

**National
Health
Federation
BULLETIN**

NOVEMBER, 1972

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**HERBICIDE
OR
HOMICIDE?**

HYPOASCORBEMIA, OUR MOST WIDESPREAD DISEASE
A new slant of "Vitamin C"

**SLASHING THE GAUZE CURTAIN:
THE DOCTOR AS A WITNESS**
The second installment in the Health Freedom Series

THE ECONOMICS OF FLUORIDATION
A dentist looks at the issue

HOW TO LIVE IN A POISONED WORLD
Some practical suggestions

Complete contents on inside of front cover

Dedicated to the Protection of Health Freedoms

THE NATIONAL HEALTH FEDERATION BULLETIN

Protection of Health Freedoms

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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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The Second Installment in the Health Freedom Series

Slashing the Gauze Curtain:

The Doctor As A Witness

From the Lawyer's Viewpoint —
JOHN JOSEPH MATONIS, J.D.

From the Doctor's Viewpoint —
ROBERT S. SHAW, M.D.

Part I

The Lawyer's Point of View

"Your witness," your opponent's lawyer says with smugness. The doctor on the stand was until now your opponent's witness. Now it's your turn to cross-examine. Except for chess, boxing and a good street brawl, seldom can one battle another, each alone. Sure a team may have helped, but now it's you and the doctor, in a match where one of you will win, a match with goals and rules, a match with roles, a referee and spectators, a test of speed, wit, skill and knowledge.

You "circle" the doctor. He is the bull, as it were. You're the torreador.

John Joseph Matonis is a Washington, D.C. trial lawyer. He has logged many hours questioning medical experts in courtrooms and FDA hearing rooms. Robert N. Shaw, M.D., is a Boston, Massachusetts surgeon, now living in New Ipswich, N.H. He has logged many hours as a medical expert witness.

You attack, but he can be deadly in his defense.

The jury has that pleasant glow people get after a doctor, especially a government doctor, tells them that all is well, modern medicine has the answers and solutions and any other alternative is unscientific, dangerous, fraudulent and "quackery."

As you approach the witness, the jury's eyes narrow. You are a heretic in the cathedral of the religion of medicine. You are about to commit the sacrilege of discretion. Jurors want their children to be doctors—never lawyers.

You know the M.D. has perjured himself. Your client's rights and freedom are threatened. Your client has been wronged; if not by this witness personally, then by his cult. By the time you're through with him, you want the jury, that judge, the spectators to see him as you and your client see him: a false . . . (Continued next page)

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prophet and an agent of debauchery, who has just lied to them. You must rent the Temple veil, the gauze curtain; spill the incense, the smell of ether and adhesive; let them see the stains on his vestments and on his hands.

Now, you, the witness, have just finished testifying. The examination by friendly counsel has gone well. You stated the consensus of medical opinion and your conferees cannot criticize you. Now, you must defend the Faith from the attacks of this glib heretic. Well, you have the jury on your side. They're just like your patients — stupid. The dummies wouldn't know the difference between carcinoma and a cold sore no matter how long you talk to them. All they want is assurance and you've given them plenty of that. Does your interrogator know where the mesenteric artery goes? You hope the lawyer doesn't know anatomy. And you lied about needle biopsies. You should have asked for a tissue block. But who the hell are any of these people to question you anyway? You're a doctor.

This scene is repeated daily in our courtrooms. Due to automobile accidents and the increase in medical malpractice, over 90 percent of civil trials involve a medical issue. Almost invariably this science of medicine is questioned and plaintiff's doctor disagrees with defendant's doctor.

However, in most personal injury trials, the judges and juries are not inspecting the medical monopoly.

In most of these cases, the religion of medicine is not challenged. The gauntlet is thrown down before the prince only in medical malpractice, medical monopoly and "quackery" cases. And if the issue is a factual issue rather than a legal issue, if the trial lawyer must prove the drug or chemical did kill, the operation was not necessary, the unorthodox remedy is effective, the trial lawyer needs the doctor to help prepare and try the case, to take the stand, tell the truth and slash that gauze curtain, that conspiracy of silence. We frequently condemn the silence of doctors which allows the brutalities and excesses of modern medicine to continue and increase. But for a nonce, put yourself in the place of a doctor with many professional connections, with a practice dependent upon the very establishment being attacked. How many of us in a similar, comfortable situation would be any different? "If you be free from sin, cast the first stone."

Are there any doctors, whether M.D.s, D.O.s or scientists, with enough ethics—and guts—to tell the truth about so-called modern medicine in open court? Yes, there are a few. Too few.

If you're a health freedom fighter, you might be involved in a vital court fight involving not just a lawyer, but a doctor as well—a medico-legal team. You, the victim of the medical monopoly, who pays the bills and has the risks, should remember some basic rules in working with doctors and lawyers in the

courtroom. In some situations, like a city council hearing, *you* could be cross-examining a doctor. Lawyers and doctors would be well advised to know the rules too.

1. Remember, judges and juries don't know how utterly rotten the medical monopoly is, and they will not believe you or your lawyer. It must be vividly shown to them.

2. Don't overstate your case. There is so much malpractice and medical abuse going around and the injuries are severe enough in reality.

3. Never show the opponent's medical witness any special respect. Don't call him "Doctor." The judge and jury already have too much respect for doctors. Treat him like any other witness.

4. Don't argue with a doctor. Just ask questions.

5. Don't use "lawyers' tricks" like trying to trip up the doctor-witness on a minor inconsistency.

6. Check the *AMA Directory, American Men of Science, Who's Who in Science* and similar biographies and Dunn and Bradstreet to find out the financial, professional and educational background of the opponent's expert. Read the articles and texts he has written and have them ready. He may contradict himself.

7. Know your anatomy. Most doctors have forgotten anatomy. Know what structures about which you want to question the doctors. Memorize a few main connecting blood

vessels, tissues, nerves and muscles. At a recent food and drug dietary hearings, one government "expert" on the biology of taking vitamin pills admitted that he didn't know what the pyloric sphincter was. It's the valve at the end of the stomach.

8. Let him brag. Doctors seldom realize what boors they are.

9. Confront him with authoritative articles that contradict the doctor's testimony. Let him ramble in an attempt to explain away the contradiction. (See Matonis and Goldstein, "Courts Provide Hope for Health Freedom," *Trial Lawyers' Quarterly*, New York, Fall, 1969.)

10. Never pay the doctor-witness a compliment and never thank him. Remember, he's on the other side.

11. If the doctor fares well as a witness under cross-examination, do not attack him directly in summation. If the doctor is a bad witness for his side, especially if he lies, tear him up on summation. Be careful of the family doctor, general practitioner, Marcus Welby, M.D. image. Even if he forgets where the heart is and is caught lying, avoid attacking the image. Instead attack his testimony.

To follow the above rules, a medical-legal health freedom team is necessary.

If the doctor-witness is on the side of righteousness, i.e., your side, he or she will not have as much to worry about as the medical establish-

(Continued next page)

lishment's witness. For one thing, he'll be telling the truth, and fighting injustice. Even so, a medical or scientific witness for the "good guys" should remember a few rules.

1. Before testifying, rehearse with the lawyer who will take the role of the cross-examiner.

2. Remember, the Law has its own language. "cause" in Law is a broader term than scientific "cause." And an M.D. is "qualified" as an "expert witness" on all of medicine even if outside his specialty, though his testimony may not be given as much weight as an expert. Have the lawyer tell you your answer as it should be given.

3. Don't fence. The cross-examiner is a lawyer who uses words like a surgeon uses a scalpel, cutting issues instead of tissues. Remember, the judge is a lawyer and you cannot beat them at the word game they invented.

