

National Health Federation BULLETIN

JULY-AUGUST, 1974

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The Food Labeling Revolution

The Food and Drug Administration has developed new food labeling regulations which affect a large portion of the prepared foods now being marketed. The goal is to provide better information for the consumer. Here, the new regulations are explained.

Jay Patrick reports on the work of Dr. John Ott

Light Does Affect Your Health

Full spectrum light, as provided in sunlight, is essential in the maintenance of good health says Dr. Ott, famed light researcher. Incandescent lights fail to provide all essential light rays and window glass and even eye glasses filter out needed rays—all leading to "malillumination" which may be as important as malnutrition.

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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Update on NHF Activities . . .

Legal Activities

Following this issuance of final dietary supplement Order by FDA on August 2, 1973, a number of persons, firms and organizations, including the National Health Federation, filed actions in U.S. Courts of Appeal petitioning the courts to make a judicial review of the Order. Since most of the petitioners filed in their own "home" district, cases were pending in several courts around the country. On motion of the government, the cases were consolidated and will be heard in the U.S. Court of Appeals for the Second District (New York City). As we go to press, it appears likely that oral arguments may be heard early this summer. The National Health Federation will be represented by Kirkpatrick W. Dilling, attorney, during the court proceedings.

In a separate action, the National Health Federation, last fall, initiated a suit in the Federal District Court in Chicago in connection with FDA's restrictive vitamins A and D Order. The decision ultimately rendered by the court was most unsatisfactory inasmuch as the judge seemingly skirted around the main issue—the basis for our suit. Consequently, a Notice of Appeal has been filed by NHF.

Legislative Activities

Rep. Paul Rogers, chairman of the Subcommittee on Public Health and Environment, has promised that the subcommittee will hold a "mark-up" session on the Hosmer and related bills early in July and will promptly report out a bill. Hopefully, this will have occurred by the time this Bulletin reaches your hands.

In the meantime, in the Senate, the Proxmire bill, S. 2801, now has 37 Senate supporters. Clinton Miller, NHF Legislative Advocate, is working desperately hard to encourage early hearings on the bill by the Senate Subcommittee on Health. If one or both of your senators have not yet cosponsored S. 2801, write them now urging that he do so. These letters are urgently needed NOW!

NHF Liberty Stamp Drive

Never in the history of NHF have the funds derived from the Liberty Stamp Drive been needed more. Not only have we been faced with increased costs on just about everything (especially paper and postage) due to inflation, but also our financial resources have been severely taxed by the staggering costs of engaging in our all-out battle to prevent the full implementation of FDA's dietary supplement regulations. We dare not permit our position to become weakened now, at this crucial time, by lack of finances. If you have already responded to the Liberty Stamp Drive, we say THANKS. If not, your help in any amount, small or large, will be gratefully received.

FDA has developed new regulations to change dramatically the location and nature of the information on food labels. While not requiring the listing of all ingredients contained in the food product, the new regulations do require certain nutritional information to be printed on the label. The goal is to provide better information for the consumer. While this goal may be achieved, many small food processors complain that the costs for the necessary laboratory analyses will drive them to the brink of financial disaster (see NHF Bulletin, May, 1974). Here, a staff member of FDA explains the new regulations.

The Food Labeling Revolution

New ideas in food processing and marketing have tumbled one upon the other in such rapid succession in the past 50 years that it has been dizzying.

New frozen foods, prepackaged foods, ready-to-eat foods, food mixes, whole meal combinations — most were unheard of when our grandmothers began housekeeping. Compared to the development of new types of foods, new packaging, and new marketing techniques, innovative labeling of foods has progressed at a much slower pace.

How much shrimp is in a shrimp cocktail? How nutritious is a can of peas compared with frozen green beans? And what does "orange drink" mean?

Where do you look to find out the name of the manufacturer? On the front? On the back?

FDA embarked several years ago on the development of new regula-

tions to answer these questions and more. FDA developed its program under authority of the Federal Food, Drug, and Cosmetic Act, which gives it the authority to assure that labeling and packaging of foods are not false or misleading.

The efforts began to pay off last year, when FDA issued many new food labeling regulations in final form. By the end of 1974, every food label must comply with the new regulations.

Some parts of the massive labeling program call for entirely new concepts in food labeling, such as listing the amounts of calories per serving on food packages.

Other parts are technical changes in the regulations to make the location of certain information on food labels uniform, so that consumers will know precisely where to look to find out what they want.

These regulations are being co-

ordinated with the U.S. Department of Agriculture, which regulates meat and poultry.

The regulations establish what has become known as a "food label information panel." This panel with certain exceptions is to the immediate right of the principal display panel of the food—that is, where the name of the product appears.

Among the facts that must be listed either on the information panel or on the principal display panel are: name and place of business of the manufacturer, packer, or distributor; and list of ingredients, except for standardized foods (foods for which the Government has established a set list of ingredients).

