DECEMBER, 1973

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NATIONAL HEALTH FEDERATION BULLETIN

THE
NATIONAL HEALTH FEDERATION BULLETIN

Protection of Health Freedoms — *Published Monthly*

Volume XIX — Number 11 — December, 1973

CONTENTS

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

National Health Federation Bulletin, published monthly January through December, except July-August which are combined, at 212 West Foothill Boulevard, Monrovia, California 91016, by National Health Federation, a nonprofit corporation. Fred J. Hart, Managing Editor; Raymond H. Houser, Editor. $1.50 of the annual membership dues is paid as a yearly subscription to the **National Health Federation Bulletin.** Single copies, 35 cents. Second-class postage paid at Monrovia, California 91016.

Update On FDA's Dietary Supplement Regulations

The Food and Drug Administration's new regulations affecting vitamins A and D became effective October 1, 1973. The regulations prohibit the sale, except on prescription, of any product containing more than 10,000 units of vitamin A and/or 400 units of vitamin D in the daily intake as recommended on the label. The regulations, however, do not affect those products manufactured and labeled prior to the effective date. In other words, non-complying products now in the hands of distributors or "on the shelf" may still be sold. Consequently, it is likely that existing stocks, manufactured prior to October 1st, will be available for several months to come.

The matter of the vitamin A and D regulations is not a closed issue however. A motion for a preliminary injunction to stall the effective date of the regulations was filed in federal court in New York by Milton Bass for the National Nutritional Foods Association, a health food trade organization. The court denied the motion. Later, on September 27, 1973, Kirkpatrick Dilling, acting on behalf of the National Health Federation, filed a federal suit in Chicago contending that the FDA circumvented the law in implementing the A and D regulations inasmuch as hearings were not held as required by law, and therefore, asking the court to put aside the regulations on this basis. The FDA has 60 days to reply and as we go to press the FDA has not yet responded.

In the meantime, the problem of the other, more comprehnesive dietary supplement regulations has yet to be resolved. These are the regulations issued in their tentative final form on January 19, 1973, and finalized on August 2, 1973, which were scheduled to become effective on January 1, 1974 and would have limited the potency and the combinations of all vitamins and minerals in dietary supplements.

Shortly after the regulations were issued in their final form and published in the Federal Register on August 2, 1973, a number of suits were filed in federal Courts of Appeal across the country by consumer organizations (including NHF), trade organizations and affected manufacturers. All of these suits petitioned the Court to make a judicial review of the Order with all the petitioners contending that the FDA, in promulgating the regulations, acted beyond their statutory authority and that the regulations were not based on the best evidence in fact—that the FDA largely ignored the competent testimony of witnesses oposing the then proposed regulations during the hearings conducted in 1968-1970

(Continued next page)

and have established the present regulations almost entirely on the testimony of FDA's own witnesses.

Because of the large number of suits filed, and acting on an application for a stay of the effective date of the regulations, the FDA agreed to, and granted, a stay (a delay) in the effective date pending judicial review of the regulations. *Thus, the comprehensive dietary supplement regulations will not go into effect on January 1, 1974 as originally scheduled.*

Because almost identical suits have been filed in several courts across the country, the FDA has moved to consolidate these suits in the Ninth Circuit U.S. Court of Appeals (San Francisco) where the first suit was filed. FDA's application for the consolidation of the cases is based on an established applicable federal statute. Under this, NHF's suit filed in New York, will be transferred to San Francisco. There appears little doubt but that the "big vitamin court battle" will be held in San Francisco but no one, at this point, can say when. In any event, it is certain to be a prolonged battle—and an expensive one.

While all the applicable and available legal recourses are being employed to stall and void FDA's unwarranted dietary supplement regulations, NHF continues to press for a permanent legislative remedy to the problem—the passage of the "Hosmer bill," H.R. 643, which would nullify FDA's current pending dietary supplement regulations by properly defining dietary supplements and prohibiting action by the FDA to limit the potency and combinations of vitamin and mineral products for any reason other than fraud and/or proved health hazards.

Congressional support for the Hosmer bill is steadily gaining. For a complete report on the progress and present status of the Hosmer bill, please read Clinton Miller's Washington Report which follows.

Washington Report

By CLINTON R. MILLER, NHF Legislative Advocate

The enactment of the "Hosmer bill' (H.R. 643) offers the very best legislative remedy to completely nullify FDA's outrageous dietary supplement regulations which were originally scheduled to become effective January 1, 1974. The FDA now, however, has agreed to stay (delay) the effective date pending the outcome of the several suits which have been filed in federal courts across the land, all seeking to block the enforcement of the regulations.

Because there is no absolute guarantee of victory either in court or in obtaining passage of the Hosmer bill, it is imperative that we press on vigorously on both fronts even though there is reason for optimism in our fight on both fronts. Of the two approaches, the legislative victory undoubtedly provides greater assurance of a lasting freedom from future attacks by FDA on nutritional products. A court victory conceivably might be won on technical points related specifically to the currently contested regulations which could still permit FDA to promulgate other, possibly less restrictive, regulations in the future. Enactment of the Hosmer bill, on the other hand, actually amends the Food, Drug and Cosmetic Act to define the term, *food supplement*, as distinguished from a *drug*. Further, it prohibits the FDA from limiting the potency and combination of ingredients in vitamin and mineral supplements for reasons other than safety and fraud.

As this report was being prepared on October 15th, 203 members of the House of Representatives have either cosponsored the Hosmer bill or have introduced a similar or identical bill of their own. Also, we have just been informed that hearings on the bill have been tentatively set for October 29 and 30. NHF has long been prepared and will present some of the nation's most authorative nutritional scientists and biochemists who will testify in behalf of the Hosmer bill.

Credit for the 203 cosponsors and for the hearings being held this year goes to you, the members of NHF, and the hundreds of thousands of your friends who have written over a million letters to members of Congress. NHF is deeply grateful to the many organizations, trade groups, student groups, newspapers, columnists, and the thousands who have no organizational affiliation who have fostered and promoted this campaign in one way or another.

Our job is not done, however. It really is only beginning. We must still get additional congressional supporters for the Hosmer bill. If your Congressman is not on the list of cosponsors, write him again and again until you get a favorable response from him. We want at least two-thirds of the House solidly behind the bill in the event of a possible presidential veto.

Very important now also, are your letter to your two Senators urging them to introduce or cosponsor a bill in the Senate similar to the Hosmer bill. Your letter to the senators now are just as important as the letters to the representatives were earlier so let's all get on the job once again. Personal letters of your own are the best and are far more effective but rather than send no letter at all, please use the form letters sent to all NHF members early in October. Extra copies are available from NHF, P.O. Box 688, Monrovia, Calif. 91016 at a cost of $1.00 for 100 postpaid. Ask for form letter SL-1.

As you refer to the list of cosponsors on the following two pages and you find that your own congressman has already cosponsored, may we urge you to write him a note thanking him for his support of the Hosmer bill. Such notes of gratitude will reinforce his support of the bill at a time when it may be very important—when it comes on the floor for a vote.

Near Majority Of House Members Support Hosmer Bill

As of October 12, 1973, a total of 203 U.S. Representatives had joined Representative Hosmer as a cosponsor or had, on their own, introduced a similar or identical bill. The list of these congressmen follows:

Alabama
Bevill, Tom (D)
Buchanan, John (R)
Dickinson, Wm. L. (R)
Edwards, Jack (R)
Flowers, Walter (D)
Nichols, Bill (D)

Alaska
Young, Dan (R)

Arizona
Conlan, John B. (D)
Rhodes, John J. (R)
Steiger, Sam (R)
Udall, Morris K. (D)

Arkansas
Hammerschmidt, J. (R)

California
Anderson, Glen M. (D)
Brown, George E. (D)
Burgener, Clair W. (R)
Clawson, Del. (R)
Corman, James C. (D)
Danielson, George (D)
Dellums, Ronald (D)
Goldwater, Barry (R)
Gubser, Charles (D)
Hanna, Richard T. (D)
Hawkins, Augustus (D)
Hinshaw, Andrew J. (R)
Hosmer, Craig (R)
Ketcham, William (R)
Leggett, R. L. (D)
McCloskey, Jr., Paul (R)
Moorhead, Carlos J. (R)
Pettis, Jerry L. (R)
Rees, Thomas M. (D)
Rousselot, John H. (R)
Royball, Edward R. (D)
Ryan, Leo J. (R)
Sisk, B. F. (D)
Talcott, Burt (R)
Teague, Charles M. (R)
Waldie, Jerome R. (D)
Wilson, Bob (R)
Wilson, Charles (D)

Colorado
None

Connecticut
Grasso, Ella T. (D)
Steele, Robert H. (R)

Delaware
None

Florida
Bafalis, L. S. Skip (R)
Burke, Herbert J. (R)
Fascell, Dante B. (D)
Gunter, Bill (D)
Haley, James A. (D)
Lehman, William (D)
Pepper, Claude (R)
Young, C. W. Bill (R)

Georgia
Blackburn, Ben B. (R)
Ginn, Bo (D)
Mathis, Dawson (D)

