorities could not legally retain her in the hospital, but rather only that her First Amendment rights were violated as a result of compulsory medication."

"Under our Constitution there is no procedural right more fundamental than the right of the citizen, except in extraordinary circumstances, to tell his side of the story to an impartial tribunal. As Mr. Justice Frankfurter noted in his concurrence in Joint Anti-Fascist Refugee Committee v. McGrath, 341 U.S. 123, 168 (1951):

> *This Court is not alone in recognizing that the right to be heard before being condemned to suffer grievous loss of any kind even though it may not involve the stigma and hardship of a criminal conviction, is a principle basic to our society.*

"Having concluded, therefore, that the appellant has stated a claim on which relief may be granted, we remand the case to the district court with instructions that it proceed to trial on the merits."

The Supreme Court of the United States entered on December 6, 1971, an Order denying the Petitions for a Writ of Certiorari. This refusal to review or change the Judgment of the U.S. Court of Appeals, which was in favor of Miss Winters, means that she will have her day in court as she requested originally. This is a victory for her and for all Americans.

It seems to be appropriate here to caution the reader that the Courts, including the Supreme Court of the United States, examine the facts in each particular case presented in order to establish the contours of the free exercise clause rather than to formulate any *per se* rules. The leading case on this point is Mr. Justice Jackson's opinion in West Virginia v. Barnette, 319 U.S. 624 (1943).

It is hoped that someday the Courts will protect "personal conscientious beliefs" as well as "religious beliefs" of an individual who objects to forced medication.

It is hoped further that this article will help some lawyer to help some person to protect his or her constitutional rights under the First Amendment of the Constitution of the United States.

Law is an instrument of social policy. Your National Health Federation was founded by Fred J. Hart and others to provide a forum by which social policy, enacted into law, will protect your constitutional and inalienable rights in matters of health.

NHF Cancer Amendment Introduced In House

Prior Testimony by Dr. Dean Burk Defines Need for Legislation

A bill to authorize testing and research on the use of nontoxic substances in the diagnosis, treatment, and prevention of cancer was introduced in the House on December 7, 1971 by Congressman John Schmitz (R-Calif.). The bill, H.R. 12092, further bans federal restrictions on the use of any safe and nontoxic drug, food, vitamin or other substance in clinical research or clinical testing to determine its effectiveness in diagnosing, preventing or treating cancer if carried out under certain prescribed conditions.

The text of Rep. Schmitz's bill is the same, in essence, as that offered by NHF as an amendment to the Cancer Attack Bill recently passed by both houses of Congress which allocates $1.6 billion over the next three years for a concentrated attack on cancer. The bill in its final form, as passed by Congress, failed to contain the NHF amendment.

The National Health Federation, through its Legislative Advocate, Clinton R. Miller, previously had presented the amendment along with supporting testimony before the subcommittee holding hearings on the then proposed cancer attack bills. Mr. Miller's testimony and the proposed amendment appeared in the January, 1971, issue of the *NHF Bulletin.*

NHF believes that it is the present intent of Congress, in passing the Cancer Attack Bill with its massive appropriation, that an all-out effort is to be made to conquer cancer and that no stone should remain unturned in this effort. NHF believes that Congress presumes that the National Cancer Institute has now, in effect, been mandated to explore and thoroughly test every drug or other substance that offers even the slightest glimmer of hope in the prevention or cure of cancer. NHF, however, is concerned that regardless of the Cancer Attack Bill and the size of its appropriation, the same bias and prejudice which have been evident in the past towards the simple, nontoxic remedies, will still exist in the future. To obviate this possibility, NHF urged the inclusion of our amendment to the Cancer Attack Bill. Failing in this effort, Representative Schmitz consented to introduce the measure as a separate bill.

NHF is not alone in its concern about the possibility of continued bias in future cancer research as supported or approved by the National Cancer Institute and the Food and Drug Administration. Others have voiced similar concerns. Dr. Dean Burk gave support to such concerns in his testimony before the House Subcommittee on Public Health and Environment during hearings on the proposed cancer attack bills before them. The Subcommittee apparently wanted to get the views of a responsible individual working within the National Cancer Institute but not in a top administrative position, when they asked Dr. Burk to testify.