Previously, there were no regulations on where to look for this information.

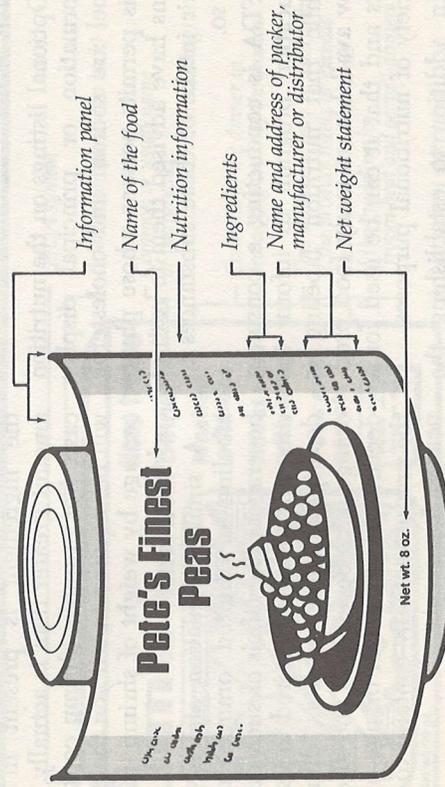
The labeling regulation that has

received the most publicity and generated the most interest has been the one on nutrition labeling. Nutrition labeling means just that: information about the nutritional content of the food will appear on the label or on the food information or principal display panel.

Any food to which a nutrient is added, or any food for which a nutrient claim is made, must carry a nutrition statement. Even if an advertisement says only, for example, that it is high in vitamin C, that product still must carry complete nutrition information.

Nutrition information is designed to make it easier for consumers to compare products for food value. In addition, nutrition labeling will make it easier for consumers of various brands of the same kind of foods. It can also be used in ensuring more nutritious family menus.

(Continued on next page)



Nutrition labeling can be a particular aid in consumer evaluation of newly developed products. Products bearing nutrient listings won't leave you to guess about their nutritional qualities.

Whenever a nutrition claim is made for a food or a nutrient is added, the following information must appear either in the information or principal display panel:

- Serving size*
- Servings per container*
- Calories per serving*
- Protein per serving*
- Carbohydrate per serving*
- Fat per serving*

The percentage of the U.S. Recommended Daily Allowance (U.S. RDA) per serving for certain essential nutrients: protein, vitamin A, vitamin C, thiamine, riboflavin, niacin, calcium, and iron. Another 12 vitamins and minerals must be listed if added to the food, and may be claimed if present, whether added or not.

Optional listings on the nutrition information or principal display panel are sodium and cholesterol. This permits persons whose physicians have advised them to restrict their intake of these substances to do so.

FDA is conducting a consumer education program to inform the public that nutrition labeling is now available on many food products and that it can be used for a variety of nutritional purposes.

In addition to establishing the format and types of information that must appear in the food infor-

mation or principal display panel, the regulations also set forth a wide variety of other related rules about what must be on the label.

For example, one regulation is designed to prevent economic deception caused by use of a misleading term to describe contents of the package. Shrimp cocktail, for instance, may mean one thing to a manufacturer and quite a different thing to a consumer who will be disappointed if there is only a small amount of shrimp. The regulation requires that the common or usual name of a food product must identify or describe the basic nature of the food accurately and clearly.

Also, if the percentage of a characterizing ingredient has a material bearing on price or consumer acceptance, the name of the food must include the percentage of that ingredient in the package. This is required also if the labeling or the appearance of the product may create an erroneous impression that the ingredient is present in an amount greater than is actually the case. For example, shrimp cocktail will be required to tell you the percentage by weight of shrimp in the cocktail.

A similar regulation affects the labeling of diluted orange juice beverages. The labels of such products will soon be required to use a descriptive name (such as "diluted orange juice beverage") and also to declare the percent of orange juice the product actually contains to the nearest 5 percent.

Another labeling regulation deals with the word "imitation." The 1969

White House Conference on Food, Nutrition and Health recommended that "inaccurate terms such as 'imitation' should be abandoned as uninformative to the public."

Under the new regulations, the word "imitation" will be required only when a food is nutritionally inferior to the food product for which it is a substitute and which it resembles. A product that resembles and substitutes for an established one and is nutritionally equivalent to it can be sold without being labeled "imitation" if it bears a distinct common or usual name or descriptive term which is not false or misleading.