Hawaii
Matsunaga, Spark (D)

Idaho
Symms, Steven D. (R)

Illinois
Anderson, John B. (R)
Annunzio, Frank (D)
Collier, Harold R. (R)
Crane, Phillip M. (R)
Findley, Paul (R)
Gray, Kenneth J. (D)
Hanrahan, Robert P. (R)
Kluczynski, John (D)
McClory, Robert (R)
Michel, Robert H. (R)
O'Brien, George M. (R)
Price, Melvin (D)
Railsback, Tom (R)
Shipley, George E. (D)
Young, Samuel H. (R)

Indiana
Bray, William G. (R)
Hudnut, William H. (R)
Myers, John T. (R)
Zion, Roger H. (R)

Iowa
Gross, H. R. (R)
Mayne, Wiley (R)
Scherle, William (R)

Kansas
Shriver, Garner E. (R)

Kentucky
Snyder, Gene (R)

Louisiana
Breaux, John B. (D)
Rarick, John R. (D)
Treen, David C. (R)
Waggoner, Jr., Joe (D)

Maine
None

Maryland
Hogan, Lawrence (D)
Holt, Marjorie S. (R)

Massachusetts
Harrington, Michael (D)
Heckler, Margaret (R)
Moakley, John J. (I)
Studds, Gerry E. (D)

Michigan
Broomfield, William (R)
Brown, Gary (R)
Cederberg, Elford (R)
Chamberlain, Chas. (R)
Conyers, John (D)
Diggs, Charles (D)
Esch, Mervin (R)
Ford, Gerald R. (R)
Harvey, James (R)
Huber, Robert J. (R)
Hutchinson, Edward (R)

Minnesota
Bergland, Bob (D)
Blatnick, John A. (D)
Frenzel, Bill (R)
Karth, Joseph E. (D)
Nelsen, Ancher (R)
Zwach, John (R)

Mississippi
Lott, Trent (R)

Missouri
Randall, William (D)

Montana
Shoup, Richard G. (R)

Nebraska
Thone. Charles (R)

Nevada
Towell, David (R)

New Hampshire
Cleveland, James C. (R)
Wyman, Louis C. (R)

New Jersey
Forsythe, Edwin B. (R)
Helstoski, Henry (D)
Howard, James J. (D)
Hunt, John E. (R)
Rinaldo, Matthew (R)
Roe, Robert A. (D)
Widnall, William (R)

New Mexico
Jujan, Manuel (R)
Runnels, Harold (D)

New York
Abzug, Bella S. (D)
Addabbo, Joseph P. (D)
Biaggi, Mario (D)
Brasco, Frank J. (D)
Delaney, James J. (D)
Dulski, Thaddeus (D)
Fish, Hamilton (R)
Grover, James R. (R)
Hanley, James M. (D)
Horton, Frank (R)
King, Carlton J. (R)
Lent, Norman F. (R)
Rangal, Charles (D)
Roncallo, Angelo (R)
Rosenthal, Benjamin (D)
Walsh, William F. (R)
Wolff, Lester L. (D)

North Carolina
Henderson, David (D)
Jones, Walter B. (D)
Mizell, Wilmar (R)
Prever, Richardson (D)

North Dakota
None

Ohio
Carney, Charles J. (D)
Clancy, Donald D. (R)
Divine, Samuel L. (R)
Guyer, Tennyson (R)
Keating, William (R)
Latta, Delbert (R)
Miller, Clarence E. (R)

OHIO (Continued)
Minshall, William (R)
Powell, Walter E. (R)
Regula, Ralph S. (R)
Seiberling, John F. (D)
Wylie, Chalmers (R)

Oklahoma
Camp, John N. (R)
Jarman, John (D)
Steed, Tom (R)

Oregon
Dellenback, John (R)
Wyatt, Wendell (R)

Pennsylvania
Clark, Frank M. (D)
Coughlin, Lawrence (R)
Dent, John H. (D)
Eilberg, Joshua (D)
Eshleman, Edwin (R)
Flood, Daniel J. (D)
Gaydos, Joseph M. (D)
Goodling, George A. (R)
Heinz, H. John (R)
McDade, Joseph M. (R)
Nix, Robert (D)
Saylor, John (R)
Ware, John (R)
Williams, Lawrence (R)
Yatron, Gus (D)

Rhode Island
None

South Carolina
Davis, Mendel J. (D)
Spence, Floyd (R)

South Dakota
Abnor, James (R)

Tennessee
Baker, LaMar (R)
Duncan, John T. (R)
Fulton, Richard H. (D)
Kuykendall, Dan (R)
Quillen, James (R)

Texas
Archer, Bill (R)
Casey, Bob (D)
Collins, James M. (R)
de la Grasa, Eligio (D)
Fisher, O. C. (D)
Jordon, Barbara (D)
Pickle, J. J. (D)
Price, Robert (D)
Teague, Olin E. (D)
Wright, Jim (D)

Utah
Owens, Wayne (D)

Vermont
None

Virginia
Broyhill, Joel T. (R)
Whitehurst, G. W. (R)

Washington
Hicks, Floyd V. (D)

West Virginia
Slack, John M. (D)

Wisconsin
Froehilich, Harold (R)
Thomson, Vernon W. (R)

Wyoming
None

District of Columbia
None

Guam
Won Pat, Antonio B. (D)

Virgin Islands
None

Puerto Rico
None

POINTS TO NOTE

The Hosmer bill in no way amends or weakens the adequate consumer protection provisions of the Food, Drug and Cosmetic Act; it will not permit false or misleading label or advertising statements on nutritional supplements; and the FDA shall have the authority to prohibt the sale of any product which is not intrinsically safe at the recommended dose. The Hosmer bill does, however, limit FDA's authority to set limits on the potency and combinations of vitamins, minerals and other food substances so long as they are not injurious to health.

Why the FDA Doesn't Know What Nutrients the Individual Needs

By JAY PATRICK

The whole approach of the FDA regarding man's nutritional needs is based on the fallacy that there exists an average man. Dr. Roger Williams, certainly an eminent scientist in this field and the discoverer of the vitamin pantothenic acid, emphasizes in his books, such as *You Are Extraordinary*, that one man varies enormously from the other, that even identical twins may have remarkably different nutritional requirements.

Indeed, there are some 3.6 billion different people in this world, and, as Dr. Williams reports, if their exteriors varied as much as their interior organs, one man might have a nose as small as a pea while another a nose as large as a 20 lb. watermelon.

Yet in sheer, blind stupidity, the FDA wants to limit us all to specific quantities of nutrients, when, due to our genetic inheritance, one man may require up to 1000 times as much of a particular nutrient as another.

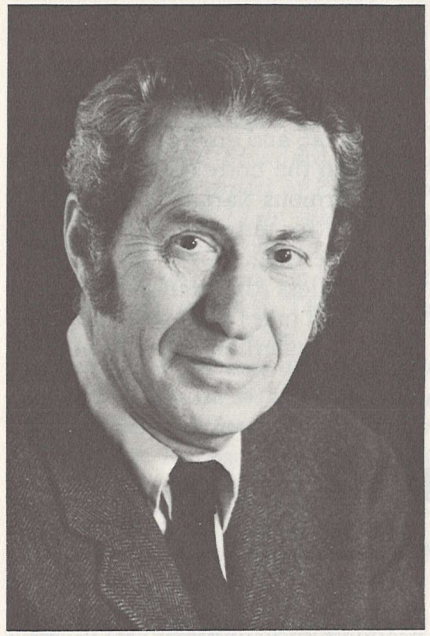
This variation may become even more pronounced among those who have spent their early life growing up and existing on amounts below their minimal needs, for they thus frequently require enormous quantities of particular nutrients in order to bring themselves up to the level or reasonably good health.

Dr. A. Hoffer, the Canadian physician and biochemist, emphasizes, for instances, that if a dog is given a diet completely void of vitamin B-3 (niacin)for a period of one week, the dog is quickly restored to good health when the normal requirement of this nutrient is put back in his diet. Yet, if the dog is completely deprived of niacin for a period of six months, massive doses of niacin are required for the rest of the dog's life in order to keep it in good health.

Such is the condition of many an American who paid no attention to his diet in his early years, as was the case with me. Partly because of this neglect and ignorance, I find that I now require, for instance, a daily intake of niacin which is at least 100 times the recommended daily allowance of the FDA and a daily intake of vitamin C that is 166 times the recommended daily allowance.

Deprive me of this allowance of 1,000 mg. of niacin and 10,000 mg. of vitamin C daily, preferably in timed release form, and I suffer from a drastic reduction in my acuity, in my energy, and in the whole efficiency of my body processes.

Based on the new regulations of the FDA, originally due to be implemented January 1, 1974, I shall



E. CHERASKIN, M.D., D.M.D.

have to take 33 tablets of niacin to replace the four tablets I currently take and 111 tablets of vitamin C to replace 10 tablets of one gram each. All told, it might become necessary for me to take somewhere between 600 and 1,000 tablet daily to reach my current intake, which obviously would not leave time to write any more articles about the FDA.

There must be millions and millions of people in this same predicament, except that they do not yet know what to do about it.

