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Legal and Legislative Aspects of Medical Monopoly

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Dedicated to the Protection of Health Freedoms

THE
NATIONAL HEALTH FEDERATION
BULLETIN

Protection of Health Freedoms — Published Monthly

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

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Legal and Legislative Aspects of Medical Monopoly

By CHARLES ORLANDO PRATT, Washington General Counsel

Personal experiences of millions of Americans have made them critically aware of the unwarranted and unreasonable oppression against them in health matters by federal, state and local governmental regulatory agencies which administer laws relating to health matters. These millions have found laws administered in such a manner as to foster and encourage a medical monopoly and to deny citizens of their rightful freedom of choice in matters relating to their own body and health. Scores of broad examples could be cited.

Existing Laws Foster Medical Monopoly

Approximately 50-million Americans consult doctors of chiropractic for at least some of their health problems. Many of these found sought-after relief as a result of chiropractic treatments after orthodox medical care had failed. On reaching the age where they became eligible for Medicare, they find that only orthodox medical care is available to them under the benefits of Medicare and that if they desire chiropractic care, they must pay for this care themselves. To these persons, this is a discriminatory injustice inasmuch as their tax dollars helped make Medicare benefits available and inasmuch as chiropractic is a legally recognized and regulated profession in 48 states. Here, Congress, through failure to pass appropriate legislation, has contributed to the establishment of a medical monopoly and has denied to countless Americans their legitimate freedom of choice.

FDA Seeks to Severely Limit Sale and Use of Food Supplements

A few short years ago, the Food and Drug Administration proposed to severely limit the sale of harmless vitamin and mineral supple-

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ments by banning the sale, except on prescription, of all but eleven vitamins and six minerals and these only in very limited potencies. This would have the effect of denying to millions of Americans a supply of harmless nutrient substances, or in the potencies, needed to fulfill their individualized nutritional needs. As a reason for this proposed order, the FDA stated that Americans were wasting millions of dollars buying food supplements which they did not need but this excuse was altogether too transparent. Never before had any government agency, and particularly the FDA, become so solicitous of the American pocketbook. It was only because of the forceful protest of the National Health Federation, other organizations and certain trade groups that prevented an immediate implementation of the proposed order and forced the FDA to hold hearings on the proposals.

Post Office Uses Modified Form of Censorship of Health Books

Over the years, the Post Office Department has seized certain health books and have denied the publishers the use of the mails to ship the books. Basis for actions were that alleged fraudulent misrepresentations have been made in the advertising of the books. The Post Office officials freely admitted that medical consultants from the FDA had found statements not in keeping with the *consensus of medical opinion*, hence their action. In one recent case, it was admitted that it was not merely the advertising they found objectionable but the contents of the book and that even the title was objectionable to the medical consultants. This, of course, smacks of censorship of the first water designed to suppress freedom of expression on matters pertaining to health.

Political Arm of AMA Exercises Dictatorial Influence On Government Agencies

Example after example could be cited and it is because of these incidents that now millions of Americans are becoming aware of the economic and political dictatorial influence exercised upon the federal and state governmental agencies by the political arm of the American Medical Association. This power unquestionably is brought to bear upon the governmental agencies for the undisclosed purposes of increasing, or at least maintaining, the medical economic monopoly. This power, in many cases, is not exercised for the noble purpose of protecting the health and welfare of the American people.

For example, apparently because of the influence exercised by the medical and drug power structure, governmental agencies have used the courts of justice, both federal and state, to criminally prosecute non-allopathic doctors, proprietors of health food stores and even outstanding doctors of medicine who used, or attempted to use, any product, method or procedure in the treatment of a patient which is not

recognized by the so-called "medical consensus."

This medical-drug monopoly power structure has exercised its selfish economic influence on the U.S. Department of Health, Education and Welfare; the Federal Food and Drug Administration; the U.S. Public Health Service; the National Institutes of Health; the Federal Trade Commission; the U.S. Post Office; and the U.S. Department of Justice and the offices of state prosecuting attorneys to institute criminal actions against those whose views and methods are not in accord with the consensus of medical opinion. These criminal actions have been instituted often times, I believe, not for the purpose of protecting the health and welfare of the American citizen but for the sinister purpose of maintaining and extending the power and influence of the medical-drug monopoly in this country.

No one is beyond the reach of this medical-drug monopoly. Through the influence of the political arm of a state medical society, a father of a child seven years old was successfully criminally prosecuted, because he took the advice of a non-allopathic doctors instead of that of doctors of medicine and he was blamed without justification for the death of his child.

Secret Recording Devices Used By FDA

The Federal Food and Drug Administration has, on more than one occasion in the past, admitted at congressional hearings that it used secret recording devices to gather evidence against individuals in connection with health care, the use of health products, and lectures on the use of natural food products as distinguished from drugs. This evidence has been used in state and federal courts against the individuals who were convicted of criminal acts based on the use of such evidence which, in my opinion, was obtained illegally in violation of Article V of the United States Constitution which provides, "No person . . . shall be compelled in any criminal case to be a witness against himself, not be deprived of life, liberty, or property, without due process of law . . ."

The Constitution of the United States guarantees freedom of religion, freedom of speech, freedom of the press, and freedom of assembly. The Constitution does not specifically guarantee freedom of choice in health care but when the framers of our Constitution were drafting the Bill of Rights, thought was given to the inclusion of a provision for freedom of choice in health matters. Dr. Benjamin Rush, the first Surgeon-General of the Continental Army and one of the signers of the Declaration of Independence, said, "The Constitution of this Republic should make special provisions for medical freedom as well as religious freedom. To restrict the art of healing to one class of men and deny equal privileges to others will constitute the Bastille of medical science. All such

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laws are un-American and despotic. They are fragments of monarchy and have no place in a Republic."

Double Standard of Law Enforcement

The Federal Food and Drug Administration has for many years criminally prosecuted American citizens who are manufacturers and distributors of dietary food supplements, natural or organically grown fruits and vegetables, and foods for special dietary uses, even though none of these products was adulterated, deleterious, dangerous, toxic or had any harmful side effects.

On the other hand, the Federal Food and Drug Administration has for many years refused or failed to prosecute drug manufacturers who shipped in interstate commerce dangerous, experimental drugs, some of which killed patients and caused serious crippling side effects in others.

A few years ago, a large pharmaceutical manufacturing concern developed a new drug and then falsified experimental data in order to obtain FDA approval. The drug subsequently maimed and killed many persons because of its highly toxic nature. The FDA ultimately took action against the company. In the trial which followed, the responsible company officials, though found guilty, were given suspended imposition of sentences. At about the same time, the FDA brought action against a health-food manufacturer for making exaggerated alleged therapeutic claims for two harmless vitamin products. The matter was first settled in a civil action through a consent decree after which the FDA filed criminal charges, thus, in effect, prosecuting twice in connection with the same action. At the conclusion of the criminal case, the court sentenced the manufacturer to two years imprisonment and fined the company a total of $22,000. Does this seem like a double standard of justice?

No One System of Therapy Holds Key to All Health Problems

It is certainly recognized by the American people that the medical profession has made great progress and is rendering a valuable service to the American people, especially in keeping them alive. The medical profession is made up, for the most part, of conscientious and truly dedicated men and women, most of whom are not in accord with the political and dictatorial policies of the American Medical Association even though they may be members. In spite of the medical progress which has been made and the dedication of the doctors of medicine, however, there is a general realization among people that the medical profession cannot do the whole job with surgery, drugs, antibiotics, tranquilizers and sleeping pills.