Dr. Dean Burk is a distinguished biochemist researcher who heads the Cytochemistry Section, Laboratory of Biochemistry, at the National Cancer Institute. He has been affiliated with the National Institutes of Health for the past 30 years or more. His testimony before the House Subcommittee on Public Health and Environment was in the form of answers to questions put to him by subcommittee members. The testimony was lengthly – too lengthy to print in full here. However, we believe that our readers will be interested in some of the pertinent excerpts which follow. Rep. Symington was acting chairman of the subcommittee at the time.

The Testimony of Dr. Dean Burk

Mr. Symington. We have heard Mr. Miller's testimony, and we have read the *Time* magazine article that he referred to, which does indeed quote you as saying, concerning Laetrile, "The stuff is absolutely harmless, so why not give it a try."

If indeed you did make that statement, sir, what kind of a try did you have in mind?

Dr. Burk. That was probably a paraphrase, but it is certainly my sentiment. What I am trying to get is a trial of Laetrile according to fair and reasonable FDA standards in the best hospitals in the United States by the best doctors. There are such doctors in hospitals awaiting the permission of the FDA, without which, of course, they would not proceed.

Mr. Symington. There are two bills before us, S. 1828 and H.R. 10681. Do you think there is anything in either of those bills which would prohibit, or to be construed to prohibit, those in charge of the fight against cancer from experimenting clinically or in any other appropriate way with Laetrile?

Dr. Burk. I have not detected any specific prescribed limitation but I can read into the nature of the bills considerable possibility of such restriction or inherent prohibition.

Mr. Symington. Where would you read that into it?

Dr. Burk. Well, if most of the cancer research money from the government goes into a single funnel and is then passed out in due process by way of study section committees and up through the channels, experience has already extensively shown that heavily favored are those relatively noninno-

(Continued next page)

vative grant requests and contract problems that people already know much about. I would say from extensive experience that there would be a very few compounds of the type of laetrile we are talking about now that would ever get an adequate hearing, let alone active support.

Mr. Symington. May the subcommittee take it then that the only substance that you know of which is being, in some fashion, bureaucratically estopped in the fight against cancer is laetrile?

Dr. Burk. No, although I may say that I could indeed think of a great many more substances that, if they came to issue, they would be similarly, or more so, bureaucratically estopped.

Mr. Symington. The (NHF) amendment states that no Federal agency shall have the authority to ban a drug of a certain toxicity level for clinical research or clinical testing. Do I take it from that that clinical research in this country is denied laetrile and other substances?

Dr. Burk. Unquestionably and documentably so.

Mr. Symington. The article states that the U.S. Food and Drug Administration says that in the absence of clinical proof that laetrile actually worked, the agency refused to allow its interstate shipment. But you are saying that they won't allow it to be tested.

Dr. Burk. Yes, and on grounds other than scienitfic, medical, truthful and fair.

Mr. Symington. What you are saying is that they have both ends of the question, one is they won't let it be tested and the other is that in the absence of proof, they won't submit it to be used.

Dr. Burk. Yes, "used" in the sense of "even tested." Incidentally, this illogical attitude is met with many times in just ordinary research grant requests that come to study sections. The attitude is adopted that "give us final evidence first" but of course without supporting the opportunity to get such evidence, an investigator is stymied by such circular reasoning overflowing with Aristotelian undistributed middle.

Mr. Symington. I take it in your work you try a lot of things out on mice. You have tested laetrile on mice. You were not prohibited and I take it there is no FDA regulation that protects mice from this thing?

Dr. Burk. No, not yet.

Mr. Symington. Inasmuch as mice don't suffer from or enjoy certain psychological impacts, what has been the experience on the cancerous mice after laetrile? Did they get well?

Dr. Burk. My studies were almost exclusively on pharmacology to see whether it was harmful or not. I didn't persue the question of efficacy to any great degree and I found the mice over a period of months could eat three times their own body dry weight of laetrile and still appear to be exactly like the untreated controls.

Mr. Symington. What prompted you to test the harmlessness of laetrile on mice?