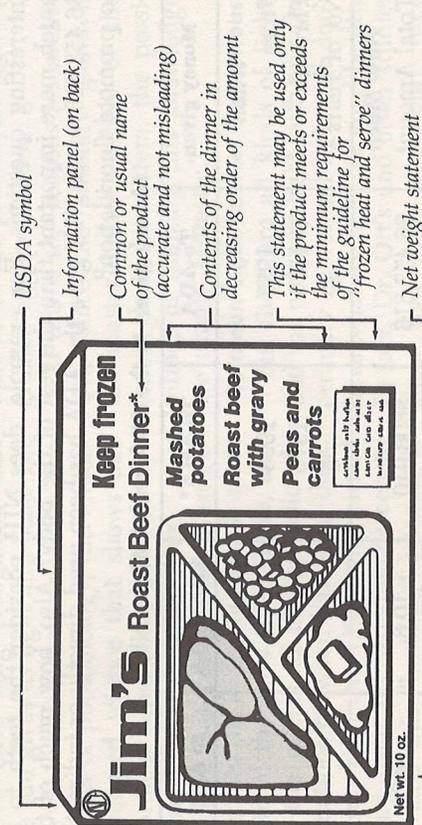
For example, "mellorine" and "parevine" are names of products that resemble ice cream and are fortified to be nutritionally equivalent to ice cream. It is proposed that they be sold using the names "mellorine" and "parevine," with no reference on the label to either "ice

cream" or "imitation." (Unlike ice cream, mellorine contains vegetable-derived fats. Parevine contains no milk- or meat-derived ingredients.)

Another regulation creates a procedure for the establishment of quality guidelines for classes of foods, and establishes the first such guideline for frozen heat-and-serve dinners. A product that meets the standards set forth in a nutritional quality guideline may include on its label a statement that it "provides nutrients in amounts appropriate for this class of food as determined by the U.S. Government."

For example, in order to meet the standard and make the label statement quoted above, a frozen heat-and-serve dinner must contain at least the following three components:

1. One or more sources of protein (Continued on next page)



Change the Light Bulbs and You Can Change the World

By JAY PATRICK

Modern man reaches out to the moon and the stars but usually ignores the chief source of all energy on this planet, without which life as we know it could not exist.

"Change the light bulbs and you can change the world," says Dr. E. Cheraskin, one of the world's outstanding health researchers.

Dr. Cheraskin refers to recent scientific findings that modern man badly needs the full spectrum of light such as comes from the sun if he is to have good health.

Outstanding among the studies of this subject is the pioneering work of Dr. John N. Ott, whose fascinating book *Health and Light* (Devin-Adair Co.) was published during the past year.

We have long recognized that the sun gives us light and heat. Yet we have almost overlooked the subject of photobiology, the underdeveloped science that shows our enormous dependence on these rays in every aspect of our lives.

There has been little investigation into the action of the *full spectrum* of the sun's rays on life, and on the effects of the periodic alternations between light and dark.

Dr. John N. Ott, who turned away from his banking career to develop this "budding" science, is founder and director of the Environmental Health and Light Re-

search Institute in Sarasota, Florida. He has made, it is clearly evident, a contribution of incalculable importance to our society.

Thanks in great measure to Dr. Ott's work, we now know *why* egg hatchers are successful in getting chickens to lay more eggs merely by burning ordinary incandescent lights into the night. Light, it seems, is picked up by a special layer of cells in the retina of the eye known as the pigment epithelial cells, carried to the pineal gland deep in the middle of the brain, then on to the pituitary, triggering greater egg production.

"If this is so," reasons researcher Ott, "since the pituitary gland is the master balance wheel of the entire glandular system, the possibilities in utilizing this knowledge are utterly fantastic."

Common Light Sources Deleterious
But there are all kinds of light, and the ordinary light bulb and the ordinary fluorescent light just don't have what we need for good health. In fact, Dr. Ott's and other studies show that these commonly used sources of illumination have a dele-

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state commerce after December 31, 1974.

The impact of the regulations is hard to envision, particularly since so much is being done so quickly. The aim, however, is for all the results of all the regulations to come together simultaneously in the store. When the consumer picks up the package and looks for information, it will be there!

—Reprinted from *FDA Consumer*

Where Your Money Goes

By PROF. ALBERT SCHATZ

Did you know that the U.S. government has been giving some of your money to the American Dental Association (ADA) and the American Medical Association (AMA)? It works this way. You pay taxes to the federal government. Congress appropriates some of that money to the National Institutes of Health (NIH). Then NIH gives the ADA and the AMA part of the money which it got from Congress.

The tabulated statistics show that NIH has been giving money to the ADA for 17 years, and to the AMA for five years. During those periods, the ADA received a total of 10.6 times more money (926% more) than the AMA. On an annual basis, the ADA received an average of 3.1 times more money (231% more) per year than the AMA got.

NIH's greater contribution of your money to the ADA raises some interesting questions. For example, does NIH consider the teeth to be much more important than the rest of the body? Also, how much of the \$6,453,816 which NIH gave the ADA has been used directly or indirectly, to promote fluoridation?