According to official medical reports, the lifespan of the American people has been extended during the past fifty years. However such increase in the lifespan has not meant to millions of our citizens that they have enjoyed good health; and it is because of this natural

desire to search for a means to enjoy a feeling of well-being that the American people have sought other means and procedures to improve their health, outside of the medical profession which has failed in coping with the health problems of millions of our citizens.

NHF Fights For Freedom of Individual Choice

Because of the tragic health situation that exists in this country today, the National Health Federation has become one of America's bulwarks of freedom of the individual to inquire and seek all methods of the healing arts professions. This includes the freedom to buy, sell and use all kinds of wholesome foods(natural or processed) as the individual may choose. This freedom does not mean the right to impose upon people any particular kind of health food or health care.

The National Health Federation believes that the freedom in the choice of health care carries with it the responsibility of obeying the letter and spirit of the constitutional laws of our land. However, this freedom does carry the philosophy that all our citizens have the right and the duty to work for good health laws and to oppose health laws which are not reasonable or which are monopolistic in nature and purpose.

Herbert Hoover, the 31st President of the United States, on the occasion of his last birthday, lauded "Freedom of Choice in the United States." He said, "In short, we have freedom of choice, and the product of our freedom is the stimulation of our energies, initiative, ingenuity and creative faculties." Mr. Hoover climaxed his famous statement when he said, "Freedom is the open window through which pours the sunlight of the human spirit and of human dignity. With the preservation of these moral and spiritual qualities, and with God's grace, will come further greatness for our country."

The National Health Federation will continue its perennial war against the medical-drug monopoly. The National Health Federation will try to reopen the "window" through which pours the sunlight of human spirit and human dignity —which window has been closed and darkened by bias, prejudice and lack of understanding in health care.

SOME INTERESTING STATISTICS

In 1969, drug manufacturers grossed $1.05 billion from the sale of proprietary products (non-prescription items) with about 85 firms accounting for all but about 10 to 15 percent of the total sales.

The companies spent $384.9 million or 36.7 percent of the revenues to promote the medications, mainly on television. The highest advertising expenditure for a single product (Anacin tablets) was $24.7 million. Then came Bayer aspirin, $22 million; Alka Seltzer, $19 million; Dristan, $14.5 million; and Bufferin, $13.9 million.

Sweden Bans Fluoridation

The basis for this action is just as noteworthy as the action. It was discovered that the prestigious studies and statistics widely quoted by the promoters of fluoridation, simply don't exist. The oft-quoted studies, it was revealed, have not been made and hence the statistics are without basis.

On November 18, 1971, the Swedish Parliament, by a majority of 11, repealed the country's fluoridation law. Thus, Sweden has now returned to its original position of December 7, 1961 when Sweden's Supreme Administrative Court declared fluoridation illegal.

In compliance with the Supreme Court's decision Sweden's sole fluoridation experiment in Norrkoping, which had been started illegally in half of the city, was closed down February 1, 1962 after 10 years' operation. It was never resumed even though a law was passed November 21, 1962 at the behest of U.S. promoters to neutralize the December 7, 1961 decision and to permit communities to determine for themselves whether or not they would add fluoride to water supplies. Nor did any other Swedish community ever fluoridate its water.

In recent years, during numerous debates and a thorough investigation by expert committees at which both sides were heard, it was revealed that the proponent claims of efficacy and safety could not be substantiated.

One of many examples which could be cited is the claim in the World Health Organization's Report, upon which the Swedish Social and Medical Board replied largely for its information, that "over 20 years of careful and intensive epidemiological studies have demonstrated the safety of controlled water fluoridation as consistently as its effectiveness in the prevention of dental caries." As no references were given to support this claim, Prof. Arvid Carlsson, one of Sweden's most renowned pharmacologists, requested the Social Board to stipulate to what clinical - epidemiological studies the World Health Organization's Report referred. No such studies could be found. Indeed, as Professor Carlsson pointed out, Professors H. C. Hodge and F. A. Smith of the University of Rochester, New York, strong proponents of fluoridation, and the Swedish government's fluoride experts had acknowledged in 1968 that "no specific large scale epidemiological studies are available comparing the health of populations of fluoridated communities with that of communities where the water contains only traces of fluoride.

The following questions formulated by Dr. Hodge in 1964 for which he said additional research is needed are still unanswered to this day:

(1) Can kidney disease or kidney injury seriously influence excretion of fluoride?

(2) Can fluoride injure the kidney or increase the severity of kidney disease?

To top it all, the vested interest in fluoridation of Prof. Ingve Ericsson, Sweden's chief promoter and key member of the World Health Organization's Expert Committee was brought to light.

Now, it is against Swedish law for any community to add fluoride to public water supplies.

THANK YOU, All You Wonderful People

The officers and staff members of NHF take this means of expressing their appreciation to all the many volunteers who gave generously of their time and energies in rendering valuable and dedicated services during the recent NHF Convention in Los Angeles. No mere word of thanks can adequately express our heartfelt gratitude for your loyal help.

A very special thanks also goes to the several dozen persons who chose, during the convention, to become Life or Perpetual Members. To the several hundred who joined NHF for the first time, we thank you and welcome you. And to the many generous folk who made extra contributions to assist in some of our special projects, our sincere gratitude.

Finally, to all the wonderful exhibitors, whose booth rentals make these events possible, we express our warmest respect and thanks.

The convention was a huge success with some 8,000 persons in attendance causing overflow (unfortunately) crowds at some of the sessions.

The World Conference On Nutrition and Planning

--A Report, Part Two

By SAMUEL S. TROYER, D.C.

This is the second report by Dr. Troyer on the World Conference on Nutrition and Planning held at the Massachusetts Institute of Technology in October, 1971. His first report appeared in the January, 1972 issue of the NHF Bulletin. Dr. Troyer was one of the 300 persons invited to attend this important conference.

There have been five births for every two deaths so that in one year's time, the world population has increased by more than 70 million people. This figure will be higher this year and still higher the year after. These were figures revealed by Robert S. McNamara at the World Conference on Nutrition and Planning held at the Massachusetts Institute of Technology last fall. These figures alone emphasize the enormity and urgency of the problem of providing food for this rapidly increasing world population.

Many of the speakers at the conference stressed this problem but Mr. McNamara's remarks seemed to sound the keynote of the entire conference. Mr. McNamara is President of the World Bank Group, one of the sponsors of the conference. Much valuable data and thought-provoking statistics is contained in Mr. McNamara's booklet, "Address to the Board of Governors," which was made available to those attending the conference. I should like to use this means of relaying some of this material to you.

The first aspect of Mr. McNamara's proposed program is control of the birth rate throughout the world and particularly in the developing countries. Development has brought the death rate down, but there has not been a corresponding drop in the birth rate. The birth rate is now 2½ times that of the death rate and consequently, the world population is increasing rapidly. While the population has increased by 70 million in one year now, this figure will steadily increase with each succeeding year. The population of Ghana alone increases by 5,000 every week and they can't possibly build schools, construct hospitals and create jobs fast enough to take care of their population increase. This means an increase in their labor force of 140,000 each year. McNamara emphasized that something must be done NOW.