4. Don't overstate your expertise. You may be trapped by a question you should be able to answer.

5. Refresh yourself on relevant anatomy.

6. Before testifying, review the scientific and medical literature, especially your own articles. It would be embarrassing and damaging to the cause to disagree with a statement in one of your own recent articles.

7. Look at the jury when answering. If there is no jury, look at the judge. If the judge asks a question, turn in your seat and look at the judge.

8. Answer "yes" or "no," if you can. If you want to explain, answer "yes" or "no," then explain. If you don't know the answer, say "I don't know." Don't guess. The lawyer may know the answer and play with you like a cat with a mouse. If you don't understand the question or can't answer it, tell that to the judge.

9. Unless you are representing yourself, don't object to the question. That's the lawyer's job.

10. Rather than just explain, use charts, models or a blackboard.

11. Don't act friendly to anybody on the other side, even if you know they are an expert.

12. Be cool and take your time. Your inquisitor will try to provoke you. Once you lose control, he has got you where he wants you.

The Medical Monopoly is in our government, our economy, indeed, in every aspect of our lives. This is quite apparent in the courtroom. The judge and jury want to hear the opinion of the so-called experts. A witness may be able to debate

nutrition with the leading professors of nutrition, but if he does not have the credentials, his opinion will not even be admitted into evidence. However, if the witness has any real credentials at all, he can help win the case even though not one of the experts in the particular specialty. Whether we like it or not, medical doctors and health scientists with *authentic* degrees and honors are necessary ammunition in the battle for health freedom.

And, fortunately, some doctors recognize their responsibility to the commonweal, the public good, and offer their expertise in cases where the commonweal and the interests of their own establishment conflict. In an increasing number of cases, chiropractic testimony is accepted, helpful and necessary.

Many doctors shun the courtroom, claiming that they are too busy healing. But a doctor's duty is not isolated in the treatment room or the laboratory. It follows the patient and it follows the disease—right into the courtroom, if necessary. Yet, many doctors have knowledge about the toxicity of a chemical or a drug, for example, and refuse to take the stand to assist a judge and a jury in deciding the liability for injury. I have even seen doctors abandon one of their patients and refuse to testify about the current injuries they are treating in a case against the person or company who caused the injuries—even at the rate of \$250.00 for less than two hours on the witness stand! It is no secret that physicians have tremendously high incomes and that even the mediocre among them live well without the financial concerns that preoccupy most of us. And it is often difficult, if not impossible, for lawyers or clients to compete financially with the fast-flow fees paid by sick people. Accordingly, only a very special doctor will testify in court, one who is motivated by more than money, one who enjoys the tournament

jour, one who looks forward to experiencing an alien, perhaps hostile, environment, one who desires to expand his influence over ill health through the magnification of a court decision, one who is neither ashamed of his mastery over the mysteries of the human body nor afraid to have his mastery challenged by the concentrated cross-examination of a skillful trial lawyer.

Look around. Every danger to our health and to our freedom has an M.D. connected with it. There's always an M.D. on television blasting a safe, natural cancer cure or health food stores, or soothing consumer concern about a dangerous chemical or drug. And yet, we give them our microphones and print in the hope that the initials "M.D." will appear on safety and justice—that law, aided by science, can save us from the abuses of science.

Scientists and healers, having influence with their associates, must take the stand and reveal those secrets hidden by that gauze curtain and support an unorthodox healer who is the victim of the medical monopoly. Then and only then can lawyers be truly effective instruments to return this Republic to a state of health with freedom. Until then, we must fight for survival, if necessary, using the *law without science* to defend against *science without justice*.

* * * *

NEXT MONTH: Part II, The Doctor's Point of View.

Hypoascorbemia, Our Most Widespread Disease

By IRWIN STONE

Most readers will not recall ever hearing about the inherited illness, Hypoascorbemia; but don't feel too badly about that because most doctors have never heard of it either. Even though I described it in 1966 papers published by the Gregor Mendel Institute for Medical Genetics.

Hypoascorbemia is a genetic liver-enzyme disease caused by humans carrying a defective gene for the synthesis of the liver enzyme protein, L-gulonolactone oxidase. It is this defective gene which prevents us from making our own ascorbic acid (also commonly known as vitamin C) in our liver.

Ascorbic acid is such a basic vital substance for the living process that all living things, plants and animals,

Irwin Stone is a research scientist and author of a new book, *THE HEALING FACTOR, "VITAMIN C" AGAINST DISEASE*, released by Grosset and Dunlap in October, 1972. In this article as well as in the book, the author presents revolutionary views regarding ascorbic acid (vitamin C) and its role in the human. The author's hope and objective is to present sufficient basic facts to stimulate the necessary clinical research to show the therapeutic value of ascorbic acid when used properly.

What is the significance of all this for our health and well-being? The presence of this defective gene in the human gene pool, in the course of prehistory and history, has killed more individuals, caused more misery and in recorded times has changed the course of history more than any other single factor.

In animals unable to make their own ascorbic acid, total deprivation of this vital material will cause a horrible death from scurvy. In humans death occurs in a few months but in guinea pigs it only takes two or three weeks. The body disintegrates and wastes away in this time.

For thousands of years witch doctors and folk medicine practitioners knew there was something in fresh foods which would prevent this daily plague. The knowledge was put on a more reasonable basis by the experiments on scorbutic seamen of Dr. James Lind in 1740 resulting in the publication of his book, "Treatise on the Scurvy" in 1753. He showed that one ounce of lemon juice would prevent the appearance of the symptoms of frank clinical scurvy.

159 years later, in 1912, and not knowing very much more about scurvy than was published in 1753, Casimir Funk correctly theorized that certain diseases can be caused by the absence of certain trace substances in the diet, which he termed "vitamines." However, he erred when he applied his "vitamine" theory to scurvy, at this time twenty years before the discovery of ascorbic acid. He suggested that

scurvy was a simple dietary disturbance and that the unknown missing substance in foodstuffs which caused frank clinical scurvy was "vitamin C." Later work has shown that frank clinical scurvy is the fatal end result of a genetic liver-enzyme disease and Funk's unknown antiscorbutic substances (vitamin C) is a liver metabolite instead of a vitamin.

The reader may well ask, at this point, if we are not just getting into an argument in medical semantics and what essential and practical differences are there if we call scurvy a "simple dietary disturbance" or a "genetic liver-enzyme disease" and whether ascorbic acid is a "vitamin" or a "liver metabolite."

The answer to this question is that it is much more than semantics and is a matter of life or death and sickness or health and these are the reasons why: In the "dietary disturbance-vitamin C" hypothesis the full effect of their dogma is to prevent the appearance of or the cure of the classical symptoms of frank clinical scurvy. This objective can be accomplished with the few milligrams of ascorbic acid a day that can be obtained in fresh foods. 55 to 60 milligrams a day is their present recommended daily adult allowance for ascorbic acid. However, this mere prevention of frank clinical scurvy does not fully correct the genetic liver-enzyme disease, Hypoascorbemia. Full correction of this human genetic disease requires the intakes of ascorbic

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acid at a different order of magnitude — grams per day instead of milligrams (1 gram = 1,000 milligrams).

What has happened in the past 60 years during which Medicine has unquestionably accepted and utilized the dogma of this inadequate dietary theory is that it has eliminated the threat of frank clinical scurvy, but has left a population suffering from varying degrees of the more insidious inadequately corrected hypovitaminosis (chronic subclinical scurvy), and a false sense of health security. Chronic subclinical scurvy is presently our most widespread disease and yet it is rarely spoken of and does not appear in recorded disease statistics. Chronic subclinical scurvy is the root of many of our most pressing medical problems. If chronic subclinical scurvy were eliminated by the simple proper use of ascorbic acid, it is believed that many of these medical problems would clear up and disappear and health, well-being and longevity would improve to an unimagined degree.