Unfortunately few of their doctors know anything about nutrition, probably less than 1% of some 630,000 in this country, so the average American is somewhat helpless in doing much about his nutritional needs.

The FDA would render him even more helpless by prohibiting him to purchase combinations of nutrients such as vitamin C and bioflavonoids simply because the agency has not yet waked up to the fact that bioflavonoids have important functions in maintaining good health, especially in preventing or reducing the capillary fragility which is characteristic of purpura, for instance, all well established by many clinical tests.

Another error of the FDA is to assume that each nutrient can be evaluated separately, whereas they all work together. Indeed, there is a definite synergistic effect, researchers tell us, as each nutrient is utilized cooperatively with some 50 other nutrients in the astoundingly complex functioning of that magnificent organism we call the human body.

"One person may have a long nose and short toes. Another may have a short nose and long toes, and so it is," says Dr. E. Cheraskin, "with adrenal glands and about everything else."

"Eating habits, stress, smoking, chronic infections—all these things are, thus, in infinite variety intrinsically involved in the determination of the individual's need for nutrition."

Dr. Cheraskin is an internationally known nutritional researcher, an M.D., a Professor of Oral Surgery, lecturer and co-author of about a dozen books on health. His latest is *Predictive Medicine, a Study in Strategy.*

(Continued next page)

"Thus," the doctor continues, "there are not only genetic differences but congenital overlays that can occur during pregnancy. So the woman who smokes and/or drinks a lot of alcohol, for instance, has an offspring different from the mother who doesn't.

"Of course, beyond that there are environmental factors such as living in smog. Thus he who lives in a smog environment has a greater requirement for nutrients such as vitamin C and E than he who does not live in smog.

"In summation," says Dr. Cherakin, "there are countless genetic, congenital, and environmental challenges to the body that account for the enormous variation in individual need for nutrients. Accordingly, it is quite ridiculous to have a standard, unless the standard is very broad and takes account of all these factors, something the FDA will not do."

Sen. Schweiker Ready To Push Nutrition Legislation

Sen. Richard S. Schweiker (R-Pa.), a member of the Senate Select Committee on Nutrition and Health, in a speech before the sixth annual Vitamin Information Bureau seminar for editors and writers, said that if the food industry doesn't get 100% behind FDA's nutritional labeling regulations, he would be willing to push his legislation to make nutritional labeling mandatory. Unless there is across-the-board support, he said he doubts that the nutritional labeling plan will work. In that case, he said "We'll have to do something."

The Senator predicted that the Select Committee would develop a national nutrition policy and said that none so far had been developed because there has been no leadership or priority given to a commitment because of conflicts. He further expressed concern over the advertising policies of food concerns that promote sugar-coated products to youngsters. He further urged regulations to control "the dental caries epidemic" created by sugar and expressed the thought that if tobacco can be regulated, food can be too.

Another speaker was Dr. Paul A. Lachance, Department of Food Sciences, Rutgers University, and a frequent critic of FDA. He urged FDA to begin removing obstacles preventing the nutritional improvement of food, and cited the requirements for the use of the designation "imitation" for standardized products such as jams, jellies, catsup and the like, if vitamins are added. He said these foods would be excellent vehicles for enrichment or fortification especially because of changing eating habits of the American people. He complained that the FDA fails to take into account new eating habits of consumers.

PSRO
(Professional Standards Review Organization)

The Professional Standards Review Organization Law was enacted in 1972 and is now a part of Public Law 92-603. It is due to be implemented in 1974. While the law directly affects only the doctors and health care facilities providing care to the approximately 80 million persons whose care is paid for, in whole or in part, by Social Security, the patients also are indirectly affected. The law was obstensibly passed to assure quality health care, to lower the cost of the Medicare and Medicaid programs, to discourage or prevent overutilization, and to control fraud. A significant segment of the medical profession question that the law will accomplish any of these and see the law only as HEW's formula for second class health care. In any event, the PSRO law is bound to have a profound effect on traditional health care practices.

Part 2: How It Affects You and Your Doctor

The Professional Standards Review Organization program as promulgated by congressional action last year has been the subject for sharp debate within the medical profession. Physicians' attitudes towards the program range all the way from those who believe that some program of this type is probably needed to those who want nothing to do with the program even if it means not handling Medicare and Medicaid patients. In between the two extremes is the large majority of doctors who don't exactly like the idea but realize that it is now the law and they have no choice but to fit into the program and cooperate.

The Professional Standards Review Organization Law, as enacted, requires the Secretary of the Department of Health, Education and Welfare to establish, and staff, a National Professional Standards Review Council. Further, by January 1, 1974, the Secretary must designate PSRO areas throughout the country – there probably will be around 300 such areas. Within each area, a regional PSRO will be approved and funded by HEW. Functioning strictly in acordance with the guidelines laid down by Washington, the regional organizations will function as mandatory peer review bodies to evaluate the health care delivered to all Medicare and Medicaid patients (plus a few others who receive funds through HEW for health care) by any physician or hospital situated within the designated region.

No matter where a physician may practice within the United States, if he chooses to accept Medicare or Medicaid cases, he will find that his diagnostic and treatment procedures must conform to certain

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guidelines laid down for him by his regional PSRO and he must accept the fact that whatever he does for the patient, is subject to the scrutiny and evaluation of the PSRO. It was through the imposition of tight guidelines and the watchdog activities of the regional PSROs that the congressional sponsors of the law saw what they believed to be a means of curbing the use of unnecessary diagnostic procedures and treatment thus avoiding over-utilization of benefits and, at the same time, improving quality of care.

Through 1975, at least, only a physician - controlled organization can be designated as a regional PSRO by HEW. After 1975, if any of the physician-controlled PSROs are not doing their job to the satisfaction of the National Council, the door is open to substitute a non-professional or lay - dominated PSRO. Because of this possibility, some physicians fear the review process may be snatched out of their hands and that their PSRO will be dominated by bureaucrats.

Although local medical societies are not qualified for designation as a regional PSRO, the physician members of the society could form a non-profit foundation which could qualify so long as membership is open to all M.D.s and D.O.s. It is anticipated perhaps a large percentage of the PSROs will be formed in this manner. However, within the law, HEW could designate a medical school, a state health department, or the like as a regional PSRO to police its member doctors—to review their decisions and procedures in connection with the care of Medicare or Medicaid cases.

At Present Law Covers Only Institutional Care

A Congressional conference committee watered down the original proposal for the PSRO law as introduced by Senator Bennett so that it now covers only government-paid institutional care. Care which is strictly ambulatory is not subject to the perusal of the PSRO at this time although Dr. William I. Bauer, national director of the PSRO program, has been quoted as saying that once a PSRO's hospital functions are in order with all the related problems ironed out, a regional PSRO may elect to extend their review functions into the ambulatory field, at which time it may request and get HEW's permission to extend its functions. In the meantime the two fields will often overlap. The records of office visits of a patient who ultimately is hospitalized will certainly be subject to review because an adequate institutional review may depend on the diagnostic procedures utilized and what treatment was given prior to hospitalization.

Function Of A PSRO

One a regional PSRO has been designated by HEW, the organization must, in accordance with regulations prescribed by the Secretary of HEW, "review the professional activities . . . of physicians and other health care practitioners and institutional and non-institutional providers . . . for which payment may be made, in whole or in part, under this Act . . . For the purpose of determining whether—(A) such services and items are or were medically necessary; (B) the quality of such services meets professionally recognized standards of health care; and (C) [whether] such services . . . could . . . be effectively provided . . . more economically [otherwise]." The term, *economically* is not defined but this could mean the lowest price lab, hospital, drug, etc.

Treatment Must Conform To 'Norms Of Care'

In conducting their prescribed review functions, PSROs must apply nationally developed "norms of care." Section 1156 of the Act provides, "each PSRO shall apply professionally developed norms of care, diagnosis and treatment based upon typical patterns of practice in its regions (including typical lengths of stay for institutional care by age and diagnosis . . ." Thus, national control is assured by Sec. 1156(c) which specifically says, "the approval of the National Professional Standards Review Council of norms of care, diagnosis and treatment shall be based on its analysis of appropriate and adequate data."

Consequently, the physician must practice strictly in accordance with the rules laid down in Washington. Should his patient require a bit longer hospitalization, or additional medication, or certain diagnostic procedures beyond that set down in the "norms of care," the doctor must justify and fully document the need for these extra services. Should the PSRO or the National Council disagree with the doctor concerning the need for these services, the doctor himself will be charged for them. In other words, a group of doctors sitting in Washington, D.C. as members of the National Professional Standards Review Council, could posibly make the final determination as to whether or not a patient perhaps 3000 miles away whom they have never seen, required an additional week of hospitalization. If a physician consistently goes beyond the "norms of care" in the treatment of his patients, the law provides that he must be warned by his PSRO and if he still does not mend his ways, the matter must be referred to the National Council for consideration. There, the doctor may not only be ordered to make financial restitution for the "unnecessary" care or treatment, but also he may be suspended from the program so that he can no longer treat Medicare or Medicaid patients and/or fined $5,000.