Dr. Burk. Such studies need not require an extensive setup. My first tests did happen to be with tumor-bearing mice, and then later the FDA requested that I repeat the tests with normal, nontumor-bearing mice and for much longer time, which I did.

Mr. Symington. In other words, the FDA was sufficiently curious about the harmlessness of laetrile to ask you to test that feature of it?

Dr. Burk. Sufficiently, something, yes, on noncancerous mice.

Mr. Symington. Did you submit a report to them?

Dr. Burk. Yes, it was added to the McNaughton IND application, and further extensively analyzed in a documented letter I wrote to Congressman E. W. Edwards on February 23, 1971, that I will submit to you in due course.

Mr. Symington. What happens then when they get such a report, did they make any conclusions of their own as to its efficacy?

Dr. Burk. Their recently appointed Ad Hoc Committee of Oncology Consultants virtually ignored it and related data also submitted—they looked the other way, under the guidance of FDA, which in a later news release of September 1, 1971, mendaciously denied the bearing of the data.

Mr. Symington. There is no evidence?

Dr. Burk. Quite the contrary, the evidence is extensive for both nontoxicity and for efficacy in certain rat cancers.

Mr. Symington. Were your data, in your mind and in the minds of your colleagues, absolutely indisputable that the substance was nontoxic to mice?

Dr. Burk. Yes, and in confirmation of extensive data of others going back over 100 years.

Mr. Symington. This interests me for a number of reasons. One, it illuminates an area we haven't much covered and that is the relationship between the NIH (National Institutes of Health) and FDA (Food and Drug Administration) and specifically, NCI (National Cancer Institute) and FDA.

For example, after this rebuff from FDA, what prevented you from going higher in your organization and saying, "Now look, this might be effective against cancer. These fellows have rejected an experiment and conclusion which proves that laetrile is less damaging than sugar and that we cannot allow this conclusion to stand, we must proceed with further testing," and why could you not then pit the mighty against the FDA and get done what you, as a scientist, want to see and have done and have a duty to see that it is done?

Dr. Burk. The answer I think is

(Continued next page)

fairly plain. They are all of the same bureaucracy, where the first rule is all stick together. They are like cogs and wheels, and wheels within wheels in a clock, the winding up of which is done by outside medical bureaucracies, who give orders.

Mr. Symington. Your superiors?

Dr. Burk. Yes, administrative—though not scientific—superiors, acting along with part of the AMA, American Cancer Society, and FDA. I will name them if you like; Dr. Carl Baker; Dr. Kenneth Endicott, formerly in Dr. Baker's position; Surgeon General Dr. Jesse Steinfeld; Director of NIH Robert Marston; and now Secretary of Health. Education and Welfare Elliot Richardson. It is easier for them to stick together than to be upright and forthright as individuals. . . . All of these gentlemen have written letters essentially at the untruth level of the FDA. All of them have told literal lies with innumerable red herrings. I mean documentable lies, such as I will submit to you in exampled documented detail in due course.

* * *

Dr. Burk. I don't think of myself as a maverick. I am just telling you what I honestly think, and when I think something is true, I am quite willing to say so and let the chips fall where they may. Finally, I wish to thank you for your evident interest in my testimony, and now I will get back to my laboratory where truth is distilled.

NEW PERPETUAL AND LIFE MEMBERS

Perpetual Members

Mary McAlpine
Banner Gelatin Products, Corp.

Life Members

Dr. Edward J Haegel
Mr. and Mrs. P. G. Griess
Mr. and Mrs. J. Kellar
George M. Gruver, D.C.
Marvin R. Sims
Ethel Marie Hepner
Mrs. Elizabeth W. Taylor
Mr. and Mrs. M. J. Martin, Jr.
Mr. and Mrs. Ernest J. Bolduc
Mrs. J. E. Langelier
Helen M. Rice
Dorothy's Natural Food Shop
Mr. and Mrs. Louis W. Stickney
Robert L. Clement, D.C.
Stanley and Alice Siwy
Dr. and Mrs. Alan G. Beardall
Dr. W. W. Kemp

Received mid-November thru mid-December

THE PASSING OF A FAITHFUL NHF MEMBER

The saddening news has been received of the passing of Ed Franklin early in December. Mr. Franklin was residing in Fairfax, California with his precious wife, Betty. He was currently a member of the NHF Board of Governors and, working along with Betty, gave generously of time and energy in furthering the causes of health freedom. To our dear Betty, our affectionate condolences.