It is only in the last few years that the flaws in the vitamin theory have been recognized and the dogmatic orientation to low trace daily dosages has been challenged. The first definite approach was the author's genetic disease concepts published in 1965-67. Recently Dr. Leon E. Rosenberg of Yale University Medical School working with the B vitamins and vitamin D distinguishes between "vitamin deficiency" diseases (the true avita-

the history of ascorbic acid, the new genetic concepts of scurvy, research protocols for the megascorbic treatment of many diseases and many incredible facts about ascorbic acid will be found by reference to the author's new book, **THE HEALING FACTOR. "VITAMIN C" AGAINST DISEASE**, published by Grosset & Dunlap, New York City, 1972. Since these new genetic concepts provide the rationale for the use of massive daily doses of ascorbic acid (megascorbic therapy), completely new and unexplored fields of medicine and therapy are opened. The book contains many chapters devoted to megascorbic prophylaxis, megascorbic therapy and research protocols designed to obtain clinical data in many of our most serious medical problems. The discussions are fully documented by a large bibliography of citations from the medical literature of the past 40 years, since the discovery of ascorbic acid. Among the topics discussed and recommended for further clinical research are heart and vascular diseases, arthritis and rheumatism, the infectious diseases, diabetes and hypoglycemia, kidney diseases, cancer, mental illness, ulcers, allergies, smoking and others.

The versatile therapeutic properties of ascorbic acid have been long neglected by medical research because they have considered it as a nutrient rather than a therapeutic metabolite. An organization such as the National Health Federation and its membership can do much to bring, by the power of public

opinion, these neglected facts on ascorbic acid to the attention of Congress and the proper government agencies in an attempt to utilize their medical research facilities to explore the potential therapeutic properties of ascorbic acid and conduct the long neglected clinical research on the megascorbic therapy of a wide variety of diseases.

Another critical area that requires change is in the education of the doctors in the medical schools. The substitution of these new genetic concepts on frank clinical scurvy and chronic subclinical scurvy should be made in the present curriculum that now teaches the outdated "vitamin C-nutritional disease" theory. This would provide a new crop of doctors who could think more clearly in terms of medical genetics rather than nutrition and thus provide more enlightened care for their patients.

If properly conducted, the clinical research on megascorbic prophylaxis and megascorbic therapy could be one of the major therapeutic breakthroughs of the latter quarter of the 20th Century.

R E F E R E N C E S

Due to lack of space, full medical documentation was not attempted. Pertinent references will be found in the extensive medical bibliography in the book, **THE HEALING FACTOR. "VITAMIN C" AGAINST DISEASE**, by Irwin Stone, published by Grosset & Dunlap, New York City, 1972.

The Economics of Fluoridation

By DONALD W. McCORMACK, B.S., D.D.S. (Ret.)

The American Dental Association and the American Medical Association do not endorse fluoridation of city water supplies, or any other procedures for cavity prevention in teeth that are not under the complete control of said societies. They give the impression of doing so because individual dentists are not allowed to speak out against fluoridation for fear of dismissal from their society.

Many thousands of dollars are given annually to the above societies for research by aluminum manufacturers for not speaking out against fluoridation—many organizations actually sponsor fluoridation in order to obtain financial consideration. Besides being used as a rat poison there seems to be no other way of getting rid of all the tons of the waste product from the manufacturing of aluminum—sodium fluoride. The government has stopped the dumping of this poison in lakes or streams because of pollution.

Fluoridation Research Proves Disappointing

As an associate professor in the school of dentistry at the Medical College of Virginia I became inter-

ested in fluoridation research in 1949. In 1951 I was asked to assist in an investigation of the affects on the teeth of the children in Coachella High School (near Indio, California) from drinking *naturally* fluoridated water from the wells in that area—it contained *calcium* fluoride. This investigation was sponsored by the California Department of Public Health and the Southern California Dental Society.

I personally checked and x-rayed all of the students. Although the fluoride content of the wells varied from 1 ppm. (the amount advocated for water supplies) to 4 ppm., cavities were found in the teeth of the children from *all* areas, and in those areas with over 1 ppm. a great many of the front teeth were covered with brown spots (mottled enamel). The results of this project were so discouraging that the entire report was hushed up, even to dentists.

Water Fluoridation Program Is 99% Wasted

My private practice, since 1951, was in the Pasadena (Calif.) area, where the water is also naturally fluoridated with 1 ppm. of calcium fluoride by mixing the water from

posals has been adopted by the California State Legislature to do so to all primary and grade school children at taxpayers expense. I am told that it is not as yet being carried out because calcium or stannous fluoride was indicated instead of sodium fluoride. It is seldom pointed out to the public that the fluoride that is being advocated for us in water supplies is *sodium* as this is the fluoride that is the waste product. Using calcium or stannous fluoride, which has a greater affinity for tooth enamel does not help get rid of stockpile of sodium fluoride. *Sodium* fluoride is 85 times more poisonous and 1,000 times more soluble than *calcium* fluoride and 15 times more poisonous than arsenic. Whereas little harm could come from using *calcium* fluoride, problems in general health, especially to older people, or to those allergic to it, could result from *sodium* fluoride.

Fluoridation Only Delays Dental Decay

Fluoridation of city water supplies is *mass medication* with a possible benefit to a maximum of one percent (1%) of the population. Fluoride in the dater does *not* really prevent dental decay—it can harden the enamel of the teeth and make them more resistant to decay—but it only puts off the decay for a year or so—so the results of many experiments are misinterpreted. Many cities that have had their water fluoridated for over fifteen years, such as Baltimore and Pitts-

(Continued next page)

various sources (some with excess fluoride and some with none). Even in this area there is a great deal of dental decay in children raised in this area.

Fluoridated water is mainly inefficient because it is next to impossible to control the amount of water that a child may drink—too many other liquids such as milk, soft drinks, fruit juices, etc. At best, only about one-tenth of one percent of the water supply would reach the mouths of children under the age of twelve years (it has *no* benefit after this age) so the cost of the program is 99% wasted.

In 1963, I established a health food store in the shopping center at Rossmore Leisure World in Seal Beach. My manager was a trained nurse and nutritionist. I, in my office and she, in the store spoke out against fluoridation of water supplies because of my previous experiences, above. In 1964, I was asked to stop talking against fluoridation or be dropped from membership in the local and the American Dental Association. I resigned that year after being a member for twenty-eight years.

More Effective Alternative Methods Available

There are methods of administering fluorides to the teeth that can be beneficial to both children and adults — higher concentrations of either calcium or stannous fluoride in either liquid or paste form applied directly to the teeth. This is now being done experimentally in the schools and I understand a pro-

burg, are finding in the teeth of their children so much decay that they are requesting grants from the federal government in order to start a campaign to repair the damage (fill the cavities) and start applying fluoride directly to the tooth surfaces and stop fluoridating the water supply. These children have had fluoridated water all their lives with no benefit.

Dietary Control of Dental Decay Is Sensible Approach

Why do teeth have cavities? Acid-producing bacteria, normally present in most mouths part of the time, live on particles of food adhering to the tooth surfaces, especially in protected areas as between the teeth and in grooves. If there were no food particles (particularly carbohydrate) the bacteria could not survive; there would be no acid production, hence, no cavities. If a child or adult (adults get cavities for the same reason) would not eat any carbohydrate, especially refined carbohydrate, for from one to four weeks (depending upon their rate of decay) the acid-producing bacteria would disappear. It is the eating of small amounts of carbohydrate two or three times a day—bread, candy, cookies or breakfast cereals (they also have little nutritive value)—that keeps the bacteria alive and producing the acid.