Many Fail to Comprehend Seriousness of the Problem

Mr. McNamara also stated that there are people in our midst to whom these dangers are more imaginary than real. There are those in the grip of the dangerous illusion that the vast expanses of underdeveloped land invalidate the argument for the regulation of population growth. There also are those who still cling to the equally dangerous misconception of the prestige value of large populations in a technological age when the quality of our people is more important than numbers.

The urgency of population control is shown by the dermagraphic studies of developing countries completed in the past year which illustrates that *if* a reproduction rate of two children per family can be reached by 2040, a possible but by no means certain achievement, their present population of 2.6 billion will still increase more than fivefold to nearly 14 billion. If this goal can be reached one decade earlier, the population will be 4 billion less which is one-half billion above the present population of our entire planet.

Mr. McNamara asserts that even under very favorable assumptions that the population of the developing countries will expand only fourfold, reaching a total of nearly 10 billion, those persons involved in development planning must face up to the fact that widespread malnutrition and unemployment will be major problems requiring particular and urgent attention.

Widespread Malnutrition and Unemployment Almost Certain

Further comments regarding malnutrition emphasized the widespread nature of the problem, how it is a major cause of high mortality among children, how it limits the physical and often mental growth of those who survive, how it reduces adult productivity, and how it is a major barrier to human productivity and development.

Mr. McNamara went on to tell of the enormity of childhood deaths in poorer countries; however, not all malnourished children die—two thirds live and suffer serious deprivation of the opportunity to realize their full human potential. It has become increasingly clear that the nutrition and population problems are closely intertwined. In the end, better nutrition will have a beneficial effect on reducing fertility despite the short-run reduction on infant mortality. Indeed, many authorities believe that reduced infant and child mortality

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are preconditions for successful (?) population control.

Effects of Malnutrition Are Far-Reaching

Let me add a most significant fact with regard to malnourished children. The deprivation often begins before birth. In the last three months of pregnancy and the first two years after the child is born, its brain reaches 90 percent of its structural development. During this period of deficit of protein can impair the brain's growth pattern. Autopsies have revealed that children who die of protein/calorie malnutrition have half the brain cells of a normal child. There can be no doubt that there is a definite relationship between severe malnutrition in infancy and mental retardation which more and more scientists are concluding is irreversible. In addition, physical development is retarded and glandular development affected. When these malnutrition problems are prolonged into adulthood, it can greatly impair the range of human capacities. Employed persons are easily fatigued, have low resistance to chronic illness, and are not only inefficient but add substantially to the accident rate, absenteeism, and unnecessary medical expense. The most serious problem of all is that their ability to perform technical tasks is reduced such as dexterity, alertness, initiative. These are the qualities that malnutrition attacks and diminishes.

These basic nutritional deficiencies effect the minds and bodies of each human being. However, the problem is so dimly perceived, so readily dismissed under other priorities, that we have neither applied the knowledge now at hand nor mobilized the resources required to broaden our knoweldge further.

McNamara's Plan For Reducing Ravages of Malnutrition

Mr. McNamara's plan for reducing the ravages of serious malnutrition will itself accelerate economic developemnt and contribute to the amelioration of poverty. His proposed plan is: (1) Crop shifts—through appropriate pricing policies from low protein cereals to high protein pulses(?). (2) The introduction of higher nutritive strains of conventional cereals such as the new high-lysine corn which doubles protein value. (3) The fortification of existing basic foods to improve their nutritional value such as the protein fortification of cereals and the vitamin and iron fortification of wheat flour. (4) The development and distribution of wholly new low-cost processed foods, particularly for the feeding of young children, using available oilseed protein.

It is the writer's opinion that we cannot move fast enough to forestall the disaster of food, protein, and calorie lack, plus the micronutrients so necessary to the assimilation of protein. With 70 million new people a year, the task is almost insurmountable.

How will this affect the United States, with its plentiful stores of food now in existence? Can we afford to ignore the critical world situation as long as we are comfortable?

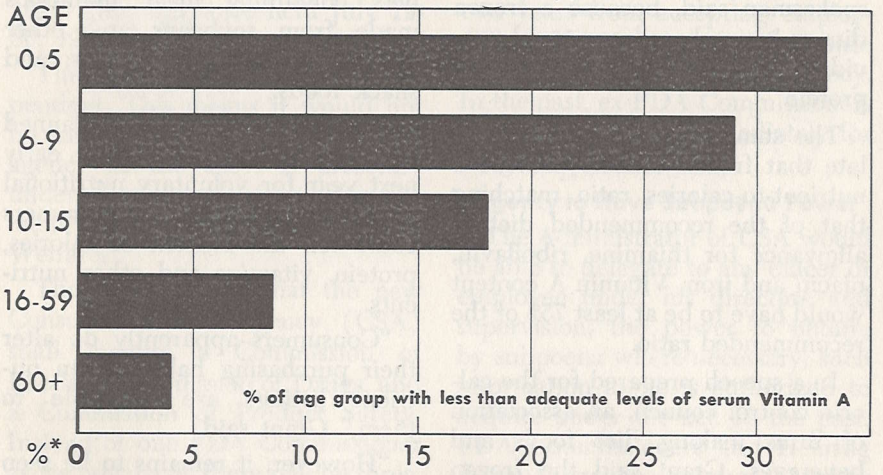
With the pollution of our air, water, land and food, with our ignorance of nutrient values of foods, with our indifference and apathy toward our own health and well being, we will suffer with the rest of the world.

WE MUST BECOME INVOLVED — we must help. We simply can't stand idly by while others are starving. This is our world, we are a part of each other and that world. We must love it and help it and then perhaps our effort will be effective in time — perhaps disaster can be averted.

For years, we have been told by the FDA that the United States is the best fed nation in the world and that vitamin deficiencies are rare and consequently, the use of vitamin supplements is unnecessary for the average individual. The National Nutritional Survey conducted in 1968 proved otherwise. The chart below shows the prevalence of Vitamin A deficiency and is taken from "Human Nutrition, Report No. 2 — Benefits from Nutrition Research" by C. Edith Weir and published by the Science and Education Staff, U.S. Department of Agriculture.

VITAMIN A DEFICIENCY

National Nutrition Survey, 1968



Impaired vision results when body reserves of Vitamin A are exhausted. Food consumption surveys show a continuing drop in consumption of dark green and yellow vegetables per capita. These foods are among the best sources of Vitamin A and its precursors. Autopsy data indicate that liver stores in many people are nonexistent or marginal. Studies in Iowa lead us to believe that levels of serum Vitamin A now accepted as satisfactory may be too low. There may be a much higher incidence of unacceptable Vitamin A levels than this graph indicates.

FDA Sets Frozen Dinner Standards

The Food and Drug Administration (FDA) has announced voluntary nutritional standards for frozen dinners—the first step in a program designed to upgrade the nutritive value of the American diet.

James D. Grant, deputy FDA commissioner, said the standards were based on a belief "that the total calories in a convenience dinner should carry with them a balance of essential nutrients."

To meet the FDA standard, a frozen dinner would have to contain 4.6 grams of protein per 100 calories—double the recommended average protein-to-calories ratio for a person's entire daily diet. The protein ratio was doubled, an FDA spokesman said, because a frozen dinner is purchased as a meal providing "reasonably good sources of protein."

The standards also would stipulate that frozen dinners provide a nutrient-to-calories ratio matching that of the recommended dietary allowance for thiamine, riboflavin, niacin and iron. Vitamin A content would have to be at least 75% of the recommended ratio.