What can a physician do if he gets stuck with a lot of bills for hospitalization, laboratory fees, etc., which he thinks are medicallly necessary but which the bureaucrats don't? The law is very specific about this. He can't sue in court—not until he has exhausted a long, exhaustive series of appeals through the local, state and national PSROs and finally, the Secretary's office—the same groups which judged the physician "guilty" in the first place.

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Of course, the appeals are at his own expense.

Keynote: Standardization Of Care

It becomes apparent that the keynote of the whole PSRO program is standardization of care. Physician critics of the program say that the PSRO program would eliminate the personalized, individual, quality care system and substitute a dehumanized, numerical average system with federal rules for the practice of medicine which will stifle innovation and reward conformity. They emphasize that quality medical care must be based first and last on what is good for the individual patient, at a given time and under particular conditions and never on a standardized rule book. Furthermore, a "preventive medicine" approach will become impossible under the program since PSRO requires proof of "medical necessity" for all diagnostic and treatment procedures.

The statute tends to enforce compliance by physicians in another way. Section 167(c) grants immunity to the physician from civil liability under any law of the United States or any State on account of any action taken by him so long as his action was in compliance with the professionally developed norms of care and treatment as outlined by a HEW-designated PSRO. On the other hand, under these circumstances, any doctor who does not follow the government blueprint for treatment, greatly increases his liability in a malpractice suit.

Right now, there are many unanswered questions in the minds of both physicians and patients. Since the objective of the program seems to be to limit treatment only to that which is "medically necessary," what about the many chronic conditions, particularly those common in old age, which may not present a threat to life but do cause some discomfort or disability?

What's 'Medically Necessary?'

For example, what about a case, a retired older person, who shows considerable arthritic degeneration of a hip joint though still having the ability to get about with difficulty and some discomfort? The surgical replacement of the ball and socket of the joint is essentially the only treatment which would restore the joint to the point of usefulness. But, would the surgery be considered "medically necessary" and be permitted since the condition offers no threat to life?

Or, would it be considered to be "medically necessary" to remove a benign fatty tumor from the forehead of an older, retired woman when tumor presents no threat to life or to the function of any other part, and when its removal would admittedly be more for cosmetic purposes than anything else?

Or, let's take another example using an older person who can scarcely see at all with one eye because of a cataract, though with the other eye, he can see fairly well with aid of glasses. Is the removal of the cataract "medically necessary" and thus to be permitted?

At this point no one can say or predict to what extent the PSRO program will really change traditional health care. There are a few safe predictions that may be made however. For one, it will heap an unbelievably large amount of new paper work upon the doctor which is expensive to him and will require time he could be devoting to patients.

For another, the PSRO program requires the creation of a vast new bureaucracy which must reach into every community. It is undoubtedly safe to predict that, like all other government bureaucracies, it will grow larger and larger, with more and more staff members, producing more and more directives and regulations, assuming greater and greater authority to affect and influence the lives of Americans.

Apparently no one has yet made a competent estimate of the cost of the program. $100 million has been mentioned as probable cost for the first year of full operation. Another safe prediction would be that whatever the cost for the first year, it will undoubtedly increase each year thereafter. One informed individual stated that the cost of the hardware (computers, etc.) alone may prove staggering and that the only one to benefit from PSRO will be the computer industry. The program may possibly reduce the total amount paid to the providers of health care, but we may properly wonder if the cost of the PSRO program might be greater than the savings.

Skin Rash Due To Smog

You don't have to live in polluted Los Angeles or New York City to have it.

You can live in any of the other 232 communities having serious pollution problems to have it.

It's called dermatitis urbis or city skin inflammation.

Urban air pollution has brought about a virtual epidemic of the city skin ailment, according to Irwin L. Lubowe, a New York City dermatologist, who was first to recognize and name the disorder. He says this unique disorder is caused by the cities' chief environmental enemies—fumes from burning fuel, automobile exhausts and incinerators. It is characterized by redness, dryness, discolorations and spots on the skin and more often affects women over 40 though it does not spare younger men and women.

Dr. Lubowe, in a new book, *The Modern Guide to Skin Care and Skin Beauty*, gives some self-help measures that can relieve and avoid the smarting, irritation, burning and blotching: Wash regularly with a bar-type neutral soap containing a recognized skin antiseptic. Before making up, use a moisturizing cream which will leave a thin laver of emollient. After removing makeup, use a cleansing or detergent cream which will remove impacted soot and grime as well as soften the skin. Then apply an astringent and gently pat on moisturizing cream again. If the skin is sensitive to the sun, it should be protected with cosmetics containing sun - shield agents.

A Case For Vitamin C Supplementation

By IRVING STONE

The rapidly fatal disease, scurvy, is generally and historically regarded as a simple dietary disturbance, even though the modern view, as I pointed out in 1966, is to consider this ancient sickness as the fatal ending of an uncorrected genetic liver-enzyme disease, called "Hypoascorbemia."

This inherited malady is caused by a defective gene carried by humans and it affects everyone; it is our most widespread disease. This gene was destroyed about 60 million years ago by a mutation occurring in a primate ancestor of Man. All the progency of this primitive monkey, including Man, are mutants and are unable to make their own ascorbate (ascorbic acid) in their livers. Nearly all other mammalian livers are biochemically equipped to produce their own ascorbate and do so in large daily amounts in response to stress. It is my judgment that for full health. man should ingest the same large daily quantities of ascorbate that he would otherwise be producing in his own liver, had this mutation not occurred. This is nearly equivalent to correcting this genetic disease, if ingestion is at a reasonably steady rate.

For hundreds of millenia Man has been forced to rely on subsistence levels of ascorbate. He paid a very high toll for this deprivation; first, in high infant mortality and then for those that survived infancy —recurring and continuing sickness, misery and early death. It is now possible to reverse this pattern of ill health and fraility, but first let us see what happened to ascorbate during the course of the evolution of Man.

Most Animals Synthesize Ascorbic Acid From Their Own Blood Sugar

The enzyme systems for the production of ascorbate from glucose is of very ancient origin. The widespread occurrence of this enzyme system in nearly all multicellular plants and animals would give credence to the notion that these enzymes were present and working long before living organisms diverged into the animal and vegetable kingdom. Data from plant and animal embryology also indicates their primeval origin. The dormant seed or egg is devoid of ascorbate and it is immediately generated on sprouting or germination. Ascorbate is readily detected when the embryro is no more than a cluster of a few cells.

In the course of the evolution of the vertebrates from the fishes to the mammals over the past 425 million years, the trend has been towards increased daily production of ascorbate. It would appear that one of the main functions of ascorbate during this evolution has been to maintain biochemical homeostasis in the face of severe stresses.

In the lower cold blooded vertebrates, the enzymes for the synthesis of ascorbate are located in the kidneys. The size ratio of the kidneys to total body size is rather small, so that daily ascorbate production is low, but possibly adequate for their rather sluggish metabolism. When the more active, warm blooded birds and mammals came on the scene about 165 million years ago, Nature was faced with a problem of how to increase the daily ascorbate production necessary to support their more active metabolisms and counteract the increased biochemical stresses resulting therefrom. The successful solution to this problem came when the site of ascorbate synthesis was moved from the small kidneys to the more spacious liver, the largest organ in the body. In all present day mammals examined, the enzymes for ascorbate production are located in the liver. Those that were unable to make this kidney to liver transfer, apparently could not compete with the high-level liver producers and became extinct. Accordingly, not one of these low level producers is left.

The present day birds are a living example of this kidney to liver transfer. If we construct a chart of the evolutionary history of the birds from morphological evidence and examine representative species from the various groups of birds on this chart to determine whether they are kidney or liver ascorbate producers, we find that the older species are kidney producers. As we proceed up the evolutionary scale, we find some are both kidney and liver producers and the most recent song birds are wholly liver producers. Some of these more recent tropical birds, as with Man, have lost their ability to synthesize ascorbate.

Man Lacks the Enzyme Necessary For Ascorbic Acid Synthesis

Man is one of the few mammals that can not produce his own as-

(Continued next page)

Editor's Note:

Irwin Stone is a noted biochemist, now living in San Jose, Calif., who has researched Vitamin C (ascorbic acid) for some years.

Mr. Stone pioneered the use of ascorbic acid as a food preservative and some seven years ago directed the attention of Dr. Linus Pauling to man's basic need for massive amounts of the product.

Lack of space prevents medical documentation of statements made in this paper, which was presented at the Seventh Industrial Affiliates Symposium, "Vitamin C and the Common Cold," August 6, 1973, at Stanford University.

More complete discussions and references to the medical literature will be found in the author's new book. **The Healing Factor: "Vitamin C" Against Disease.** Irwin Stone. Grosset & Dunlap, Inc. New York, 1972, $6.95.

corbate in his liver. Scurvy, the result of this defective mechanism, was, until 1907, thought to be a characteristic human disease, because no other animal appeared susceptible to it. In that year it was accidentally discovered that guinea pigs could get scurvy if ascorbic acid was not present in their diet. Later, some monkeys were also found to be equally susceptible.