The carbohydrates (natural or refined) that are sticky and adhere to the teeth do the most damage. The worst offenders are honey (in any form), jams, syrups, candies, pastries, dates, figs, cooked mush,

etc. Also, anything sweetened with sugar (raw or refined) and is sticky or that is sucked on for a long time (all-day suckers) should be entirely eliminated. If any of the above were eaten only once a month there would probably be no tooth decay in most people as the bacteria would not be present to produce any acid. It also follows that if the teeth are thoroughly brushed immediately after eating any of the above, it would help to prevent tooth decay.

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(Received mid-August to mid-September)

Washington Report

By CLINTON R. MILLER
NHF Legislative Advocate

Senator Kennedy Is the Key To Defeating Fluoridation

Senator Edward M. Kennedy has quite recently become intimately familiar with the reasons why the use of diethylstilbestrol (DES) should be banned. When he becomes equally familiar with all aspects of fluoridation, he will surely find compelling reasons why fluoridation also should be banned. He may then become the chief opponent of fluoridation in Congress and then lead the fight to stop the U.S. Public Health Service from promoting fluoridation. It would be an about-face for the Senator, because he is now the chief proponent of fluoridation in Congress.

Senator Kennedy did such a magnificent job as Chairman of his Senate Subcommittee on Health, when he recently held hearings on Senator William Proxmire's bill to ban DES, that I have a hunch he may be the single man in America who is most qualified and strong enough to bring out the whole truth about fluoridation which will be all that is needed to bring the program to a screeching halt.

Following Senator Kennedy's hearings on DES, a hitherto arrogant Food and Drug Administration caved in and announced that

it would order DES discontinued by January, 1973. Kennedy had his eyes opened at those hearings when FDA Commissioner Edwards and his staff tried to bluff, and mislead the Senator and his staff. It didn't please Kennedy at all, and now that his eyes have been opened and now realizes that all is not well with FDA, it may be that he is prepared to recognize that a sister agency to FDA, the U.S. Public Health Service, (USPHS) is also in serious error on the fluoridation issue.

Kennedy has even set a wise guideline by which he is justified in re-evaluating his present position in support of fluoridation. During the hearings on DES, Kennedy asked FDA Commissioner Edwards why Sweden and twenty other foreign countries had banned DES. Kennedy asked,

"DO THEY KNOW SOMETHING WE DON'T KNOW?"

Senator Kennedy knows Sweden's health record is far better than that of the United States.

Well, as all NHF members know, Sweden has banned BOTH DES and FLUORIDATION. American (Continued next page)

beef which has been raised with DES and American water which is fluoridated have both been banned in Sweden. Neither could be sold there. As soon as Senator Kennedy knows that Sweden has banned fluoridation, as well as DES raised meat, he may be willing to ask witnesses of the USPHS.

"DOES SWEDEN ALSO KNOW SOMETHING ABOUT FLUORIDATION WE DON'T KNOW?"

You ask, "Doesn't Senator Kennedy know Sweden has banned fluoridation of any public water supply, as well as meat raised with DES?" My answer is, "I doubt it." You see, during the hearings on the Children's Dental Health Act, which Kennedy held last year, he was told by proponent witnesses that Sweden had not banned fluoridation, and to the best of my knowledge, no one has yet set the record straight.

This is our job, then, to educate this great Senator so he will see that the USPHS and FDA have both badly misinformed Congress about two of the most potent poisons, DES and Fluorides.

How do I propose that we educate Senator Kennedy? By the time-tested and proven method of courteously written and informative form letters. One has been prepared for your convenience at the end of this article. Please sign and mail it at once to Senator Kennedy. Additional copies of this letter are available at 1c each at NHF Headquarters, Box 688, Monrovia, California 91016. (Please order by

referring to Fluoridation/48 Senate.) Order a supply and get them signed by all your friends and relatives. Once Senator Kennedy sees the parallel between DES and fluoridation, I'm hopeful he will reverse his position from No. 1 proponent to No. 1 opponent of fluoridation in the Congress.

Senator Kennedy is Chairman of the proper Subcommittee in Congress to do more for or against fluoridation than any man in America. If the national fluoridation bill (S-1874, otherwise known as the Children's Dental Health Act) passes, you can give Senator Kennedy the credit and likewise, if fluoridation is banned in America as in Sweden, Kennedy is the only man on the political horizon who is strong enough to do the job. Either way, he will get the credit, or the blame, and it is up to the members of NHF to urge him not to wipe out the good he has done in forcing the ban of DES, by his continuing to be the leading Congressional proponent of fluoridation.

Rules For Avoiding Unnecessary Surgery

Herbert S. Denenberg, Pennsylvania Insurance Commissioner states that 20% of the operations performed in the U.S. are unnecessary and gives two rules to help avoid unnecessary surgery: (1) Before going to a surgeon, consult a doctor of internal medicine, and (2) Consult still another physician even though your family doctor and a surgeon agree that the operation should be performed.

The Honorable Senator Edward M. Kennedy
United States Senate, Room 431
Washington, D.C. 20510
Dear Senator:

Thank you very much for your promptness in holding hearings on Senator Proxmire's bill (S-2818) to ban diethylstilbestrol (DES), as urged by members and friends of the National Health Federation.

As Chairman of the Senate Subcommittee on Health you did a magnificent job of protecting my consumer health rights when you favorably reported out the bill. NHF gives you full credit for providing the needed hot breath of legislation which forced a reluctant FDA to ban DES effective Jan. 1, 1973.

I especially appreciate your wisdom and willingness to follow the example set by Sweden and many other enlightened foreign countries which had already banned DES.

This brings up another equally important and related matter. On Nov. 18, 1971, four months after you held hearings on, and favorably reported, Sen. Magnuson's bill (S-1874), **SWEDEN BANNED FLUORIDATION!**

The Senate voted overwhelmingly in favor of S-1874, 88 to 1. NHF and I strongly opposed Sec. 1002 of the bill which would authorize \$15 million for grants to help purchase fluoridation equipment for local communities and schools.

Now, if it is prudent and wise to carefully consider and follow Sweden's action in banning DES, it may be equally prudent and wise to consider and follow the example of Sweden in banning **FLUORIDATION.**

By most measurements, Sweden is the healthiest country in the world. In shameful contrast, the U.S. has slipped to 37th place in male longevity and from 5th to 13th place in the rate of infant mortality in

(over)

Continued on this page

the last twenty years. Sweden is 1st. To paraphrase a question you skillfully used in the DES hearings: DOES SWEDEN KNOW SOMETHING ABOUT DES AND FLUORIDATION AND THEIR RELATIONSHIP TO LONGEVITY AND INFANT MORTALITY THAT WE DON'T KNOW?

I strongly believe FDA seriously erred in encouraging and supporting the use of DES. I am equally strongly convinced that a sister agency, the United States Public Health Service, is seriously in error in promoting fluoridation. Both DES and FLUORIDES are "effective" and toxic at concentrations of parts per million. DES is "effective" and toxic at concentrations of parts per billion. You, Sir, are one of the few men in Congress today who understands just how toxic some compounds can be even at parts per million and parts per billion concentrations.

I respectfully urge you to reschedule hearings in the 93rd Congress on the fluoridation section (1002) of Sen. Magnuson's bill, in the light of Sweden's recent ban. Please have Sweden's Professor Arvid Carlsson as a witness. He is head of the Pharmacology Department of Gothenburg University.

.....(Name, Print)
.....(Signature)
.....(Street)
.....(City, State)

P.S. This form letter was prepared for my convenience by Clinton R. Miller, Legislative Advocate and Vice President of the National Health Federation, 121 2nd Street, N.E., Washington, D.C. For additional information please call him at 547-2547. I know you and your staff are busy, so no reply is necessary.

How To Survive In A Poisoned World

By PAAVO O. AIROLA, N.D., Ph.D.

It is unnecessary to waste paper and ink trying to prove that poisons in our environment are a real threat to our health. Ten years ago—yes. Those of us, including Rachel Carson, who warned about danger of environmental poisons were called alarmists and crackpots. Now, it is everybody's knowledge that the continuous build-up of disease-producing poisons in air, water, soil and food supplies has reached the point when it is not only becoming critical for our health, but also for our very survival.