The Cup That Cheers

EMORY W. THURSTON, Ph.D., Sc.D.

Some centuries ago, in the high table lands of Abyssinia, shepherds notice their goats frisking around at night instead of sleeping. Curiosity prompted them to observe what the animals had been eating, and, finding that they browsed on some bushes laden with bright red berries, they gathered some and tried them in beverage form. Eventually, the roasting of the berries was discovered, and ultimately coffee spread all through the Arabic World. As the Koran prohibits the use of alcohol, coffee became the hospitality cup of Arabs.

The crusaders brought coffee with them when they returned to Europe and by the year 1600 the English coffee houses had become the center of London's elite, especially for business and professional men.

Now with our almost universally observed "coffee break," people who never used coffee before, have begun to drink it. Like any other habit, the use of coffee is not so much in the use as in its use to excess. Probably the ONE cup of breakfast coffee will do little damage. However, when this breakfast cup is compounded by drinking it several times a day, serious consequences can result. Why should this be? Coffee, as almost everyone knows, contains a substance called caffeine. Caffeine is classed as an alkaloid and is really a drug, or medicine. While this alkaloid is combined with other plant substances and is therefore less active than the pure drug as used medicinally, it still has physiological activities. It often causes extreme wakefulness, with some increase in brain activity. It slightly increases the flow of urine. Usually there is increased mental activity and capability of sustained mental work. It usually increases the force of the pulse. After two or three hours there may be physical restlessness, sometimes mental anxiety, obstinate sleeplessness and often frequent desire to urinate. Its principal activity however is in producing activity of the cerebrum (the forebrain).

Students often take large amounts of coffee to keep them awake and increase their brain activity.

Caffeine has been used as a stimulating tonic in acute heart failure, as a respiratory stimulant in shock, acute alcoholism, and in poisoning by narcotic and hypnotic drugs.

Use of coffee to excess builds up a tolerance or immunity to its medicinal effects. Eventually sleeplessness, peptic ulcer, other gastro-intestinal symptoms, frequent headaches, and liver disorders may result.

Tea drinkers, where strong brew is used may suffer similar disorders. In addition, recent studies among people using large quantities of

(Continued next page)

strong tea reveals a great increase in cases of cancer of the stomach. Cocoa and chocolate also contain a similar alkaloid, theobromine, which, in the case of chocolate products, can result in liver damage, and a disturbance of the calcium balance.

All in all, the use of these substances is a matter of balance. If the potential harmful effects are outweighed by the pleasure they give, it is up to each individual to decide.

And They Said It Couldn't Be Done . . .

Kansas city, Kansas had never had an NHF convention. Most said that the city was not big enough and being a new area (for NHF), a successful convention could not be staged. Anna McKelvy, a staunch NHF member, didn't agree and went ahead and planned a meeting that was a smashing success. The auditorium was filled to capacity, the mayor's assistant was present to read a proclamation making the week "National Health Federation Week," there was a parade with a sound car furnished free by the City, 95 new members were signed up, and everyone seemed to be thrilled with the whole event. Just shows what the inspiration of one woman can do.

* * *

Most believe they can do little, as individuals, to get the wheels of government agencies moving in the right direction. Not so with John K. Mustard, Executive Director of the Delaware Valley Committee for Protection of the Environment, and a dedicated NHF member. He didn't agree with the content of ads for Domino and Spreckles sugars and felt that it was a case of false and misleading advertising when the companies stated that their sugar

—"Will give strength, energy and stamina to everyone.

—"Enable professional athletes to perform better.

—"Are assimilated and used as a body fuel at a significantly faster rate than other refined sugars and other simple carbohydrates.

—"Can be relied upon by mothers to keep their families healthy and active."