In a speech prepared for the calorie control council, an association of firms making diet foods and beverages, Grant said the frozen dinner guidelines – to be formally issued soon – were "a conservative first step."

He said the scientific committee which recommended the guidelines "felt that only minor changes . . . such as increased protein and the use of iodized salt, would considerably improve an already nutritionally acceptable product."

The standards would be voluntary. Food processors adopting them could advertise their dinners as meeting FDA nutritional guidelines, and agency spokesmen said they hoped this would force most brands to comply through competitive pressure.

Dr. Ogden C. Johnson, FDA nutritional director, said similar guidelines were being prepared for entrees such as canned stew and frozen macaroni and cheese; products containing meat imitations made from soybeans and other vegetables; breakfast cereals; and snack foods.

Grant said the FDA also planned to begin issuing regulations early next year for voluntary nutritional labeling of foods so consumers could tell the content of calories, protein, vitamins and other nutrients.

"Consumers apparently do alter their purchasing habits when nutrient listings are available to them," Grant said.

"However, it remains to be seen which type of labeling design is most helpful to the consumer."

– (UPI) in the San Diego Evening Tribune

Washington Report

By CLINTON R. MILLER
NHF Legislative Advocate

Senate Moves To Abolish FDA

A bill, S. 983, has been introduced in the Senate which, when enacted, will abolish the Food and Drug Administration and create in its stead, a new agency to be known as the *CONSUMER SAFETY AGENCY* (CSA). Senators Warren G. Magnuson (D-Wash.) and Frank E. Moss (D-Utah) introduced the bill on February 25, 1971. Hearings were held July 19-30, 1971.

The new agency would be independent. This means it would not be under the control of a superagency as the FDA is presently under the control of the Department of Health, Education and Welfare.

The bill proposes that the new Consumer Safety Agency (CSA) shall include a Commission of Foods, a Commission of Drugs, and a Commission of Product Safety. Instead of one FDA Commissioner as we now have, there will be three, one over each Commission. The Administrator of the Agency (CSA) shall be appointed by the President with the advice and consent of the Senate. The Senate at the present time, has no power to veto or influence selections by HEW of Commissioners of the Food and Drug Administration.

The Administrator of CSA would serve a term of five years. He may be reappointed only once in succession. Upon leaving office, he shall be disqualified for a period of two years from accepting employment with any person or firm subject to regulation by the Agency. In the past, ex-FDA Commissioners have gone to work immediately for drug companies.

Agency to Have Subpoena Power

The Administrator of CSA would be able to delegate to any officer or employee under his direction and supervision, the power to obtain, by subpoena where necessary, such information as he is authorized to acquire under the act. In the past, FDA Commissioners and Hearing Examiners have frustratingly thrown up their hands in real or pretended despair giving lack of subpoena power as an excuse for

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not vigorously enforcing the Food, Drug and Cosmetic Act.

Section III Provides for Critical Safety Problem Report

One of the most promising innovations provided by the bill is Section III. It provides that "Any employee of the Agency (CSA) who, through research, investigation or otherwise, discovers a potentially critical situation which could cause significant injury to any person, shall, in addition to following normal procedures, file a critical safety problem report with the Commissioner of the Commission in which he is employed. The Commissioner shall submit a copy of any such report to the Administrator within two days of its receipt. The Administrator shall report to the appropriate committees of Congress within ninety days on the critical safety problem report and the disposition of the matters contained in the report."

There is no lack of good, honest, and courageous scientists and other employees working in the FDA or other agencies who know of one or more foods, drugs, or other products which present critical safety problems. But there is no provision under the present Food, Drug and Cosmetic Act for these would-be consumer protection patriots to be heard by Congress unless they are subpoened. Very frequently at congressional hearings, we learn about reports made years previously by employees of FDA or other agencies who had discovered critical safety situations and reported their findings or observations to their superiors only to have their reports buried or supressed by industry or AMA-controlled administrative superiors. The provisions of the bill would not only allow, but also would mandate, any employee to tell Congress when they discovered unsafe foods, drugs or products previously given approval by their superior.

Agency Employees Subject to Civil Action in Court

The potentials under Section III are exceeded by those in Section 112, which states, "Any person may commence a civil action on his own behalf against any person in the Agency (CSA) who is alleged to be performing an act, or failing to perform an act, in violation of a statutory duty imposed upon him directly or delegated to him.

"The district courts shall have jurisdiction, without regard to the amount in controversy or the citizenship of the parties, to entertain such action.

"If the court finds that a person has performed, or not performed, in violation of a statutory duty, the court shall order him to cease performing or so perform as is appropriate.

"If his action, or inaction, leading to a violation of his statutory duty was unreasonable, the court may fine the individual up to $1,000 or may temporarily suspend him without pay from the Agency.

"If the court determines that the performance or nonperformance of a person was not only unreasonable, but also in reckless disregard of the public health and safety, the court may fine the individual up to $5,000 and imprison him for not more than six months."

A Brand New Concept of Responsibility

The proposal to make an unelected employee of a governmental agency at last answerable in court to any person who, on his own behalf, files suit is a brand new concept in American law. To the writers knowledge, there is no similar law or precedent on the books anywhere in America. The long-needed proposal was made by Ralph Nader when he testified before the Commerce Committee of the Senate on July 29, 1971. If a congressman fails to protect his constituents as he promised to do during his campaign for election, he can be replaced at the next election. Bureaucrats, however, have never been responsible to the public except via the tortuous route of having Congress hold hearings to review their actions or lack of actions.

Access of Public to Information Greatly Expanded

Section 114 would prevent dictocrats in the Agency from refusing to give the public information necessary to protect their health or safety on the grounds that in giving such information, trade secrets may be revealed—an excuse they now use in refusing to release information.

Section 114 specifically states, "Copies of any communications, documents, reports, or other information received by the Administrator or any Commissioner shall be made available to the public, upon identifiable request, and at cost.

"A trade secret . . . may be disclosed .. . to the public if necessary to protect their health, safety, or economic well-being."

Under the bill, all functions of the Secretary of Health, Education and Welfare which are administered by the Food and Drug Administration and the Division of Biological Standards of the National Institutes of Health will be transferred to the Administrator of the Consumer Safety Agency.

$225 million will be authorized to carry out the act each year.

NHF Proposals To Improve S. 983

NHF has made several suggestions to Senator Magnuson which, if adopted, would make it a better bill in our opinion. NHF's specific suggestions for changes or additions to S. 983 include:

(1) Changing the designation of the Commission of Foods to the Commission of Foods and Nutrition and the title of its head from the Commissioner of Foods to the Commissioner of Foods and Nutrition

(2) Making provision in the bill to place food supplements, i.e., vitamins and minerals, etc., under the exclusive jurisdiction of the Commissioner of Foods and Nutrition, keeping them completely

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away from the jurisdiction of the Commissioner of Drugs. NHF's long battle to resolve the problems arising out of the dual classification of vitamins by FDA as either a food or a drug, whichever and whenever it suited their purpose, would be won if the Senate Commerce Committee would include NHF's pending National Nutrition Protection Act (formerly known as the Hosmer bill) as a part of S. 983.