There is no longer any doubt in anyone's mind that poisons in our environment cause a large variety of serious disorders, disease and death—all the way from vague, sub-clinical conditions, such as headaches, irritability, chronic fatigue and digestive disorders, to our most dreaded killers including cancer. Nature has foiled man's inane ex-

Dr. Airola is a naturopath, nutrition consultant and an author of several widely read books dealing with health. He is a member of the International Society For Research On Civilization Diseases and Vital Substances (Hanover, Germany).

periment with poisonous chemicals and is striking back at man with unrelenting force. In Japan, 111 persons were killed or seriously disabled by eating mercury-contaminated fish. In New Mexico, three children were poisoned by eating mercury-contaminated pork. In Arizona, two men died after eating pesticide treated vegetables from local gardens. Hundreds of people are dying each day across the United States as a direct or indirect result of poison in the air, water, food and environment.

Not only is a growing number of responsible scientists beginning to worry about the approaching catastrophe—predicting mass extinction through toxic chemicals in a very near future, unless something is done very fast—even President Nixon was compelled to say recently that "We must clean our environment—or perish."

What are we to do? With sudden universal awareness of the seriousness of the situation, can we expect that the swift action will be taken on all the levels to remedy the situation and turn the tide to the betterment—(Continued next page)

ter? Let's not fool ourselves. Although scores of committees and plenty of resolutions, and millions of taxpayers dollars will be spent (mostly to assure the re-election of our "ecology-dedicated" politicians), nothing of real decisive value will be done. The real powers that run our country - the financially powerful chemical, food processing, drug, auto, oil and other interests, will see that nothing will be done which could hurt their profits. And our government is, as it has always been, more concerned with the health of our economy than with the health of the people.

So my prediction is: even if the situation may eventually improve and come under control, *the things will get much worse before they get better.*

What can we do? Must we helplessly wait and watch our health going down the drain, and "perish," as President Nixon warned? Since we are doomed to live in a poisoned world, breathe the poisoned air, drink poisoned water and eat poisoned foods for a long time to come, what can we do to protect ourselves to the greatest possible extent? Can we do anything at all?

Yes, there are a few things we can do to protect ourselves against the universal toxic assault. I have made an extensive study of all the available scientific data and will outline to you in this article practical do-it-yourself protective measures that you can take which will enable you to survive in this poisoned world with a minimum of

damages to your health and your life.

It has been demonstrated that the damage to your body by certain poisons in air, water and food can be minimized, even prevented, by the regular use of certain vitamins, minerals and other food substances that counteract and neutralize the effect of toxins. Certain foods can help the development and growth of beneficial bacteria in your intestines that can have a detoxifying and neutralizing effect on toxic residues in food, particularly DDT and Strontium 90. Certain vitamins, particularly vitamin C, are strong "detoxifying agents" acting as anti-toxins which can help to neutralize and excrete poisons from our body. Some other vitamins, such as vitamins A, E and B-15, for example, can increase your body's resistance against toxins, particularly those that interfere with the oxygenation of the cells. Certain minerals, like calcium and magnesium, for example, taken in large doses help the body to pass off many radio-active and other toxic chemicals with fecal and urinary excretions.

Here's what you can do to protect yourself to the greatest possible extent against poisons in the air, water, food and environment:

1. Make every effort to move away from the smoggy city even if it is only for part of the time. Buy a cottage or a little farm outside of the city, in a smog-free area, and either live there and drive to work, or spend your weekends and free time there.

2. Make every effort to eat only organically grown foods. Most health food stores now carry a good supply of them. You can grow some of your vegetables in your own backyard, even in the cities.

3. If you are an apartment dweller, get a green thumb by growing wheat grass in boxes on your balcony or in the kitchen window. Also, everyone can grow their own sprouts.

4. If you must eat supermarket-bought produce, wash all your vegetables and fruits very carefully with soap and warm water. Just rinsing in cold water would not remove toxic residues. Those fruits and vegetables that can not be washed, should be peeled.

Here is one method that you can use to remove residues of arsenic, DDT and other toxic sprays from vegetables and fruits: Mix one ounce of pure hydrochloric acid with 3 quarts of water (use only glass or earthenware utensils). Place produce in solution for 5 minutes, then remove and rinse well with water. You can use the same solution for a week or so.

5. Stop using any and all toxic household chemicals: garden sprays, air fresheners, pest strips, cleaning fluids, detergents, bug killers, etc. Use soap as your only cleaning material, even for washing clothes. Avoid dry-cleaning of your clothes. If you must, ventilate dry-cleaned clothes for days after they have been cleaned.

6. Optimum nutrition will help you to better withstand the polluted environment. Make sure that

your diet is nutritionally adequate. Avoid over-eating. Avoid excess of animal proteins. Avoid all refined and processed foods.

7. Fortify your diet with the following vitamins, minerals, special foods and food supplements that have been found to have specific protective, neutralizing and detoxifying properties against poisons in your environment, your air, your food and your water.

Yogurt and Other Soured Milks

It has been found that sour-milk bacteria neutralizes poisons such as DDT and Strontium 90, making them "safer," that is, minimizing their damaging effect on your body. Use one pint to one quart a day. Yogurt, acidophilus milk, kefir or plain clabbered milk are all equally good for this purpose.

Kelp

An excellent protector against radio-active fall-out substances such as Strontium 90 and radio-active Iodine (Iodine 131, present mostly in milk) to which we are all subjected. Radio-active Iodine is absorbed by the thyroid gland and causes thyroid cancer. When the diet is amply supplemented with easily assimilated organic iodine, as in kelp, the Iodine 131 is not absorbed by the thyroid. Kelp also reduces the absorption of Strontium 90 by as much as 50% to 80%. Protective dose: 2 tsp. of granules, or 10 tablets a day.

Lecithin

Neutralizes all body poisons, but (Continued next page)

particularly DDT, toxic drugs, nitrates, and mercury. 1 to 2 tsp. of granules a day.

Brewer's Yeast

Best natural protective food against pollution. Helps your liver in its detoxifying work. It has been established that crude yeast extract provides a definite protection against lethal radiation doses. 2, 3, or more tsp. of powder or flakes a day.

Vitamin B Complex

High potency, natural B-complex vitamins protect you against many toxic residues in foods and counteracts the effect of toxic drugs. One tablet a day.

Vitamin B-1

Specific protector against the damaging effect of lead. 25 to 100 mg. a day, together with B-complex.

Vitamin B-15

Effective protector against air pollution, particularly against the damaging effect of carbon monoxide. It markedly increases your body's tolerance to oxygen deficiency caused by polluted air. Dose: 50 mg. twice a day, morning and evening.

Pantothenic Acid

Specific protector against radiation injuries. In animal studies, the survival rate was increased 200% by giving pantothenic acid prior to exposure. Preventive dose: 5 to 15 mg. for children; 25 to 100 mg. for adults. A double or triple dose as a therapeutic. Brewer's yeast is a best natural source of pantothenic acid.

Vitamin C

Number one anti-toxin. It will help you to withstand the toxic assault better and prevent damage. It will protect your vital organs and glands. It minimizes the damaging effect of all drugs. It is specific in acute cases of poisoning. 2,000 mg. to 5,000 mg. a day. In the acute cases of poisoning from any source, 1,500 mg. every hour, preferably intravenously. Up to 10,000 mg. or more a day. According to recent studies made at University of Nebraska Medical Center, large doses of Vitamin C will almost completely block the formation of nitrosamines in the body from nitrites and nitrates that are present in many of today's foods.