In the early 1930's ascorbate was shown to be identical with the anti-scorbutic substance, vitamin C. The work leading to this discovery earned the Nobel Prize in 1937 for Dr. Albert Szent-Gyorgyi. Dr. SzentGyorgyi has always felt that not enough use has been made of ascorbate for supporting human health, pointing out the classical symptoms of scurvy are a final collapse, a premortal indication of impending death, which is not a good criterion for full health.

In 1959, Dr. John J. Burns showed that the biochemical lesion which destroyed Man's ability to make his own ascorbate from blood glucose was the lack of the enzyme, L-gluonolactone oxidase, in his liver. This led to the showing, in 1966, that frank clinical scurvy, instead of being a simple dietary disturbance, an avitaminosis, was actually the final fatal sequelae of an inborn error of carbohydrate metabolism, the genetic liver-enzyme disease, Hypoascorbemia.

Research Suggests Man Needs From 2-4 Grams of Ascorbate Daily

This gentic approach to scurvy now supplied a rationale for high ascorbate levels, because it was postulated than Man's daily intake of ascorbate should be, at least, of the order of the daily amount that his liver would be normally producing. But how do you assess the production of an enzyme system that isn't there? It is easy if we assume that Man, as a mammal, has daily requirements similar to the amounts that the other mammals each day produce. The only data of this type now available is for the rat liver. If we extrapolate this data to a 70 kilogram unstressed body weight basis, it comes to 1.8 grams per day using the data of Burns and coworkers, or 4.0 grams (4,000 mg.) per day with Salomon & Stubbs figures. Under conditions of stress, up to 15 grams (15,000 mg.) of ascorbate a day are needed as calculated from the results of Conney and coworkers.

These figures of 2 to 4 grams a day are close to and check well with the megascorbic intake levels calculated by several other methods. Linus Pauling estimated 2.3 to 9.5 grams per day as the intake level based on the ascorbic acid content of fresh foods supplying 2500 calories. The long term clinical response of the patients of Dr. Klenner over the past 3 decades has led him to prescribe 10 grams a day of ascorbic acid as the optimal adult dosage. For children he recommends 1 gram a day for each year of age up to age 10 and then 10 grams a day thereafter.

Inconsistency Exists In National Academy of Sciences RDA Recommendations

A curious inconsistency exists in the recommendations of different groups within the National Academy of Sciences. For a human adult, their recommended daily allowance of ascorbic acid is about 1 milligram per kilogram (approximately 2.2 lbs.) of body weight. *For Man's closest mammalian relative, the monkeys, they recommend a diet calculated to supply about 55 milligrams ascorbic acid per kilogram of body weight per day!* On a 70 kilogram body weight basis this amounts to 3.85 grams per day which checks with the other calculations.

The recent work of Yew, on guinea pigs, as reported in the Proceedings of the National Academy of Science, has led him to suggest that for healthful development, "the need on the part of a developing 30-Kg (human) youngster for 1500 mg of ascorbic acid daily, rather than the Food and Nutrition Board's recommendation of 40 mg."

All this work indicates our great uncertainty regarding the optimal daily requirements for ascorbate for chronic good health. What is needed is long range testing at these mega levels, using the criterion of long term good health and long life span rather than the danger signals of impending death (scurvy) as has been used in the past.

I should like to point out, in case you haven't noticed, that we are in the midst of a spreading revolt in medicine and therapy, which I like to call the "Megascorbate Revolution." It is a revolution where we are learning to use, not a vitamin but a mammalian liver metabolite, in a manner duplicating that which the mammals have found so successful for the past 165 million years. For the past 40 years our technology has made it possible to, in effect, correct an ancient defective human gene and I regret to say that we have not fully utilized these fortunate circumstances. Like all new concepts, there have been and will be growing pains. When Medicine accepts the maxim, "Correct the Hypoascorbemia before instituting other therapy," we shall know we have succeeded.

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."

THE FAMILY CIRCLE

By FRED J. HART
Chairman of the Board of Governors

FIRST OF ALL, I want to thank all of our members for their interest and prayers during my recent illness. And, I also want to thank all of our wonderful members who have cooperated so magnificently, with us, in our campaign against the unjust, unconstitutional regulations proposed by the FDA.

THEY SAID IT COULDN'T BE DONE! That is the advice we got on every hand at the opening session in Congress regarding the Hosmer bill. Those who are detractors, that is, those who want to tear down the program of the Federation widely scattered the story that the Hosmer bill could not even get sponsored because it had been so long before the Congress. I am very happy to say because of the wonderful cooperation of our membership and others in this field we now have 203 co-sponsors to the Hosmer bill, which is very near a majority of the members of the House. We are striving for 300 so that if the President should veto the bill we could override the veto.

THOSE WHO WOULD NULLIFY THE EFFORTS OF THE FEDERATION in its legislative program also said we would never be able to get hearings before the proper committee. I am very pleased to inform you that they were wrong on this count too because, at this writing, tentative dates, October 29th and 30th, have been scheduled for hearings. So we can report a real victory in our legislative program to date.

ON THE LEGAL FRONT, the Federation has filed a number of suits against the Food and Drug Administration. You may recall, last year, that the Federation filed a class action suit in Los Angeles federal district court against the Food and Drug Administration seeking an injunction to halt the FDA from further pursuing certain policies and actions, alleged by NHF to be illegal and unconstitutional, relating to nutritional products. Prior to filing the suit, FDA had made numerous seizures of dietary supplements charging only that the products provided "too much" of certain vitamins or that the vitamins were not needed in human nurition. FDA pursued these actions in spite of the fact it had not publicized or legally implemented regulations prohibiting such products. The mere filing of our suit apparently had a salutary effect because FDA discontinued their arbitrary and unwarranted attacks. The suit was never heard in court because in the meantime, FDA issued their new dietary supplement regulations which, when implemented, would establish regulations which would permit FDA to make the very seizures which had previously been

made without the benefit of legally implemented regulations. Inasmuch as NHF filed another suit asking for a judicial review of the new dietary supplement regulations, NHF withdrew the class action suit.

IN ANOTHER LEGAL ACTION, NHF, through our special attorney, Kirkpatrick Dilling, has filed suit in federal court in Chicago contending that the FDA circumvented the law by not holding hearings on the vitamins A and D regulations and asking the court to put aside the FDA Order on this basis.

CONTINUING WITH OUR LEGAL ATTACK, our attorney, Kirkpatrick Dilling, has filed a petition in the Court of Appeals in New York District requesting that the court enjoin the FDA from enforcing any of the new Food and Drug regulations on the grounds that they were not based on facts and that they were unconstitutional. We are very happy to announce, in this mornings mail, we received a letter from Kirkpatrick Dilling stating he had just learned by telephone that the FDA has granted an application by Milton Bass, representing National Nutritional Dietary Foods Association, that they would stay their December 31st deadline pending the adjudication of the litigation. This is a real victory.

THIS LEGAL BATTLE AGAINST THE FDA REGULATIONS will be the most important legal battle of this decade and this battle will be waged in the San Francisco District. This means that one court will hear all of the cases and there are now some ten to fifteen different organizations that have filed actions petitioning the court to nullify the regulations. It is obviously, therefore, that the twenty to thirty lawyers representing these different suits will have to get together and work out a unified plan of attack so that a united front can be established. This in itself will be quite a long drawn out procedure and there will no doubt be at least a hundred witnesses who will appear in court opposing the regulations. This all adds up to a long and costly legal court battle and it means that every one in the health food industry or consumer of health food supplements will have to contribute liberally to the special fund which has been set up under the title, "The Food Supplement Legal Defense Fund." NHF has joined with the many smaller manufacturers and distributors in this court battle and will bear our share of the costs.

THE LEGAL DEFENSE FUND, which is now financed by our Liberty Stamp drive has entered into three cases, to date. Two of these cases have been won by the Federation and the third one may have to be carried as high as the Supreme Court. This Defense Fund has no connection with the Food Supplement Legal Defense Fund and the money accumulated in it will be used in defense of any of our members who are unjustly accused, arrested or harassed by the Food and Drug Administration. And, we are very pleased to announced that our membership is

(Continued next page)

enthusiastic in financially supporting this phase of the Federation's activities.

THE NATIONAL HEALTH FEDERATION'S ANNUAL MEETING will be held at the Anaheim Convention Center on January 17, 18, 19, 20, 1974. We are striving to present, at this convention, the best program that we have ever presented and we urge every member, now, to start planning to attend. The Anaheim Convention Center is surrounded by Disneyland and Knotts Berry Farm, so we suggest you plan a week's vacation in order that you can take in these wonderful attractions, in addition to the program of the Federation. We hope to launch, at this convention, an intense drive on the Senate of the United States to pass the Hosmer bill during 1974, or one that will accomplish the same purpose.

THIS IS A REAL BATTLE AGAINST THE BUREAUCRATIC DICTATORSHIP. We **must** win it, we **will** win it, and we have many allies on our side. There is a nutritional wave starting in this country and we are in the vanguard. Food and Drug Commissioner, Alexander Schmidt, says he will give the consumer what they desire, so keep sending letters into Congress stating your desire and letting each Congressman know your position. This nation belongs to the people and with the cooperation of Congress, we must stop this bureaucratic dictatorship.