It was about ten years ago that the FDA first proposed an Order which would have severely limited the number and the potency of vitamin and mineral products which a consumer might purchase without a prescription. NHF has strongly opposed every similar Order proposed by the FDA through the years. It is the obvious desire of FDA to classify as *drugs*, all vitamins and minerals except those at very low potency. Once having classified these substances as drugs, their sale would then be regulated accordingly. NHF has insisted that if these vitamins and minerals are intrinsicly safe at the recommended dosage, they are foods (i.e., food supplements) and should not be limited in either potency or combination. The Moss-Magnuson bill (S. 983) can provide a vehicle for NHF's long-sought-for vitamin bill and an opportunity to get congressional hearings.

What You Can Do

Your can sign and mail the form letter on the following page. Below are listed the 18 Senators who are members of the Commerce Committee. If you reside in the state of any of these 18 Senators, direct your letter to him and urge your friends and neighbors to send letters also. Otherwise, direct your letter to Senator Warren G. Magnuson, who is chairman of the committee. For those who wish to go the extra mile, we suggest that you send a letter to each of the 18 members of the Senate Commerce Committee plus your own two senators if they are not members of the committee.

Extra copies of the letter are available for the small cost of 1c each by writing to NHF, P.O. Box 688, Monrovia, California 91016.

The members of the Senate Commerce Committee, who will decide the fate of S. 983, are as follows:

Warren G. Magnuson, *Wash.*, Chairman
John O. Pastore, *Rhode Island*
Vance Hartke, *Indiana*
Philip A. Hart, *Michigan*
Howard W. Cannon, *Nevada*
Russell B. Long, *Louisiana*
Frank E. Moss, *Utah*
Ernest F. Hollings, *So. Carolina*
Daniel K. Inouye, *Hawaii*
William B. Sprong, Jr., *Virginia*
Norris Cotton, *New Hampshire*
James B. Pearson, *Kansas*
Robert P. Griffin, *Michigan*
Howard H. Baker, Jr., *Tennessee*
Marlow W. Cook, *Kentucky*
Mark O. Hatfield, *Oregon*
Ted Stevens, *Alaska*
J. Glenn Beall, *Maryland*

Cut along this line

_____ 19 ____

The Honorable Senator _____
United States Senate,
Washington, D.C. 20510

Dear Senator:

I support S.983 introduced by Senators Magnuson and Moss. I urge you to include in this bill the principles set forth in the amendments proposed by The National Health Federation. S.983 will abolish the Food and Drug Administration and create, in its stead, the Consumer Safety Agency.

It will do consumers little good to separate and redelegate the functions of a single Commissioner of FDA to three Commissioners of (1) Foods, (2) Drugs, and (3) Product Safety, if Congress doesn't clearly put food supplements, vitamins and/or mineral products, concentrated foods, and foods for special dietary uses under the exclusive jurisdiction of the Commissioner of Foods.

FDA has fought for 10 years to try to limit the kind, potency and/or combination of intrinsically safe food supplements, including vitamins and minerals, which food products I (and tens of millions of other health-minded consumers) have been able to buy and use for nutritional purposes without the unnecessary expense of a medical prescription, and without danger to health.

FDA has argued that foods and food supplements become DRUGS notwithstanding the Food Supplement Regulation provision that they may be used "for supplying particular dietary needs which exist by reason of a physical, physiological, pathological or other condition, including but not limited to the conditions of disease, ...".

(over)

The amendments proposed by The National Health Federation seek to remove this presently existing problem area by, among other things, placing food supplements under the exclusive jurisdiction of the Commissioner of Foods. Inasmuch as food supplements are not mentioned in S.983, as written, it is important that these valuable nutritional products be specifically designated as food products.

I urge you to work, in any way possible, for the inclusion of the NHF amendments.

Respectfully,

_____ (Name, PRINT)

_____ (Signature)

_____ (Street)

_____ (City, State)

P.S.

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. No reply is needed. For additional information, please call Mr. Miller at 547-2547.

Sickle Cell Anemia

Prepared by
SICKLE CELL DISEASE RESEARCH FOUNDATION

With comments by
FRED M. DAVIS

In reecnt years, we have begun to hear a great deal about Sickle Cell Anemia, a disease which was not at all well understood until recent years. Most laymen do not have a clear idea of the nature of this disease and consequently, we thought the following article would be of educational interest to our readers.

Sickle cell anemia is an *inherited* disease. It occurs when an altered type of hemoglobin is present in red blood cells. Hemoglobin is the substance in the red blood cells which enables them to carry oxygen throughout the body. In sickle cell anemia the red blood cells take on a sickle-shaped form, thus giving the disease its name.

The changes in the red blood cells lead to a variety of symptoms. The most prominent are periodic attacks of acute pain—called sickle cell crises—anemia with weakness, jaundice and leg ulcers. The disease process often causes lowered resistance to infectious diseases.

Altered hemoglobin may be present in varying degrees. Thus, some people may have the full disease of sickle cell anemia, and others may only have the trait. Those with the trait are called "carriers." They may pass the disease or the trait on to their children without having any symptoms themselves.

What Causes It?

The cause of sickle cell anemia was discovered a few years ago when the disorder was identified as a "molecular disease." Scientists found then that this disease was due to a change in the molecular structure of hemoglobin in red blood cells.

The difference in structure causes the red blood cells to twist into the shape of a sickle. With their shape changed, the sickled blood cells cannot pass freely through many of the very small blood vessels. Frequently, the twisted cells pile up, causing blood clots which block the flow of blood to local tissues.

The sickled cells also are destroyed by natural body processes more rapidly than normal cells.

Who Gets It?

Sickle cell anemia, like another somewhat similar disease, thalassemia, is one of a group of blood disorders that is *inherited from parents.* The parents may not actually have either of these diseases, but merely carry the defective trait for them. Such a "carrier" can pass this trait to his children, but does

(Continued next page)

not necessarily show any symptoms himself. Those affected by this disease are Caucasians of Mediterranean origin and Negroes. Sickling of the blood has also been reported in American Indians, and in the inhabitants of South India, the Middle East and the Caribbean countries.

Sickle cell anemia is not an infectious disease and cannot be caught from others by contact.

Dr. Linus Pauling, the distinguished scientist, Nobel Laureate in 1954 and recipient of the Nobel Peace Prize Award in 1962, discovered the abnormal hemoglobin molecule that causes red blood cells to sickle.

Sickle cell anemia occurs about once in 400 American Negroes; however, it is currently estimated that there are at least 50,000 persons in the United States with sickle cell anemia and about two million with sickle cell trait.

When both the mother and father carry the defective sickle cell trait the statistical probability is that one in four children may be born with sickle cell anemia, two in four may be born carriers like their parents, and one child in four may be born neither diseased nor a carrier. If only one parent carries the sickle cell trait as is probably more often the case, the child will be either a carrier or normal, with a one-in-two chance of being normal.

Aparently, sickle cell anemia is a consequence of a protective mechanism against another disease, malaria. Studies in Africa and the Mediterranean basin, where malaria has long been a problem, have shown that people with sickle cell hemoglobin are less susceptible to lethal malaria than normal individuals. As a result, in these areas where malaria has been taking its toll of the population for generations, many people have sickle cell hemoglobin because they are descended from "trait-carrying" ancestors who survived malaria. In the United States and other areas where malaria is under control, sickle cell hemoglobin is no longer useful.

How Is It Recognized?

People with sickle cell anemia show the usual symptoms of severe anemia. Severe pain in the abdomen, in the knees, elbows and other joints is experienced from time to time in almost all patients with the disease. A blood count will show a reduction of red cells and hemoglobin. Special studies, i.e., electrophoretic analysis will reveal an abnormal type of hemoglobin which is characteristic of sickle cell anemia.