Vitamin E

Effective protector against poisons in polluted air, especially ozone, nitrogen dioxide and carbon monoxide. Helps liver in its detoxifying work. Protects against most poisons in food, water, air and drugs that interfere with tissue oxygenation. Up to 800 I.U. a day (for higher dosage, or if suffering from rheumatic heart disease or high blood pressure, consult your doctor).

Vitamin A

Protects your mucous membranes, also those of the lungs against damage by ozone, nitrogen dioxide and other photochemical pollutants. Improves your body's oxygen economy by increasing the permeability of blood capillaries and, thus facilitating better delivery of oxygen to the cells. Specific pro-

ectors against damaging effect of smog. 25,000 USP units a day. In severe smoggy conditions 50,000 to 100,000 units a day (together with Vitamins E, B-15 and C).

Vitamin D

Improves the utilization of calcium and magnesium—the anti-toxin minerals. Specific in acute lead poisoning, injected intravenously together with calcium.

Calcium and Magnesium

Help to neutralize and pass off many toxic substances from the body, such as lead, mercury, stron-

Essential Fatty Acids

Protects against harmful effects of X-rays. Present in all cold-pressed, crude vegetable oils.

Following the above precautions and taking the suggested vitamins, minerals and special food supplements will help to protect your health against the rapidly increasing chemical assault and help you to survive in a poisoned world in which we live.

Senator Nelson Urges Defoliant Herbicide Ban

spread use of this agent is clearly a dangerous gamble.

"About a drop in a medicine dropper can kill an estimated 1,200 men," Nelson wrote. "In fact, only six parts of Dioxyn in 10 million parts of a laboratory animal is a lethal dose. This means Dioxyn is over 100 times more toxic than the lethal nerve gas VX."

The senator also cited a report by Dr. Jacqueline Verret of the Food and Drug Administration which said studies of chicks and mammals showed "dioxyn is 100,000 to a million times more potent" than Thalidomide, a tranquilizer drug blamed for major birth defects a decade ago in babies of some mothers who used it during pregnancy.

—UPI in San Diego
Evening Tribune

Sen. Gaylord Nelson, D-Wis., has called for a ban on domestic use of the herbicide 2,4,5-T, saying "it is clearly a dangerous gamble" to do otherwise.

In a letter to William D. Ruckelshaus, director of the Environmental Protection Agency, Nelson said 2,4,5-T contains Dioxyn, "the most toxic substance ever synthetically produced."

The government has banned certain uses of the pesticide DDT, Nelson said, but only after "world-wide permanent environmental damage had been done. Certainly it should not be necessary to travel the same disastrous route with 2,4,5-T that we traveled with DDT."

No studies have yet been made on the safety of 2,4,5-T Nelson said, and "the continued wide-

Herbicide Or Homicide?

By CHARLOTTE C. TAYLOR, Ph.D.

Seven Nobel Prize winners, 5000 scientists and 58 members of the United Nations persuaded our country to ban the use of defoliation chemicals in Vietnam.¹ Yet, incongruously, our own United States Forest Service continues with large-scale spraying experiments using some of the same herbicides previously used in Vietnam—2,4-D, 2,4,5-T and 2,4,5-TP.² This practice has led to what seemingly is an epidemic of herbicide poisoning in Southern California in particular.

Sweden has banned aerial spraying after six railway workers died of lung cancer from these chemicals.³ One of the known contaminants in the herbicide mixtures, dioxin (a tetrachlorodibenzodioxin), is upwards of a million times as deformity-producing as thalidomide in biological tests, and it is the most toxic chlorine compound the FDA has ever tested.^{5,4} A chemical company manufacturing these herbicides had to close down its plant for a year.^{1,2} A German plant which was manufacturing a

dioxin for treating telephone poles had to close down after 40% of the workers died. Even the fumes from a scarf of one of the deceased killed a member of his family.⁶ The lethal dose was estimated to be less than 3 milligrams for a man weighing 70 kg. (about 154 pounds), i.e., about 42 parts per billion.

Why is the Forest Service spraying the 17 National Forests of California with these herbicides—branded as an imminent hazard to human health by the Environmental Protection Agency—and why is the United States Department of Agriculture promoting increased use of these chemicals on grain fields and other crops? The ostensible reason is for killing weeds. Could the real reason be experiments with methods for disposing of stockpiles brought back from Vietnam and the new stockpiles produced in preparation for any future wars?⁷

These herbicides are showing up in many blood samples of sick persons and in water and food.² Anthropologist, Dr. Louis Leaky, predicts that the population of the world may be nil in 30-40 years. It has been noted even in Los Angeles that the population now is increasing very little.⁸ In a letter dated July 26, 1972, Dr. Linus Pauling states, "It is terrible that there should be so much use of these dangerous chemicals. Keep up your

efforts to get it stopped—I shall try too."

In spite of any precautions which may be taken, aerial spraying of chemicals seems inevitably to result in a drift of the chemicals into unwanted areas affecting both vegetation and people. Typical of perhaps untold numbers of other cases, is a case of an adult woman residing in the Malibu area of Los Angeles County. Her symptoms were varied but included sore throat, nausea, visual disturbances and dermatological-vascular complications ultimately requiring surgery. Laboratory analyses were significant.⁹ The blood analysis revealed the presence of 2,4,5-T esters and Silvex (2,4,5-TP), and enzyme determinations indicative of liver injury. The urine also showed Silvex. An analysis of the water supply revealed Silvex and three pesticides (BHC, DDE, Endrin). Vegetables from the patient's organic garden showed the presence of 2,4-D and 2,4,5-T. Even the woodwork inside the house revealed the presence of 2,4-D, 2,4-DB, 2,4,5-T esters and Silvex esters.

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MEMORIAL CONTRIBUTIONS

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

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

THE FAMILY CIRCLE

By FRED C. HART
Chairman of the Board of Governors

I am sorry to have missed the October issue, but being confined in a hospital in Roseburg, Oregon made it necessary. I am pleased to be able to report that I am back home and on the job.

The progress of the Federation, both in membership increase and work accomplished has been phenomenal. This has come about, in spite of the fact we have undertaken the reorganization of the entire set up at headquarters plus the loss of some staff members.

We are very happy to announce that we have been able to replace our losses in staff personnel with men and women of ability and mature judgment, and who are dedicated to the program of the Federation. The work of the Federation is now so departmentalized, so that the loss of one or more members of the staff will not in any manner affect the program activities. The foregoing has produced a more effective operation and a saving in expense.

There are still dangers which lie ahead. The Federation will not sell, give, nor loan its membership list to any party, but it cannot stop persons from circulating petitions at any of our many conventions. The purpose of this is to get as many names and addresses of members attending the convention as possible. We urge our members not to become a party to these procedures by signing such petitions unless it is a petition authorized by NHF.

We are making elaborate plans for the annual meeting, which will be held January 18, 19, 20 and 21, 1973 in the Anaheim Convention Complex. This complex will seat 5500 persons, the speakers engaged for this event are the best in the country. There will be two snack bars equipped to furnish health food and drinks every day. The official breakfast and luncheon will also feature health foods, both vegetarian and regular. There will be sufficient parking area right at the convention center. The parking lot is surrounded by motels and hotels with reasonable rates. You can make your reservations through the Anaheim Convention Bureau or direct with the hotel or motel of your choice. The program will appear in the December issue.

NATIONAL HEALTH FEDERATION BULLETIN

We are advised that the Medford Chapter has made plans to hire a bus and bring a bus load of their members to the convention. The bus will allow a stay of five days at the low rate quoted, which will give the Medford Chapter members a day to visit Disneyland and Knotts Berry Farm. We are hoping other Chapters will make similar plans.

In closing the writer wishes to thank each one of you who sent cards and/or prayed for his recovery. The Lord answers prayer!