Your Invitation To Join
THE NATIONAL HEALTH FEDERATION

Name (Print).....

Street.....

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

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

☐ New subscription. ☐ Renewal subscription.

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

☐ I wish to become a LIFE MEMBER and will pay the sum of $.....each month until the sum of $100.00 is reached.

☐ I wish to become a PERPETUAL MEMBER ($1,000.00 payable in cash or convenient terms).

☐ Enclosed please find a donation of $.....for the Washington Office.

☐ Enclosed is a donation of $.....for the NHF Legal Defense Fund.

☐ Enclosed in a donation of $.....to be used for.....

☐ I wish to pledge $.....per month/per quarter/per year (check which applicable) in support of NHF.

Mail to: The National Health Federation, P.O. Box 688, Monrovia, California 91016

Annual West Coast NHF Convention Set For January 17, 18, 19, 20

Nowhere but at a National Health Federation convention could you find a program highlighted with so many world-known authorities, willing to share their valuable knowledege, as they speak on subjects relating to nutrition, cancer, problems in our ecology, health legislation, food and drug regulations, legal approaches in the protection of our health freedoms, and a great number of other health-related subjects. When you peruse the convention program, you'll have to agree that the convention department has really gone all out this year to plan a fabulous convention.

Again this year, the Annual West Coast NHF Convention will be held at the Anaheim Convention Center, located almost adjacent to Disneyland in Anaheim, California. A little different arrangement is possible this year. The 200 or more exhibitors will be situated completely apart from the lecture hall. Also, there will be lots of ground floor seating in the arena for the lectures as well as the seating in the balconies.

Catered food service will be provided by the convention hall management so that it will be unnecessary to go outside the building to eat.

The King Of Hunza Expected As Special Convention Guest

Hopefully, as a highlight of the convention, we will be able to present the King (correctly titled the Mir) of Hunza with his lovely Queen. They have graciously accepted the invitation of the National Health Federation to come as our very special and honored guests, however, as we go to press with this issue of the **Bulletin** near the first of November, their appearance has not been confirmed—the lines of communication between our two lands is quite slow. At this early date, it was still impossible for the Mir to definitely commit himself to the possibility of his being away from his country during mid-January. Naturally, if the royal couple are able to be with us, they will be presented on the platform and there interviewed concerning their much publicized land of Hunza.

Adelle Davis Featured At Saturday Luncheon

Another highlight of the convention will be the luncheon on Saturday which will feature, as the speaker, Adelle Davis, nationally known writer, lecturer and nutritionist. There will be a choice of two menus—boneless ballotine of chicken or a plate of fresh garden vegetables with a broiled slice of tomato with a special parmesan cheese topping. Tickets will be $5.50 including tax and gratuities. Tickets will be available on the first two days of the convention (Thursday and Friday) on a first come basis. **Do not** order tickets in advance.

(Continued next page)

Founder's Day Breakfast Scheduled For Sunday Morning

The traditional Founder's Day breakfast will be on Sunday morning, January 20th at 9:30 o'clock. Dr. Forrest C. Shaklee, Sr. will be our honored guest speaker. The menu for the breakfast will include eggs scrambled with cheese and mushrooms. Tickets will be $4.00 including tax and gratuities. Procure your tickets when you register — tickets will not be available in advance of the convention.

Convention Open To The Public

The public is cordially invited to attend all the convention events as well as the luncheon on Saturday and the breakfast on Sunday. Admission is $2.00 per day. In addition to the noteworthy program of speakers, there will be over 200 exhibitors showing the latest in health-related products. A tour of the exhibits alone is worth the price of admission. The Convention Center provides ample parking at moderate rates.

The Sheraton-Anaheim To Be the Headquarters Hotel

The Sheraton-Anaheim Motor Hotel, 1015 West Ball Road, Anaheim, California 92802, has been chosen as the official headquarters hotel for the convention. Accommodations are superior in every respect and the rates are lower than the one or two other quality hotels in the Convention Center area. All the NHF personnel will be staying here—the Chairman of the Board, the President, staff members, guest speakers, and the King and Queen of Hunza (if they can be with us for the convention). We urge all exhibitors and members to make reservations at this superb facility. You will find the most modern conveniences in the setting and charm of Merrie Old England. The hotel is holding 300 sleeping rooms for those attending the NHF convention but reservations must be made by January 2nd at which time the unreserved room will be sold to others. Special rates prevail—$17 for single and $19 for double-double (double Queen size beds). Be sure to mention that you are attending the NHF convention in order to get these special rates. You may phone for reservations from anywhere in the United States without charge by using the toll-free number (800) 325-3535. CALL NOW—pay later.

Because the Sheraton-Anaheim is not within **easy** walking distance of the Anaheim Convention Center, the hotel will be running a shuttle bus between the hotel and the Center with no charge for this service. Thus you may leave your own car in the hotel's spacious, free parking lot.

There are many other motels in the general area, a number of them within easy walking distance of the Convention Center. Some of these smaller, less pretentious motels offer lower rates and probably will have rooms available even without reservations but this cannot be assured.

Attending this convention is an experience you can't afford to miss.

PROGRAM OF THE
NINETEENTH ANNUAL WEST COAST CONVENTION

Thursday, January 17, 1974

9:00 A.M.	REGISTRATION and visit exhibits.
10:00 A.M.	DR. KURT DONSBACH, V.P. NHF—Opening exercises and welcome.
10:10 A.M.	CHARLES I. CRECELIUS, President of NHF. Former school principal, M.S. degree in Education. "Victory through Total Involvement".
10:30 A.M.	JAY PATRICK—"How to get out of a hospital alive". Biochemical researcher and author of many informative articles, with story on what can be done, based on interviews with many leading doctors and researchers, to increase hospital survival rates.
11:15 A.M.	DONALD M. PETERSEN, D.C.—"Massage—profession or pornography?" President of the Los Angeles College of Massage and Physical Therapy, which is approved by the California Department of Education.
12:00 NOON	RECESS and visit exhibits.
2:00 P.M.	FRANCIS J. TRAPANI, D.C.—"The only way to fly". Practicing chiropractor in Hawaii; nutrition instructor; conducts daily commentaries on radio and yoga exercises on TV.
2:45 P.M.	JOSEPH V. WACHTER—"The islands in our internal sea". Expert on sea vegetation as a food for plants, animals and man.
3:30 P.M.	RECESS and visit exhibits.
4:30 P.M.	VIRGINIA LIVINGSTON, M.D.—"New advances in non-toxic cancer therapy". Researcher in the field of cancer.
5:15 P.M.	RECESS and visit exhibits.
7:30 P.M.	HOWARD E. HILL—"99 miracle food products of nature". Research specialist in the field of better nutrition; writer of several books; frequent guest on radio and TV.
8:15 P.M.	CLINTON MILLER—"Consumer protection, yes! Nutritional tyranny, no!" Active in Washington as legislative advocate for NHF.
9:00 P.M.	RECESS and visit exhibits.
10:00 P.M.	EXHIBITS CLOSE.

Friday, January 18, 1974

9:00 A.M. REGISTRATION and visit exhibits.

10:00 A.M. FRANK LACHLE–Chemical engineer, graduate of University of Oklahoma.

10:45 A.M. JOHN RICHARDSON, M.D.–"New methods in cancer therapy". Highly respected physician from Albany, California, currently fighting state legal action for using laetrile.

11:15 A.M. GEORGE E. KELL–"A small case of genocide". Practicing attorney in Modesto, California, specializing in personal injury and criminal trials. Defending John Richardson, M.D.

11:45 A.M. IDA HONOROF–"Stop chemical biological warfare in the United States–no more deformed babies!" Conducts *A Report to the Consumer* over radio KPFK.

12:15 NOON RECESS and visit exhibits.

2:00 P.M. V. EARL IRONS–One of America's pioneers in developing natural ingredients in supplement form; nationally famous as a health lecturer; one of the founders of the NHF.

2:45 P.M. To be filled later.

3:30 P.M. RECESS and visit exhibits.

4:30 P.M. OSCAR RASMUSSEN, Ph.D.–"Effect of minerals, vitamins and water on preventive medicine". Involved in initiating, conducting and interpreting research.

5:15 P.M. RECESS and visit exhibits.

7:00 P.M. KIRKPATRICK W. DILLING–"The legal battle for health freedoms". Attorney for NHF.

7:30 P.M. JEROME R. WALDIE–"How to make friends and influence Congressmen to protect your health freedoms". Congressman from California.

8:00 P.M. JOE DE SILVA–Active for 40 years as undisputed organizer and leader of Clerk's Local 770.

8:45 P.M. RECESS and visit exhibits.

10:00 P.M. EXHIBITS close.

Saturday, January 19, 1974

9:00 A.M. REGISTRATION and visit exhibits.

9:45 A.M. J. P. HUTCHINS, M.D.–"How to prevent respiratory infections through proper nutrition". President of the International College of Applied Nutrition.