In carriers of the disease trait, the symptoms and anemia are absent except under circumstances of unusual stress, such as high-altitude airplane flights, where a moderate lack of oxygen may cause abdominal pain, nausea and vomiting.

Sickle cell anemia is difficult to identify because the symptoms are similar to those found in other diseases, such as abdominal and nerve disorders and rheumatic fever. Blood tests *must be made* to determine whether the red blood cells are sickling. Even then, the presence of some sickled cells alone, without the symptoms, only indicates the presence of the sickle cell trait.

How Is It Treated?

Medical science has discovered no cure for sickle cell anemia. Nevertheless, many of the symptoms can be relieved to some extent by blood transfusions and bedrest.

New blood tests make it easier to detect carriers of sickle cell anemia. In view of this, physicians sometimes warn carriers who are considering marriage of the risk that their children may be born with the disease.

What Is the Outlook?

Medical science has made notable advances in learning the secrets of this disease, but there is still much to be accomplished in treatment and in finding a cure.

* * *

The Comments of Fred M. Davis

The U.S. Senate, 81 to 0, has approved of spending $142 million for a three-year attack on sickle cell anemia, a disease which mainly affects black persons.

Some persons may have the full disease with periodic attacks of acute pain, anemia with weakness, jaundice, and leg ulcers; other persons may have only the trait (and are called carriers) without having any symptoms themselves.

Paul Harvey in his column has stated: "Nearly half the victims died by the age of 20; few live beyond 40. Of the five million black Americans 1 in 10 is a genetic carrier likely to transmit the disease to his or her offspring."

New blood tests make it easier to detect carriers. The Illinois Medical Society has endorsed proposed legislation requiring screening for the anemia and the trait during routine school and premarital physical examinations. This is an excellent idea for other state legislatures.

One hazard of sickle cell anemia is the danger to other persons, white and black, of receiving infected blood in transfusions. Several states, including Arkansas and Louisiana, have required labeling plasma by race, but labels indicating race were arbitrarily removed from all containers of blood plasma by order of Robert Nash of the Federal Hospital Compliance Section.

Surely, for the safety of both races, blood donations should be labeled as to race so that, in appropriate cases, analysis can be made to determine the presence or absence of sickle cells.

Public protest to Senators and Congressmen, and to state legislators and boards of health should be aimed at restoring labeling of blood plasma by race.

It is interesting to note that regarding another disease, a newspaper account stated that there are approximately 30,000 cases of transfusion-caused hepatitis in the United States and aprroximately 10 percent of them result in death.

WASHINGTON ROUNDUP

SENATE PASSES CHILDREN'S DENTAL HEALTH ACT OF 1971

S. 1874, The Children's Dental Health Act of 1971, has been passed by the Senate. Since the bill originated in the Senate, it now goes to the House for consideration. Section 1002 of the bill makes available $15 million over the next five years to be used by the Secretary of HEW to make grants to assist states, communities, schools, and other public or non-profit agencies in the installation of fluoridation equipment. NHF opposed this section during hearings on the bill (see NHF Bulletin, October, 1971). A very large number of NHF members registered their objections to Section 1002 through letters to their Senators.

Section 1002 was retained in the bill as it was reported out of committee and brought onto the floor for vote. Senator James B. Allen (Alabama) made a valiant, but unsuccessful, effort on the floor to amend Section 1002 out of the bill prior to the vote on the bill itself.

SENATOR NELSON OFFERS BILL TO GIVE FDA GREATER REGULATORY POWERS ON DRUGS

Senator Gaylord Nelson (D-Wis.) has introduced a bill (S. 2812) to amend the Federal Food, Drug and Cosmetic Act giving the FDA sweeping new regulatory powers and establishing a National Drug Testing and Evaluation Center.

Under the present system, scientists are hired by the drug companies to evaluate and test new drugs, and the FDA makes its decisions on permitting the drugs to be marketed on the basis of the data compiled by the scientists. The bill provides that the new center would do the testing and the costs would be borne by the manufacturers.

The bill also would require a company to register all products with the FDA and authorizes the agency to deny registration to new formulations unless they were demonstrably safer or more effective than existing medicines. Another provision of the bill gives FDA regulatory powers over non-prescription as well as prescription drugs and provides for controls over advertising and promotional material for both. Also, no longer would drug companies be permitted to spend millions to influence the prescribing habits of doctors by flooding them with unsolicited samples. The bill is certain to be opposed by the pharmaceutical industry, by elements of organized medicine, and by many publications for hospitals and doctors that rely almost exclusively on drugs for advertising.

BILL INTRODUCED TO CURB DOCTOR'S DRUG PROFITS

A bill (S. 2949) to prohibit medical physicians from merchandising the drugs and devices they prescribe, or indirectly profiting from pharmacy sales, has been introduced in the Senate by Senator Philip A. Hart. This is the fourth Congress in which it has been introduced but informed sources suggest that the bill stands a far greater chance of passing during the current congressional session than in the past years. The bill specifically exempts homeopathic physicians and physicians located more than 20 miles from a pharmacy. Those who argue in favor of the bill say that extra profits realized by the doctor through dispensing drugs or devices to his patients, or through rebates from the pharmacy or ownership of a pharmacy, may encourage the doctor to over-prescribe and over-price the drugs. As Senator Hart stated, "There is a basic conflict of interest here that can, and has, in too many cases worked out to be in the worst interest of patients' health and pocketbooks."

FDA ORDERS PATENT DRUG STANDARDS

The FDA has announced a new long-range program which they say will protect the millions of consumers who buy non-prescription medications to treat their colds, headaches, constipation and other conditions. The agency plans an abandonment of the traditional product-by-product regulatory approach to the significant proportion of preparations that don't live up to the claims made for their efficacy, lack adequate instructions for use, or are promoted in deceptive and indefensible ways, according to an FDA spokesman. Instead, under the new program, the FDA will deal with the multitude of non-prescription drugs—possibly a half million of them—by parceling them out among 26 therapeutic categories. Obviously, it is impossible to test and consider each product individually and would be needless anyway inasmuch as scores, and in some instances, hundreds of identical products are on the market (such as aspirin) and differ only in the brand name. FDA Commissioner Edwards stated that most non-prescription remedies are symptom-oriented and rely on only 200, or so, significant, active ingredients and hence their decision to group all products into one of the 26 therapeutic groups with standards and permitted ingredients set for each group along with rules concerning the labeling.

HEALTH MANPOWER BILLS SIGNED BY PRESIDENT

President Nixon has signed into law, bills expanding federal assistance to medical and nursing schools, saying that they constitute the most comprehensive health manpower legislation in the nation's history.

The Health Manpower Training Act authorizes appropriation during

(Continued next page)

three years of $750 million for the construction of teaching and research facilities and $763 million for grants to schools. The bill includes incentives for increasing enrollment. The bill provides no assistance to the non-medical schools even though some 50 million persons seek the services of these non-medical professions for at least a portion of their health care.

The Nurse Training Act authorizes $120 million of appropriations over a three-year period for construction, expansion or renovation of facilities for nurse training, and $248 million for grants at varying rates for full-time students, graduates and bonus students.

MALPRACTICE INSURANCE PARLEY HELD

The Department of Health, Education and Welfare recently held two days of hearings on medical malpractice insurance in an effort to uncover facts which might point the way to the solution of the malpractice insurance dilemma facing most doctors, dentists, hospitals and nursing homes.