The Annual NHF West Coast Convention January 18, 19, 20 and 21 at the Anaheim Convention Center (adjacent to Disneyland) Anaheim, California

WOW! What a program we've planned for this convention. The complete program will appear in the December issue of the *NHF Bulletin* but you can anticipate a four-day program jam-packed with noted speakers sharing their information on current health legislation, nutrition, cancer, fluoridation, pollution, etc. In addition, as usual, there will be at least 175 exhibits to show what's new in the field of health.

There are many excellent motels in the general area of the Convention Center. For the convenience of those who may desire motel accommodations, we are here listing the six motels which are situated within two blocks. All have Anaheim, California 92802 addresses: **PIXIE MOTEL**, 1016 West Katella, \$8.00 per person, \$1.00 extra for each additional person, \$2.00 extra for twin beds and \$2.00 extra for efficiency kitchen; first night deposit must accompany reservation. **MAGIC LAMP**, 1030 West Katella, \$9.00 per person, other rates and regulations same as for Pixie Motel. **RAMADA INN**, 1100 block on West Katella, \$12.00 for 1, \$15.00 for 2, \$18.00 for 3, \$21.00 for 4; possibility of group rates beginning at \$10.50 for 1, if you can organize a group (mention NHF). **INN OF TOMORROW**, 1100 block on West Katella, \$12.00 for 1, \$14.00 for 2. **SPACE AGE MOTEL**, 1100 block on West Katella, \$12.00 for 1, \$14.00 for 2. **TRAVEL LODGE**, 1166 West Katella, \$14.00 single, \$16.00 for double.

Several restaurants are located within two blocks of these motels.

NOVEMBER, 1972

Consumer Affairs Report

By TREESA DRURY

What Food Labels Do and Don't Tell

"Every day, label reading consumers pick up the phone or write to ask the FDA why the ingredients are not listed on the labels of their ice cream, preserves, mayonnaise or dozens of other products." This is the admission of the Food and Drug Administration as outlined in its newly revised "FDA Papers" now entitled "FDA Consumer." The balance of the article explains the background for the law passed in 1934 to set up standards of identity or the disclosure of ingredients.

In March of this year in answer to a plea for complete labeling of all foods, Commissioner Edwards stated "there is no statutory authority to require that the label bear the name of each mandatory ingredients contained in standardized food." The Department is in favor of voluntary labeling and the repealing of the labeling exemption for mandatory ingredients in standardized foods. Unfortunately, the problem would not stop there. A label might say vegetable oil . . . that could be coconut oil, bad for those on a low cholesterol diet, it might be peanut oil, a possible killer to one allergic to peanuts.

Food labeling is not consistent even among products produced by the same manufacturer. Some cookie labels list wheat, oat or other flour derivatives. Some merely say enriched flour. Artificial colors, flavors and chemical preservatives don't have to be listed on butter, cheese, and ice cream. On other products, only partial listings may be given. Percentage labeling is only done on dog and cat food. Human food lists them in order of descending weight. Consumer groups claim it is high time there was a standardization of labeling and fully support Benjamin Rosenthal's bill to mandate full ingredient labeling on all products. They feel the bill will fail unless consumers everywhere write their congressman urging its passage.

Milk and Milk Type Products

The Food and Drug Administration has begun to put out fact sheets to aid the confused consumer. The first of these is about milk and milk type products. The following is its explanation: Grade A pasteurized milk or any fluid whole milk must contain at least 3.25% butter fat. Low fat

milk must contain not less than 0.5% and not more than 2% butter fat and skim milk must contain not more than 0.5% butterfat. Low fat milk and skim milk may have non fat dry milk as an added ingredient, increasing the milk solid content without increasing the fat. These products are the ones you often see advertised as "containing added nonfat milk solids" or a similar phrase.

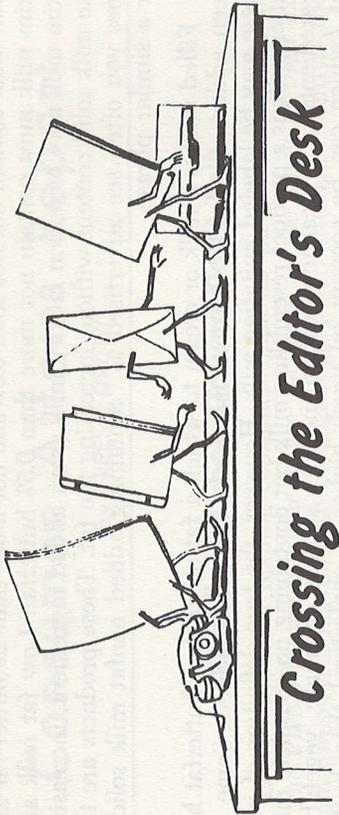
Filled milk is a milk or cream to which a fat other than butterfat has been added. Artificial color and flavor are frequently added. Some of these may be labeled imitation milk. However, the true definition of imitation milk is a product resembling milk but containing no complete milk ingredients. A typical formulation includes sodium caseinate, vegetable fat (which can be coconut oil much higher in cholesterol than butter fat), corn syrup or dextrose, artificial color and flavor and emulsifiers. A typical emulsifier could be some of the same stuff as put into antifreeze.

A new standard of identity was established recently for nonfat dry milk. It may now be fortified with vitamins A and D. Nonfat dry milk without added vitamins may also continue to be sold. Coffee lighteners or whiteners are made in much the same manner as the imitation milk products, usually containing, among other ingredients sodium caseinate and vegetable oil. Of course, you have no way of knowing which vegetable oil is used. Even when the FDA explains it, the whole thing sounds confusing. When it is so difficult to make just a decision on which milk to buy is it any wonder that consumers are pleading for complete factual labeling for all products with ingredients given by percentage?

Household Child Killers

Home accidents are the leading child killer. This warning comes from Dr. Albert Domm, Medical Director of the Prudential Insurance Company. Most parents are aware of the dangers inherent in dishwasher detergents and other household cleaning chemicals, but what about cosmetics? Nailpolish, polish remover and perfumes are poisonous when swallowed by children. All of these items should be stored well out of reach of children. The small child that sees mommy use these items is quickly attracted to them because of their color and fragrance. A young child, especially, will attempt to eat anything that attracts him.

Tressa Drury can be heard nightly in the Los Angeles area, Monday through Friday at 9:30 p.m. with CONSUMER WATCH on KHJ-TV's NEWSWATCH—Channel 9. She also may be heard on a nationally syndicated show — check your local radio station schedules.



A great many people sleep too much and this may be as unwise as getting too little sleep, according to Dr. William C. Dement of Stanford University. His research indicates that the average person needs seven and a half to eight hours sleep to perform well during the day. Except in specific cases, any great excess over this leads to a listless feeling and irritability which interferes with clear thinking.

It takes at least ten years for a person's lungs to recover after he stops smoking, according to Dr. Robert Taylor, a Canadian cancer expert. He says, "Only after 10 years would an ex-smoker's chances of developing cancer be reduced to those of a person who never smoked." He believes that 90% of the lung cancers are due to smoking.

Some nonphosphate detergents, though possibly causing less pollution, contain highly caustic materials that may cause them to be a household hazard, especially where there are children. The National Institute of Environmental Health Sciences believes that the carbonates and metal silicates contained in some detergents can cause blindness if rubbed into the eye. Detergents tend to cling to the hand and may accidentally be introduced into the eye by rubbing the eye after having direct contact with the detergent.

In this age of increasing radioactive fallout, especially of strontium 90, an article in the August, 1970 issue of **Prevention** is especially significant. Although some radioactive particles in the air may be breathed in directly, the greatest absorption of fallout comes through the food we eat and the water we drink. Strontium 90 tends to accumulate where calcium is found—in green leafy vegetables, in milk, in hard water, etc. When taken into the body, it heads straight for the bones and there may destroy the function of the bone marrow. The **Prevention** magazine article reports the work done at the Gastrointestinal Research Laboratories of

McGill University in Montreal where it was discovered that brown kelp, a common seaweed growing abundantly off the coast of California, contains a factor which can reduce by 50 to 80 per cent the amount of radioactive strontium absorbed through the intestine. The sodium alginate in the kelp, although permitting the calcium to be absorbed, binds most of the strontium within the intestine preventing its absorption.