Consequently, Mustard prepared and sent to FTC, Bureau of Consumer Protection, a formal letter of complaint challenging the advertising claims. Whereupon the FTC ultimately formally accused Amstar Corporation, of New York, (manufacturer of Domino and Spreckles sugars) and two advertising agencies of making false claims in their advertising campaign.

NHF members will be pleased to learn that one individual action can precipitate governmental corrective reform and perhaps it will give them the necessary courage to speak up, individually or as a group, when obvious wrong confronts them.

NOTES FROM THE NEWS

Los Angeles Herald Examiner

Kennedy Hits Out At AMA

Sen. Edward M. Kennedy, D-Mass., accused the American Medical Association of obstructing almost every major reform to provide Americans with better health care. Kennedy accused the AMA of putting "the lives and well being of American citizens below its own special interest in ordering its priorities. It deserves to be ignored, rejected and forgotten." AMA President, Dr. Wesley Hall, said "As Sen. Kennedy himself said on another occasion, 'we can recognize political oratory when we hear it'."

*

Los Angeles Times

Nader Charges Some Pastes Stain Teeth

Consumer Advocate Ralph Nader charged that some toothpastes stain teeth rather than clean them. In a letter to Chairman Miles W. Kirkpatrick of the FTC, Nader said toothpaste "containing stannous fluoride has been shown to cause extrinsic staining of the teeth." "Crest with Fluoristan" is the most widely sold toothpaste with stannous fluoride" said Nader, and others are Stripe, Pepsodent, and Peoples. Nader said staining due to stannous fluoride was documented in studies conducted in England and published in the British Dental Journal. Nader in a separate letter, also urged the FTC to stop television commercials for Colgate with MFP (monofluorophosphate) which claims to be a "tooth toughener," which claims are completely unsupported by scientific evidence. "We are deeply disturbed that the FTC allows these advertisements to continue unchecked," he commented. "Colgate Palmolive should be required promptly to rescind all claims that Colgate with MFP is a tooth toughener."

*

The Houston Post

Coronary High On Killer List

Dr. Henry I. Russek, a medical scientist long devoted to the heart, ticked off the advances of the past 20 years in preventing and treating coronary heart disease until he reminded himself of a shattering fact. The fact is the disease disables or kills as many Americans as ever. It gave him pause this fact: and it raises the question: "Are these 'advances' therefore inconsequential or has progress been counterbalanced by the growth of etiologic (causative) influences about which we have done or can do little?" Advances are important, but paralleling them have been the stresses of day-by-day living, causing hardening of the arteries which is the underlying cause of coronary heart disease. In underdeveloped countries, it is seen only in aged per-

(Continued next page)

sons, but in our society it arises almost as a childhood disorder he said. Children are continually pressured by their educators, he added. They're not permitted "to read leisurely for pleasure and enlightenment, but only superficially for grades"—art, music, athletics, recreational needs, rest and sleep are being sacrificed to "learning."

*

The Houston Post

Ecology Court Set Up

Judge Glenn McDonald of the Jefferson Quarterly Court Criminal Division has set aside every Friday afternoon for cases on pollution and ecology, to prosecute what he calls "ecological criminals." He described the sessions as "a court of public awareness," adding, "This court is for the people—to make them aware of the laws and to make the legislature aware of the need to enact new laws." When the court was established five months ago, most of the cases were brought by either the Air Pollution Control Board or the Board of Health, but lately, ordinary citizens have been filing suits against individuals, groups or companies they think are polluters. To do this a citizen must obtain a summons at the County Clerk's office, name the violator, the alleged violation and provide his own name. Within four to six weeks plaintiff and defendant have been summoned to court and fines have averaged from $10 to several hundred dollars in the nonjury cases. The main ecology cases under which laymen can prosecute are the highway littering statute. Defendants included a man taken to court by neighbors for dumping garbage in the street instead of paying a $3 dumping fine in his subdivision. He was found guilty and fined $300 for littering.