During the past few years, malpractice insurance has become so expensive that it has contributed substantially to inflation in health care costs. Many specialists now pay as much as $5000 annually (in some cases more) for malpractice insurance. Not only has there been a marked increase in premium rates, but also the insurance is getting scarce. Many insurance companies, finding this type of insurance unprofitable, have dropped malpractice insurance. An increased frequency of heavy malpractice suits is the reason offered by the compaines.

There is another aspect of the problem which has increased health care costs. Doctors tend to become exceedingly cautious and often order x-rays and laboratory tests that are not absolutely essential in order to better prepare themselves for an adequate defense in the event of a malpractice suit.

BILL TO BAN DES GAINS SUPPORT

S. 1828, introduced by Senator Proxmire, and H.R. 11646, introduced by Rep. Ogden Reid, are similar bills designed to ban the use of the synthetic drug, diethylstilbesterol (DES) to artifically stimulate the growth of any animal intended for use as food in the U.S. DES has been shown to be cancer-causing in animals and DES residues have been found in some meat samples being prepared for human consumption. This proposed legislation was discussed in detail in the February, 1972 issue of the NHF Bulletin. The bills are gaining support from many consumer groups throughout the U.S. There is an urgent need for a continued flow of letters to Congress supporting these bills. Write your own Senator and Representative, and, in addition, write to the respective subcommittee chairmen urging early hearings on the bills — Senator Edward M. Kennedy, in the Senate, and Rep. Paul Rogers, in the House.

AMA Studies Need For Overhaul

Medical Students Given Voting Power

The American Medical Assn. has been ordered to hold unprecedented "open hearings" on whether there is a need for a major overhaul of the AMA's programs, priorities and governing structure to better assure meeting the nation's health requirements.

The order came from the AMA's policy making House of Delegates in the final session of its 25th annual clinical meeting.

It came in response to a declaration by the Wisconsin delegation that the AMA "cannot fly in the face of mounting criticism from individual members that the association is not as responsive as it should be to their needs and desires" in caring for their patients.

The unexpected action amounted to at least a partial victory for the AMA's president, Dr. Wesley W. Hall of Reno.

The 64-year-old surgeon had stirred some sharp controversy within the AMA's 25th clinical meeting when he proposed that the AMA call "a constitutional convention" or take some other extraordinary means "to streamline our governing process . . . and . . . get our organization back on the track and restore our profession to the highly respected status it once enjoyed."

Hall charged in his speech that the AMA has too many overlapping programs; that morale is "low" among its administrative staff; that the AMA is paying too much attention to "politics and legislation" at the expense of promoting scientific and medical education; and that "a serious struggle for power" is under way within the AMA's high echelons, including the powerful board of trustees.

— (AP) in The San Diego Evening Tribune

In another section, the AMA, affirming that its future lies in the hands of medical students, has decided to give them representative power in framing policies and decisions.

The historic action—directly affecting nearly 40,000 present students—was taken recently by a nearly unanimous vote of the AMA's policymaking House of Delegates.

Students, while allowed to attend AMA meetings and even sometimes to address the House of Delegates, previously had no voting power.

During the last decade many students have charged repeatedly that the AMA has not involved itself sufficiently in the socio-economic issues affecting medicine nor paid enough attention to young people's views.

(Continued next page)

And even though relations between the AMA and the future doctors have improved recently, student spokesmen say lack of voting power and of direct involvement in making decisions continually rankled them.

Even at the session of the AMA's 25th annual clinical meeting, there was a move by a House reference committee to have proposals for granting the voting power to students referred to the Board of Trustees for "study and development"—a move that would have delayed a decision until at least June.

But a number of veteran delegates, led by Dr. Joseph F. Boyle of Los Angeles, vigorously argued against delay. Boyle framed the resolution that ultimately spelled victory for students.

—(AP) The (Washington) Evening Star

TAPE RECORDINGS OF CONVENTION LECTURES AVAILABLE

For many years, Dr. R. E. Heald, of Rogers, Arkansas, has attended the major NHF conventions and has tape recorded all of the addresses of speakers on the program. He has done this with considerable personal expense and sacrifice and has provided NHF with a first class tape library. You too can build an excellent tape library of outstanding addresses dealing with a wide variety of subjects related to health and health freedom. This gives you an opportunity to bring the many noted speakers right into your own home where they may be shared with friends. Not everyone can travel the great distances to attend the national conventions but by purchasing these tapes, you can bring the convention, or parts of it, to you. Small chapter groups who may be finding it difficult to obtain live speakers for their programs, will find these tapes a vast source of new program material.

The individual convention talks are recorded on one side of 5 or 7 in. tapes. These are available for $5.00 each. A second talk (of your choice) can be recorded on the other side of the same tape and, in this case, the two talks recorded on the single tape costs only $7.50. These prices include postage.

There is a vast amount of valuable information awaiting you on these tapes and we heartily recommend that you take advantage of the availability of these recorded talks. A complete list of available tapes may be procured for 25c from Dr. R. E. Heald, P.O. Box 597, Rogers, Arkansas 72756.

NEW LIFE MEMBERS

Murdock's Natural Foods
Lawrence J. Davis
Dr. H. J. Kruska
Foothill Printers
Helen M. Woodward
E. P. Nystrom
Earl J. Livingstone
Howard G. Guenther
Dr. R. E. Pritchard, D.C.
Mary C. Vezzetti
Leo L. Fix
Mr. Ben Medina
Mrs. Ben Medina
Jose A. Rodrigues, D.C.
L. Roy Foster
Dr. and Mrs. Harold C. Swanstrom
Mr. and Mrs. Sol Kahn
Lillian Kohn
Standard Homeopathic Company
Mrs. Carrie Price

(Received mid-December thru early January)

When You Write to NHF Headquarters . . .

You can help us to expeditiously process our growing volume of mail. Unless your communication requires the personal attention of a specific person, merely address it to NHF without designating a specific person. In this way your communication is likely to be opened sooner and processed earlier. Much mail is needlessly addressed to Howard Long since most of it contains nothing requiring his direct, personal attention. This slows the processing since all mail addressed to a specific individual is placed on the desk of that individual first. Many of these letters, though relating to NHF matters, are addressed in a fashion which makes them indistinguishable from truly personal mail. Some such mail may arrive during the addressee's absence as in the case of Mr. Long when he is away at a convention.

If the matter about which you write does required the attention of a specific person, address your letter to NHF and merely mark the envelope "Attention: Mr. Long (or Mr. Crecelius, etc.)."

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."

NOTES FROM THE NEWS

The Washington Post

Cancer Society and Labor Plan Study of Cancer Causitive Agents

Trade union officials and the American Cancer Society have announced a million - dollar - a - year study of possible cancer causing agents to which the American workers are exposed. Since the public also is often exposed to these same agents, the public will benefit from the study. The possible health risk from fiberglass particles blowing from air conditioners is an example. The study is to continue indefinitely with the cancer society pledging $1 million each year. An estimated 50 million workers are exposed to dust, fumes, vapors, chemicals or radioactive materials. The study will determine death rates from various cancers in those exposed.