Senator Edward Kennedy has been the most active proponent of a national health insurance. In view of this, his statements made at a testimonial dinner for Congressman Wilbur Mills in Little Rock, Arkansas are of special interest. In speaking on national health insurance, he listed six basic principles for such a program, the last of which was, "The sixth basic principle is that every doctor and every patient should be free to choose where and how they will give or receive health care. We should pass no national health insurance system that forces either the doctors or their patients into straight-jackets or arrangements they do not want. The proper role of government is to pass laws that offer financial support and incentives. The government has a role to play, but only the doctors and their patients can create a health care system truly worthy of our nation." This could be interpreted to mean that Senator Kennedy believes patients should have the freedom to choose as their doctor, the members of any of the legally recognized healing professions. Unfortunately, however, we have no reason to believe this is what he meant. We do hope, however, that before a national health insurance program is passed, Senator Kennedy and all other members of Congress will come to accept the idea that the only "system truly worthy of our nation" is one which is free of discrimination, one which gives equal legal recognition to all of the licensed healing professions and enables the patients complete freedom of choice — this is the only truly American way.

Four doctors of chiropractic in Lebanon County, Pennsylvania offered to donate chiropractic services totaling \$20,000 to the Lebanon County Easter Seal Society (National Society for Crippled Children). When the Easter Seal officials declined the offer, the doctors met with the officials and asked, "Might any of the patients under your program who have not been helped thus far, be helped through this \$20,000 worth of chiropractic services now offered? What is more important to the people who donate to Easter Seals and to patients under this program — that a complete range of proved healing services be provided, or that current administrative policies within your agency remain unchanged?" At that point, the Easter Seal representatives became hostile and did not answer the questions. Instead, they arrogantly declared, "We've been operating here for 17 years and no one ever before has raised questions like this."

WASHINGTON ROUNDUP

FDA Considering Nitrate Ban

It has been reported that the FDA is formulating a new regulation which will ban most uses of nitrate in foods. It is possible that the single exception will be its use in fermented sausages where it is needed as a curing agent. The Department of Agriculture is considering a similar cut back in permitted use of nitrate. Such a universal ban on the use of nitrite, however, is not anticipated. Both the FDA and USDA consider the use of nitrites as essential to prevent botulism growth in bacon, ham, processed meats, and smoked fish products and until a suitable substitute can be found, the use of nitrites will be allowed to continue. Norway has already announced a ban on the use of nitrate and nitrite, effective January 1, 1973, with certain exceptions. Likewise, Canada is reported to be preparing a ban similar to that anticipated in this country.

USDA Orders Label and Package Changes For Bacon

A Department of Agriculture order to become effective February 19, 1973, will require the label on packaged bacon to declare the presence of nitrates and nitrites. These additives are commonly used in the

curing of meats like frankfurters, ham and bacon to preserve their pink color and to guard against botulism-producing toxin. Also, the order will require bacon sold in packages, to provide a window which will reveal at least 70 percent of the length of a "representative" strip.

DES Controversy Continues

Although the FDA has announced a ban, effective January 1, 1973, on the use of diethylstilbestrol (DES) as a growth stimulant in animal feed, the issue certainly has not been put to rest. Senator Proxmire, who had introduced a bill calling for an immediate ban on all uses of DES including implants not included in the FDA ban, has voiced strong objection to the five-month phase-out plan in the FDA ban. Chairman Fountain, of the House Intergovernmental Relations Subcommittee resumed hearings on DES to determine the legality of FDA's phase-out program and also to question the advisability of continuing DES implants. Fountain said that the decision of FDA to allow use of DES until January 1, 1973 is completely "undefensible." Fountain reported also the finding by USDA inspectors of 60 p.p.b. of DES in the liver of an animal in

which an ear implant of DES was used. The FDA had previously claimed that no DES residues have been found in animals in which only implants had been used. And now, the Comptroller General has issued an opinion that FDA has no legal authority to allow continued use of DES.

Red Dye Controversy Rages

The FDA's proposal to invoke a temporary tolerance for the food dye known as FD&C Red 2, has stirred heated controversy from many quarters. Dr. Michael Jacobson of the Center for Science in the Public Interest has urged the Food and Drug Administration to lower its proposed tolerance from 30 parts per million to 1.5 p.p.m. On the other hand, various segments of industry — a pharmaceutical company, a chemical firm, The Distilled Spirits Institute, The Pet Food Institute, and others — clamor for higher tolerance figures citing the "unreasonableness" of the FDA proposal and each using their own form of mathematics to justify their position. The liquor manufacturers urge that a higher tolerance level be set for their industry than for the food industry in general. The Pet Food Institute has asked that a tolerance for pet food be set at 300 p.p.m. Meanwhile, a private testing laboratory experimenting with a limited number of rabbits using the "no effect level" upon which the FDA proposal was based, found that five out of six rabbits lost weight and 55% of the pregnant females resorbed their fetuses.

Book Reviews

CANCER — CAUSES, PREVENTION & TREATMENT — THE TOTAL APPROACH by Paavo Airola, N.D. (Health Plus Publishers, P.O. Box 22001, Phoenix, Arizona 85028; 40 pages; bibliography; paper; \$2.00)

This is a small book (40 pages) but no less informative; it is a compendium of a vast amount of timely information. Some seventy references are listed in the bibliography at the back of the book and essentially, every important statement or fact stated by the author has been drawn from these references. This is in keeping with the author's note in the introduction where he states, "...I do not offer a new or any other kind of cure for cancer—I report only what various cancer researchers have found and how cancer is successfully treated in European biological clinics. All my statements made in regard to the causes of cancer, and to effective nutritional and other biological methods of approaching the cancer treatment, are well documented—see the references."

The first portion of the book deals with "What Causes Cancer." Here the author briefly discusses the many environmental factors, chemicals, nutritional causes, etc.

(Continued next page)

that various researchers have pointed out as being cancer-producing. After reading this section, one must conclude that the incidence of cancer has increased in direct proportion to the increase in the presence and use of these hazardous elements such as radioactive fallout, smog, food additives, over-processing of foods, pesticides, etc., etc.

The section dealing with the treatment of cancer briefly describes the specific approaches and regimens utilized especially in the several famous biological clinics of Europe. With probably no exception, these clinics employ strict dietary programs along with other therapeutic approaches.

In the short, concluding chapter, the author discusses "The Total Approach" which seems to sum up the whole point of the book. Throughout the booklet, the author stresses the basic, fundamental causes of cancer and the total, systematic or constitutional therapeutic approach as distinguished, let us say, from surgery which ignores the primary, basic causes of the cancer. However, without criticizing or even mentioning such localized approaches as surgery, the author states, "It is evident that the battle against cancer can be won only by massive preventive programs aimed at eliminating all environmental carcinogenic factors, improving our nutritional patterns, and strengthening the body's resistance against disease." The author concludes his treatise with this significant statement, "Only a total comprehensive preventive and

therapeutic anti-cancer approach, a combined, concerted attack on all fronts, as presented in this paper, can assure the needed supportive aid to the body's own protective and healing activity and lead us to a total victory over cancer."

The trouble with today's economy is that when a man is rich it's all on paper. When he's broke it's cash.

—Sam Marconi

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:

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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 harassment of those who advocate natural methods of healing and natural foods, the poisoning of our air, water and soil through greed and carelessness, and many other health-related issues.

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

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

Will you join us in this worthy effort?

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

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