11:15 A.M. DEAN BURK, Ph.D.–"New approaches to cancer therapy". Author, lecturer, researcher on treatment of cancer; head of Cytochemistry Section of the National Cancer Institute in Washington.

12:00 NOON LUNCHEON WITH ADELLE DAVIS–"Applying nutrition isn't easy". During luncheon a surprise you won't want to miss! Delicious, nutritious, especially prepared food–choice of vegetarian plate or chicken $5.50. Buy tickets when you arrive at the convention. LIMITED SEATING.

2:00 P.M. RICHARD P. HUEMER, M.D.–"Aging and nutrition". Director of Molecular Disease Institute. Frequent guest on radio and TV on health topics.

2:45 P.M. ALBERTO SCHATZ–"Alice in Cancerland". Prof. Schatz is a soil scientist, biochemist and microbiologist; has honorary degrees and titles from several universities.

3:30 P.M. RECESS and visit exhibits.

4:30 P.M. S. MARSHALL FRAM, M.D.–"New therapeutic goals in acupuncture". On the Board of Governors of International College of Applied Nutrition. Frequently on radio and TV.

5:15 P.M. RECESS and visit exhibits.

7:30 P.M. G. M. BRASSARD, D.C.–"Freedom of choice of health care providers–we've just begun to fight". Practices in Texas.

8:15 P.M. RAY EVERS, M.D.–"Medicine, its future, the 'whole man' concept". Nationally known physician and surgeon who has developed many methods of diagnosis and treatment of degenerative diseases; successful in use of chelation therapy.

9:00 P.M. RECESS and visit exhibits.

10:00 P.M. EXHIBITS close.

Sunday, January 20, 1974

9:00 A.M.	REGISTRATION and visit exhibits.
9:30 A.M.	FOUNDER'S DAY BREAKFAST—Again, as last year, this will be an outstanding event. Our featured guest will be Dr. Forrest C. Shaklee, Sr., dedicated leader in the field of health and founder of Shaklee Corp. Tickets $4.00 (including tax and gratuity). Purchase when you arrive at the convention. SEATING LIMITED.
11:00 A.M.	CHARLES I. CRECELIUS—"Efforts to stop fluoridation".
11:45 A.M.	ROBERT SOBOLEWSKI—"Life forces in agriculture". Co-founder and former chairman of the Bio-dynamics Farming and Gardening Association, Los Angeles Branch.
12:30 A.M.	RECESS and visit exhibits.
2:00 P.M.	EDWIN GRIFFIN—"The politics of cancer therapy". Active in political and health freedoms; President of *American Media;* film producer, writer, narrator.
2:45 P.M.	HARVEY ROSS, M.D.—"The hypoglycemic epidemic—cause and cure". Specialist in orthomolecular psychiatry.
3:30 P.M.	RECESS and visit exhibits.
4:30 P.M.	PAAVO AIROLA, N.D., Ph.D.—"Health and rejuvenation secrets from around the world—that work!" Internationally known nutritionist, naturopathic doctor and lecturer.
5:15 P.M.	RECESS and visit exhibits.
7:30 P.M.	CLINTON MILLER—"Medical device bill is a bill to kill".
8:00 P.M.	ABRAM HOFFER, M.D., Ph.D.—"Megavitamin therapy—a new era in medicine". Amazing success in treating schizophrenia; practices in Canada.
8:45 P.M.	RECESS and visit exhibits.
10:00 P.M.	EXHIBITS close.

The United States Public Health Service and Fluoridation

By LEE HARDY

No. 4 In A Series

The legal and moral obligation of the U.S. Public Health Service is that of preserving and promoting the health of the citizenry of our nation. Whether or not it has accomplished this obligation in the matter of fluoridation may be judged by the evidence presented in this series of articles.

The USPHS had its origin in the late 1700's as the hospital service for the Coast Guard. As such it was, of course, under the Department of the Treasury, and remained so until 1939, the year in which researcher Gerald Cox proposed the idea of fluoridation. It is true that from 1921 until 1932 the Secretary of the Treasury was none other than Andrew Mellon, head of the Aluminum Company of America, but influence upon the USPHS by reason of this relationship has not been disclosed. In 1947 Oscar Ewing, formerly Alcoa's counsel in Washington, D.C., was appointed Federal Security Administrator in charge of seventeen government agencies, one of which was the USPHS. On June 22, 1950, the U.S. Public Health Service endorsed fluoridation,[1] and has ever since carried on an unremitting campaign to place fluoride in the water supplies of communities throughout this nation and around the world.

The USPHS is in a strategic position. In 1961 W. B. Hartsfield, mayor of Atlanta, Georgia, pointed out the autocratic power of that organization. "The general public," he said, "does not realize the gigantic power structure which is pushing fluoridation. The U.S. Public Health Service spends over $840,000,000 per year in grants, cooperative programs and salary supplementations. Through this means they have welded the state and county organizations into completely docile and responsive organizations, amenable to the slightest pressure from Washington . . . No school, college or independent medical research institution dares to be too critical of fluoridation because they receive Public Health research grants."[2]

This does not indicate that the USPHS is not entirely sincere in its program. However, its tactics and those of its workers have often been strong-arm tactics aimed at forcing fluoridation upon the public. Desperate measures have been taken to deny people access to information unfavorable to fluoridation, and to counteract the effect of such information. Efforts have been made to destroy the credibility of reputable scientists who have accumulated damning evidence against fluorida-

(Continued next page)

tion, just as attempts were made by concerned interests to discredit Rachel Carson for her warning against the indiscriminate use of environmental poisons. Those who speak out against fluoridation are ridiculed and belittled. An informed layman is called "unscientific," "emotional," or a member of the "lunatic fringe." Examples of such tactics will be pointed out in following articles.

Among the most zealous promoters of fluoridation was Dr. Frank Bull, director of dental education in Wisconsin in the 1950's. Dr. Bull, in addressing the conference of state dental directors with the USPHS and the Children's Bureau in June, 1951, is quoted: "You have got to go to the public and say 'Do something' or 'Don't do something,' and make it emphatic." "We have told the public it (fluoridation) works, so we can't go back on that." "The PTA is a honey when it comes to fluoridation. Give them all you've got." "If you can—I say, if you can—keep fluoridation from going to a referendum."[3]

Following Dr. Bull's precepts, it was standard procedure insofar as possible to accomplish the fluoridation of communities through their city commission or town council. Many a community eventually learned they had been consuming sodium fluoride with their drinking water for months or years without their knowledge. When citizens have had the privilege of voting on fluoridation rejections have outnumbered approvals by a wide margin. In the twelve months following August, 1969, when Ohio legally approved fluoridation, thirty-four of the thirty-seven Ohio cities which conducted referendums voted negatively.[4]

In the 1953-1957 report of air pollutants by the National Air Sampling Network, fluorides were listed sixth among contaminating agents. However, in reports for more than ten of the following years there was no mention of fluorides. In a statement in 1965 to a Congressional subcommittee considering federal air pollution legislation, Clinton R. Miller, legislative advocate for the National Health Federation, referred to a study, "Effects of Atmospheric Fluorides on Man," made in Provo, Utah, by the National Institutes of Health. "The results," stated Mr. Miller, "were so startling that the report had to be suppressed." Even though the study was done with federal funds Miller was unable to obtain a copy. The explanation was that it was necessary "to protect the researcher."[5] In such a manner is information denied to those vitally concerned.

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1. PHS Booklet, *Better Health for 5 to 14 Cents a Year Through Fluoridated Water,* Feb. 1951.
2. Hartsfield, W. B., *Nat. Health Fed. Bull.,* Sept.-Oct. 1961, P. 29.
3. Bull, F., Minutes of Fourth Annual Conference of State Dental Directors with PHS and the Children's Bureau, Washington, D.C., June 1951.
4. *National Fluoridation News,* June- Aug. 1970.
5. Miller, C. R., *Nat. Health Fed. Bull.,* May 1963, P. 15.

Consumer Affairs Report

By TREESA DRURY

Researcher Suggests New Way To Determine Nutritional Value Of Food

A biochemist and researcher has suggested a new way of looking at the nutritional value of food. Dr. Roger Williams feels that foods ought to be judged on their ability to support growth. Currently, foods are judged on their major nutrients which are spelled out on charts. The doctor feels that these charts are often misleading. For instance, foods such as breads can look fairly impressive on a nutrition chart. However, the doctor pointed out to the National Academy of Sciences that foods such as refined bread are enriched with synthetic vitamins, the natural nutrients being removed during processing.

These breads, however, can barely support growth due to the loss of vital elements during the refining process. Dr. Williams pointed to modified starch which is a common ingredient in many processed foods and said even when most of the known vitamins are injected into it, it still cannot support growth. The Health Bulletin points out that application of Williams' approach must be cautious since people do not eat single foods to the exclusion of all others. However, Dr. Williams points out that when large amounts of the diet of a young person consists of foods which can't help him grow, underdevelopment is bound to result.

The vitamin researcher suggests that animal tests be conducted to compare the growth supporting value of processed versus unprocessed foods, cooked versus uncooked, organic versus non organic, and other categories of food. Tests done in this manner might indeed show a difference between these foods . . . a difference that has been pooh poohed by many experts. Tests already indicate that the most effective growth spurring food for mice is whole cooked eggs.