*

The Washington Post

Some Non-Phosphates Called Deadly

Testifying at a Senate Commerce Subcommittee hearing into the phosphate detergent controversy, Dr. George E. Block, a professor of surgery at the University of Chicago, stated that a study conducted by him revealed that some non-phosphate detergents are more deadly than a drain cleaner if swallowed. Non-phosphate detergents usually contain highly alkaline substances which are dangerous toxins and, if ingested, can cause severe injury or death, he said. With more and more of these products available in the home, the possibility of widespread accidental ingestion by children becomes inevitable.

*

The (Washington) Evening Star

Needless Surgery Toll Put At 10,000 Yearly

A government staff physician who is an active consumer advocate in the health field, says that as many as 10,000 Americans die each year after unnecessary operations, and much of the surgery is performed by dishonest doctors. Dr. Sidney Wolfe of the National Institute of Arthritis and Metabolic Diseases noted the discrepancies between the surgery done here and in the British Isles. He said that only one-third to one-half of the surgical procedures are performed in England-Wales as in the United States. Of the 12 to 15 million surgeries performed in the United States, he added that about 20 percent are unnecessary.

Wall Street Journal

New Artificial Sweetener Coming

A new artificial sweetener, composed of two amino acids found normally in the body, is being developed by G. D. Searle and Co., a major pharmaceutical firm. Testing of the new product on humans to determine its safety, will begin shortly and Searle hopes to be able to apply to the FDA late this year for approval to market the product.

*

The Wall Street Journal

Fertilizers' Nitrogen Fed to Water Supply Tested for Hazards

There are indications that the next big pollution controversy, comparable perhaps to the current battle over phosphate detergents, may break out over fertilizers used by farmers. In a recent issue of *Science* magazine are two reports involving the nitrogen fertilizers widely used by growers of corn, cotton and other crops. One report blames the use of nitrogen fertilizers for the increasing amount of nitrogen chemicals in the nation's water supplies. The other report, based solely on laboratory experiments, raises questions whether the fertilizer-based nitrogen chemicals in the water supplies might be converted to chemicals known to cause cancer.

Prosperity is the period between the last payment on the old car and the first payment on the new one.

Book Reviews

SAY NO! by Ruth Adams (Distributed by David McKay Co., Inc., published by Rodale Press Inc., Emmaus, Pa. 18049; 369 pages plus bibliography, appendix and index; hard cover; $6.95)

This is a book for the confirmed environmentalist as well as for the growing hordes of people who have begun to realize that serious action is called for NOW if our environment is to be preserved and made worthy, or even capable, of life in the years to come. It is a book especially for those who want to "do something" but don't know what to do, how to do it, or who feel that their meager efforts would do no good anyway.

Say No! will change all of this. The book provides interesting reading for anyone, but the book also serves as a manual of procedure and will give direction and encouragement for those willing and ready to do something about our environmental problems. Also, the book is jammed full of facts and figures to provide the ammunition needed in any campaign to save our environment.

Say No! is a book about people who have said just that when their natural environment has become threatened by destruction. In all

(Continued next page)

parts of the country, from the cities to the mountain villages, alone or strengthened by hundreds of fellow citizens, in words, actions, votes, letters, broadcasts, silent demonstrations, songs, posters, plays, books, speeches, these people have said *no*. The book contains scores of stories of how individuals and groups have attacked the problems confronting them and how they shaped their battle lines.

The chapters are arranged according to problems or battlefields. The index is arranged according to weapons. This unique arrangement makes the book truly a manual of procedure. If your problem is saving a tree, read the chapter on how other tree-lovers have saved trees. If your little conservation group is fighting on all fronts, but no one is quite sure how to write an effective letter, or whom to write it, turn to the index under "letters" and see how other groups have carried out this approach. If your problem is air pollution, read the chapter on air pollution. If you want to fight it with picket signs, look up "picket signs" in the index and find out how other groups have used this method of saying *no*.

For the purpose for which *Say No!* was written, it rates a warm and emphatic recommendation.

* * *

MANAGING YOUR CORONARY by William A. Brams, M.D. (Published by Arco Publishing Company, Inc., 219 Park Avenue South, New York, N.Y. 10003; 175 pages; paperback; $1.45)

Managing Your Coronary is a layman's guide to understanding heart disease and regaining health after a heart attack. It has won an American Heart Association award for its contribution to public understanding of heart disease. Thus, the book is of value to the heart attack victims as well as their friends and family members.

Dr. Brams, a distinguished heart specialist, has the unique ability to explain in clear, non-technical language how the heart works, what happens in a heart attack, how diagnosis is made, how the heart patients are treated, how the heart heals itself, and how to live with a heart condition. Having a good understanding of the condition will do much to remove the fear surrounding heart attack and gives hope. Dr. Brams reminds the reader that approximately eight-five percent of the victims of heart attack now recover.

Doctors might do well to consider giving a copy of this book to his heart attack patients and their family. It would save endless time of the doctor answering questions which are answered so fully in the book. It would engender greater cooperation of the patients because knowledge gained from the book will take the mystery out of many of the doctor's procedures and decisions.

Failures are divided into two classes – those who thought and never did, and those who did and never thought.

–John C. Salak

NHF REPRINTS

The following is a list of NHF reprints available from NHF by writing Box 688, 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 January, 1972 — Please disregard 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 Application—Cartoon	.25	.03
4. NHF Freedom crusade leaflets	.25	.01
6. Take Off That Blindfold	.25	.04
		5 or More
IMMUNIZATION AND SHOTS		
7. Your Right to Refuse Immunization in Travel	.25	.03
8. Polio Immunization Certificate	.25	.05
BEAUTY		
9. Help Yourself to Beauty	.25	.03
EYES		
10. Cataract Cure Without Operation	.25	.15
11. I Threw My Glasses Away	.25	.06
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	.01
15. Humans Used as Guinea Pigs—Los Angeles Times	.25	.02
16. The Concept of Safe Tolerance—J. B. Bruce, M.D.	.25	.05
17. Vitamins, Minerals and Why	.50	.25
FOOD AND NUTRITION		
18. What is Wrong With White Bread?	.40	.30
19. The Nutrition Role in Healing Arts—M. Schultz, D.C.	.25	.10
20. Kelp—G. L. Seifert, M.D. and H. C. Wood, Jr., M.D.	.25	.10
21. Pros and Cons of Salt—Howard F. Lewis	.25	.05
22. Sources of Fundamental Nutrition—L. Bromfield	.25	.10
23. Enzymes: The Miracle Health Builders—Delfi Monteagudo, D.C.	.25	.05
24. Perils on Your Food Shelf—Congressman J. J. Delaney	.25	.10
25. The Chemical Feast—Ralph Nader	1.00	
26. Are We Eating a Diseased Diet?—Wm. A. Ellis, D.O.	.50	.30
27. Ice Cream	.25	.03
28. And Then the Real Fight Began—Harvey Wiley, FDA	.60	.50
29. Sugar	.25	.03
30. A Statement on Aging—Karl Lutz, L.L.B.	.25	.15
31. Let Food Be Your Medicine—Doris Grant	.25	.15
32. Are We Starving to Death?—Neil M. Clark	.25	.10
33. Chemicals in Food—Dr. Harvey W. Wiley	.40	.30
34. Bleaching of Flour—North Dakota Aricultural College	.60	.25
35. Nutrition in Everyday Practice—Canadian Medical Association	.35	.15
36. Hypoglycemia—Alan H. Nittler, M.D.	.25	.10
37. Mineral Nutrition—George P. Larrick, Comm., F.D.A.	.25	.06
CANCER		
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