*

Los Angeles Times

A New Chicken and Egg Riddle—PCB Pollution

A special panel of the National Academy of Science, headed by Dr. Edward D. Goldberg, Chemistry Professor at Scripps Institution of Oceanography at La Jolla, alerted to the problem of Polychlorinated biphenyl (PCB), which is used in industrial heat transfer systems, has urged an all-out survey of the extent to which PCB has polluted the seas. Studies have indicated that oceanic fish and plankton now contain a higher percentage of PCB and PCB molecules and are more persistent than DDT, whose effect on fish and birds is relatively well known. During the summer, chickens and eggs in 10 Southeastern states were contaminated and in 1968 about 300 Japanese contracted a strange skin disease, and several died. Despite laboratory tests that show the deleterious effect of the PCB type substances, the sole U.S. manufacturer of PCB substances, Monsanto Chemical Co., has declined to release its production figures although scientists have long been requesting such data, according to the academy panel's report.

Over the years, NHF has been asked one question more frequently and with greater regularity than all others. This question is, "I'm going to travel abroad; must I have a smallpox vaccination?" Those who may be seeking the answer to this same question will find the experiences of Mrs. Gibson of special interest.

Smallpox Vaccination Not Needed . . . To Travel Abroad

A Personal Experience Report
By BARBARA GIBSON

When I learned that I had to travel to the Middle East on business recently, I was apprehensive because I did not want to have another smallpox vaccination. I had read several newspaper and medical articles which stated that the United States had had no deaths from smallpox itself in recent years, but there were several incidences of smallpox vaccination reactions and even deaths. Therefore, I made inquiries of Mr. Clinton Miller, our NHF representative in Washington, D.C., as to my rights as a United States citizen. I also wrote the Public Health Service in Atlanta, Georgia for the latest regulations.

Mr. Miller advised me that according to Part 71, Title 42, Code of Federal Regulations, as amended June 28, 1963 (28 FR 5229)

(b) *Any person subject to vaccination under this section shall be offered vaccination; if he is not vaccinated, he may be placed under surveillance . . .*

(c) *Any person subject to vaccination under this section who has visited a smallpox infected local area with 14 days prior to arrival may be required to be vaccinated, or may be placed under surveillance; if he refuses vaccination, he may be isolated . . .*

The Advisory Memo No. 24 which I received from the Public Health Service of the Department of Health, Education and Welfare, in Atlanta, dated March 25, 1971, stated the following:

The foreign Quarantine Program of the Center for Disease Control has issued the following statement concerning smallpox vaccination requirements for entry into the United States:

Although the United States can require evidence of smallpox vaccination from all persons entering the United States, this will only be enforced for those persons who within the past 14 days have been in countries reporting smallpox. Persons inquiring about

(Continued next page)

immunization requirements should be informed that it is desirable and recommended that they be vaccinated prior to departure. They will be held or vaccinated at the port of entry in the United States only if they have visited a smallpox reporting country within the two weeks prior to arrival or in the unlikely event that they have been exposed to smallpox on their plane or on a connecting flight.

It is of utmost importance to note that this statement represents a modification of procedures at United States ports of entry . . . It is not an elimination of the requirements for proof of immunization against smallpox . . .

This all means that although the government recommends vaccination, it does not presently require it. However, since this is a new edict, I found that local Board of Health Stations were not aware of it and still advised callers that it was a requirement. Also, calls to Consulates in the New York area brought the same reply. The countries abroad at that time were not all kept up to date on the U.S. Government ruling and I was assured that I would be vaccinated upon entering their countries in order to "comply with U.S. Government law." Of course, I apprised them of the new ruling and asked them to look into it. Apparently, those who were supposed to be well informed were not.

Armed with the HEW Public Health Service Advisory Memo No. 24 and several newspaper clippings reporting that vaccinations were no longer needed for traveling to Europe, as well as a letter from my doctor stating that a vaccination in my case would be contraindicated, I arrived at Lod Airport, Israel unvaccinated. No one asked for my yellow international health card or made any medical inquiries of me. No doubt, my advance call to their New York Consulate paid off. However, the real test would be at JFK Airport in New York City upon my return.

There was no test. I saw no U.S. Health Officer and no one mentioned the word vaccination to me. I did get a small piece of paper from the Customs Agent, which he tucked away in the pages of my passport, advising me to tell a doctor I had been abroad, if, for any reason. I took sick within six weeks after my flight home.