Fat Where You Don't Expect It

The Virginia Citizens Consumer Council has published a survey which shows that some of the most popular snack foods are more fat than anything else. Cheese-It Crackers are 20% fat, Nabisco Cheese Nips are 19%, Bacon Flavored Thins 20%, Nabisco French Onion Crackers 22%, Chicken-In-A-Basket 28%, Sip 'n Chips 25%, Ruffles 32%, Lay's Potato Chips 37%, Nabisco Triangle Thins 22% and Bugles 32%. The protein levels in these same products range around 5 to 8% with Cheese-It Crackers having the most at 13%.

New Labels For Hot Dogs

New labels on federally inspected frankfurters and wieners will be seen in the supermarkets after January 1. Agriculture Department regulations ordering certain changes in the labeling were issued June 5 and were to go into effect September 7 but a U.S. district court judge signed an order allowing processors to use up their old labels and set January 1 as the new date for compliance.

The new requirements call for more description of the ingredients in sausage-like products. Products made only from skeletal meat must be labeled with such generic names as frankfurter, bologna or knockwurst. If all the meat is the same kind, a label such as "beef frankfurter" must be used. Items with meat byproducts must be so labeled and products with up to 3½% binders (nonfat dry milk, cereal, soy protein and the like) must be labeled with the specified additive.

Patient's Rights

Observing the extensive treatment which is often inflicted upon a hospitalized patient and the authoritarian attitude of some doctors may properly prompt the question of who owns your body—you or your doctor? *Medical Economics* magazine recently summarized U.S. court rulings in malpractice suits and says, "The courts are holding, it's the patient, not the doctor, who has the last word on what's to be done to and for his own body."

Book Reviews

MENTAL HEALTH and CHIROPRACTIC – A Multidisciplinary Approach, Edited by Herman S. Schwartz, D.C. (Sessions Publishers, Box 24, New Hyde Park, New York 11940; hard cover; 290 pages plus subject and authors index; $15.00)

In writing an introduction to this remarkable volume, Dr. W. Health Quigley states, "There never has been a book comparable to *Mental Health and Chiropractic*," a statement with which this reviewer wholeheartedly agrees. The volume is an anthology which never would have existed had it not been for the unyielding determination of Dr. Schwartz and his firm conviction that such a book was, indeed, sorely needed.

Mental Health and Chiropractic, being an anthology, contains the writings of 24 scientists whose disciplines are within the fields of anthropology, biochemistry, education, psychology, psychiatry, as well as chiropractic. Included are two Nobel Laureates. Collectively, their contributions represent a body of scientific data indispensable to unprejudiced inquiry into the legitimate role of chiropractic in the field of mental health, an inquiry free from the partisan claims and counter-claims of any particular professional group. Although the papers of some of the distinguished contributors lend credence to the proposition that chiropractic is deserving of impartial investigation as to its possible value for better mental health, this does not necessarily imply that all contributors endorse the chiropractic premise.

Even a brief perusal of the book quickly dispels any false ideas the reader may have that chiropractic is merely a form of manual therapy perhaps of value in cases of aching backs but certainly not an applicable form of treatment in visceral disorders. The concept upon which the science of chiropractic is based is competently and scientifically explained by the several chiropractic contributors to the book and substantiated by several other contributing scientists outside the chiropractic profession. When the chiropractic concept, simple on the one hand and extremely complex in its detail, is fully grasped, it becomes crystal clear why chiropractic methods may offer benefits in any disorder to which the body is heir, including mental disorders.

Chiropractic is fundamentally a neuro-mechanical approach and the doctor of chiropractic is basically concerned with structural abnormalities or deviations and their correction. Chiropractors do not look upon a disease as an entity to be combated, but rather view disease as physiology gone wrong, a process in which the body is reacting to a bad situation. It is the role of the chiropractor to mobilize the biological resources of the organism, – to allow it to do for itself as much as it is able to do. He does not whip a tired organ into activity by stimulants, nor squelch ever-excited nerves with sedatives and narcotics, but rather, seeks to remove offending foci of nerve irritation, support the body's attempt to re-etsablish normal physiological function, and institute a hygienic mode of living. Consequently, it may be seen that there is scarcely a disease or disorder that may not be beneficially influenced by the chiropractic methods of treatment. Indeed, chiropractic may often provide the missing link in the total regimen necessary to insure complete recovery.

Chiropractic is not represented as a panacea, however, records in many thousands of cases point to spectacular successes, not just with backaches and the various other neuro-muscular disturbances with which a large segment of the public associates chiropractic, but with a wide variety of visceral disorders as well. Oddly enough, some of the best evidence has been supplied by German physicians who have been using chiropractic procedures in clinical research for the past twenty years. For example, Albert Cramer, M.D., in a textbook of chiropractic for physicians provides a long list of cases successfully handled and includes cardiac anomalies, asthma, hemorrhoids, varicosities, colitis, and many, many others.

Likewise, another German, G. Gutmann, has provided medical substantiation for the value of chiropractic methods in the management

(Continued next page)

of phychic disturbances. That chiropractic has a definite place in the control of in the alleviation of many forms of mental disorder is well documented.

The extension of chiropractic into the field of mental disorders is no new venture. As Dr. W. Heath Quigley relates in the introduction of this volume, patients suffering from a wide range of mental disorders were treated by chiropractors almost from the beginning of the chiropractic movement. Eventually in the early twenties, chiropractic mental hospitals (sanatoriums) were built for the care of the violent and disturbed patients. The results from one such sanatorium in Iowa was so impressive to a judge in a nearby state that he consistently refused to commit a patient to the State mental hospital unless the patient first had at least three months care in the chiropractic sanatorium. He had attempted to persuade the officials of the State institution to allow a chiropractor to treat patients who so desired it within the hospital, but it soon became apparent no such opportunity would be allowed.

Nowhere in this text is chiropractic presented as holding either the full or the final answer to the problem of effectively treating those patients with mental disorders. The basic purpose of the book is to present a strong plea for the inclusion of chiropractic in the accepted forms of treatment in these cases and to present a basic organismic principle of chiropractic —that there is always a reciprocal relationship between body structure and various types of behavior.

In many of the forward-looking institutions for the care of the mentally ill, a "therapeutic team" consisting of a psychiatrist, phychologist, general medical practitioner, psychiatric nurse, occupational therapist, social worker, and clergyman, all combine on the principal that the diversity of patient problems require an organization of specialized skills. The purpose of this volume is to suggest and advocate that adding a doctor of chiropractic to the lineup would make the "team" complete. The contents of this excellent anthology presents compelling arguments and sound scientific data to support the suggestion.

— Raymond H. Houser

NEW PERPETUAL AND LIFE MEMBERS

Perpetual Member

John R. Carlson

Life Members

Agnes M. and Harry E. Compton
Grace Bender
Derick O. Webb
Ann Goeggle
Charles J. and Kathryn A. Slawson
Thyra Vickery
Dr. Hans Gugler
H. D. Blessing
Mrs. Althea M. Schroeder
Gene K. Fox
Else Sonne Nissen
Mrs. Alicia Kelly

(Received mid-September to mid-October)

THIS IS THE NATIONAL HEALTH FEDERATION

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

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

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

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

Will you join us in this worthy effort?

ELECTED FEDERATION OFFICERS

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

Betty Lee Morales — Secretary

Dorothy B. Hart — Treasurer

Fred J. Hart—Chairman of the Board of Governors and Managing Editor of the **Bulletin.**
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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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OPEN HOUSE

A very cordial welcome is extended to all members and friends to attend an Open House to be held on January 5, 1974, 3:30 P.M.—9:00 P.M., for the purpose of viewing the National Health Federation's new office building. Plan on joining us on this date for a tour of the facility. Films will be shown and refreshments served. The address is 212 West Foothill Blvd., Monrovia, California.

To give those attending the Convention, who come from great distances, the opportunity to visit our new National headquarters, we have arranged for bus transportation from Anaheim to the Monrovia office. We can only provide transportation for those who let us know in advance they wish to take either of the two scheduled trips as bus transportation will be based on the number that have placed reservations by January 5, 1974. There will be a nominal charge just to cover the cost of leasing the bus. On both days the bus will leave the Sheraton-Anaheim Motor Hotel, then swing over to the Anaheim Convention Center main ticket office for a second pickup.

Wednesday, January 16	**Leave Sheraton-Anaheim 3:00 P.M.; leave Anaheim Convention Center 3:15 P.M.; Return Sheraton-Anaheim and Conv. Center 6:00 P.M.**
Monday, January 21	**Leave Sheraton-Anaheim 9:00 A.M.; leave Anaheim Convention Center 9:15 A.M.; Return Sheraton-Anaheim and Conv. Center 12:00 P.M.**

ATTENTION

If the last numbers in the code appearing under your name above read 12-73, it means your membership renewal will be due January 1, 1974. Sending in your renewal now, in advance, will save your Federation the time and expense of billing you.

HELP SAVE OUR HEALTH FREEDOMS