I offer this inforamtion for those who, like me, wish to travel to foreign countries but do not desire to be vaccinated. Of course, if anyone is fearful of contracting smallpox, or cholera, he should consider being vaccinated, but this should be a decision for *him* to make. Providing the level of the health situation around the world remains as it is today, you are not required by the U.S. Government to have a smallpox vaccination when you visit Europe, the Middle East, the Caribbean, and Mexico.

Book Reviews

NUTRITION AGAINST DISEASE by Roger J. Williams (Pitman Publishing Corporation, 6 East 43rd Street, New York, New York 10017; 227 pages plus 72 pages of reference notes followed by appendix with food tables, index; hard cover; $7.50)

Roger J. Williams is perhaps responsible for more original work in the field of vitamin research than any living scientist. He was the first man to identify, isolate and synthesize pantothenic acid, one of the important B vitamins. He also did pioneer work on folic acid, and gave it its name. Consequently, his name as the author of a book, commands authoritative respect for the accuracy, the soundness and the value of the book's contents.

Nutrition Against Disease is an excellent example of Dr. Williams' ability to present convincing scientific information in a style that is easy to read and understandable to the layman but yet provides the scientific content to appeal to the professional. In this particular book, Dr. Williams has provided for the professional, a massive documentary section containing over 1100 scientific citations that support his thesis.

The central thesis of the book's content is that the nutritional microenvironment of our body cells is crucially important to our health and that deficiencies in this environment constitute a major cause of disease. This is certainly a simple enough concept and one that is neither new nor revolutionary but it does lead us into a field in which there is a woeful lack of sufficient investigation to make the concept universally acceptable and clinically practical – unfortunately. Dr. Williams chides the medical profession for the hostility and ignorance shown towards the subject of nutrition. He also has some sage comments concerning the role of the FDA and the negligence of the food industries in fulfilling their responsibilities.

Dr. Williams believes that there is already enough real knowledge to mount an effective campaign of nutritional prevention against a wide variety of diseases—other than the recognized deficiency diseases such as scurvy, beri beri, pellagra, etc. – and to greatly improve the health and efficiency of the multitude of people who are not enjoying optimum health but who may have no specific discernible disease. The book substantiates this belief as Dr. William relates the very latest nutritional findings, the results of nutritional experiments, and discusses the practical application of these findings.

Dr. Williams approaches the subject of nutrition on the cellular level —and rightly so because, after all, the integrity and functional ca-

(Continued next page)

pacity of the body as a whole, is dependent on the integrity and functional capacity of its components parts, ultimately the individual cells. He believes that rarely are cells permitted to perform at their true optimum level simply because they are not bathed in optimum quantities of all the nutrients (which may number 40 or 50) required by the cells. Consequently, cells are forced to do the best they can with what is available, but this may be far below optimum.

Dr. Williams stresses the hereditary factors in diseases and discusses the relationship of nutrition in these. He introduces the term "genotatrophic condition" which means a condition that is predisposed by heredity and precipitated by nutritional factors.

Stress is placed throughout the book on the fact that no two individuals have the same nutritional requirements and thus, the so-called tables of "minimum daily requirements" relating to certain vitamins and minerals formerly adopted by the FDA, are almost meaningless. At best, they can be considered as the very vaguest guidelines. Dr. Williams cites example after example in which the daily need of a specific nutrient for a specific individual often was several thousand percent higher than shown on the tables.

In separate chapters, the book discusses the latest nutritional findings in reference to several common health problems—arthritis, obesity, old age, heart disease, cancer, alcoholism, mental disease, dental disease, and mental retardation. One having a genuine interest in the subject of nutrition will find a sumptious feast of vital information awaiting them in this book.

Cooperation is doing with a smile what you have to do anyway.

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."

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. Donsbach, 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

1972 NHF Conventions

San Diego	March 18-19
St. Petersburg	April 8-9
Dallas	April 13
Houston	April 15-16
New Orleans	April 22-23
Kansas City, Mo.	May 7
Phoenix	May 13-14
Milwaukee	May 20-21
San Francisco	June 3-4
Portland	July 8-9
New York City	November 11-12

HELP SAVE OUR HEALTH FREEDOMS