Money given to the ADA and AMA by NIH

Money given	To ADA	To AMA*	Ratio ADA/AMA	% more to ADA
When				
From	1957	1968		
Through	1973	1973		
No. of Years	17	5		
How Much				
Total Amount	\$6,453,816	\$606,940	10.6	962
Annual Average	380,000	121,388	3.1	231

*No Money was given to the AMA in 1971.

terious action on most forms of life, including man.

For instance, Dr. Ott encountered in a cancer research lab of the University of Chicago a Dr. Katherine L. Syndor, who had found that the fur of rats kept in *total darkness* was soft and smooth in texture, thick and fully developed. Yet the rats of the same breed exposed to artificial lights looked entirely different. The fur was coarse and extremely bristly. Many animals under daylight white fluorescent light were completely bald on the top of their heads. (Men: think about this!)

Of course the rats left in total darkness were unlikely to enjoy full health, but at least they did not suffer from the bad effects of the *wrong kind* of light.

How many human ailments are traceable to this *wrong kind* of light heaven only knows. But our research organizations could find out very quickly if they would only follow up on the many fascinating leads Dr. Ott has given them.

Rats exposed to *pink* light lost their tails, acquired calcium deposits in the heart tissues, had smaller numbers in litters, and severe behavioral problems. Indeed, with most breeding lab animals it is standard procedure to remove the male from the cage before the litter is born because of his tendency toward cannibalism.

Such male rats are irritable and have a tendency to bite. But male rats exposed to sunlight through plastic transmitting the full spectrum of the sun's ultraviolet rays were decidedly docile and friendly

when handled, even helped the mother care for the litter!

Women: How many of you have pink lamp shades—and trouble with the males in your household. Dr. Ott finds that rats have their lowest survival rate (61%) under pink light, with heavy calcium deposits—that under blue light male mice become obese. Even the color of the walls, ceiling, and floors affects us, he further reports. A neutral white is recommended for better health.

In chinchilla breeding Dr. Ott discovered that animals receiving very little natural sunlight and primarily exposed to a standard incandescent light, tend to produce almost all male litters. But, when exposed to blue lamp bulbs, the progeny are predominantly female!

Here, then, is the story as it unfolds to me:

Nutrition-minded people now know that animals die if forced to eat the standard, emasculated bread of the supermarket. Yet Dr. Ott's studies indicate that every hour spent under the inferior lighting of our homes, offices, and factories contributes to ill health, disease, and the shortening of the life span. This is because the light we receive in this artificial way lacks some of the ingredients essential for good health just as surely as wheat flour has been robbed of the nutrients of the virgin grain.

When food is inadequate, we know the result: malnutrition. But for the condition resulting from the wavelengths lacking in the light we receive, Dr. Ott coins a new word: *malillumination*. Surely over 98% of

the people of the civilized world suffer from *malillumination*.

And it shows up in many ways.

Malillumination Linked To Disease

Among Dr. Ott's many fascinating stories, he mentions a visit with the daughter of the late Dr. Albert Schweitzer. (She had just returned from her home on the west coast of Africa.)

"I asked her about the rate of cancer of the people in that area, and she replied that when her father had first started the hospital they found no cancer at all—but now it was a problem.

"I asked if the people living there had started installing glass windows and electric lights in their otherwise simple surroundings, and she said they had not.

"Then I half jokingly asked if any of the natives wore sun glasses. She looked startled and then told me that the natives paddling their dugout canoes up and down the river in front of the hospital often wore no more than a loin cloth and sun glasses, and indeed, some wore only the sun glasses . . . a status symbol of civilization that had a higher bartering value than beads and other trinkets."

Dr. Ott does not offer this story as positive proof of the relationship of sun glasses or other bad light to the incidence of cancer, but such circumstantial evidence abounds in his studies and in the work of many others on which he reports. He has some 12 references in his book to the influence of bad or good light on the development or arresting of cancer.

One of the things we have

learned about life is that plants and animals have a great deal in common. They tend to need the same nutrients. Most of us also know about photosynthesis, the process by which the leaves respond to the energy of sunlight, combining air and water with the nutrients taken from the soil and, with the assistance of chlorophyll, forming the carbohydrates on which we so much depend.

Dr. Ott believes that the same basic principles of photochemistry or photosynthesis do carry over plant life into animal life—and in a greatly improved way. But only if we let them.

Man Blocks Out Full Spectrum Light

For most of man's stay on this whirling globe, he had very simple shelters, and even after he constructed elaborate houses he did not know how to make glass windows. So, for a long time the sun and reflected light could still get in to give him the rays that he, as a plant animal, required.

But modern man is brilliant. He discovers how to make glass and the glass window, lovely, clear, flawless glass.

This glass lets in most of the *visible* light, which is only about 1% of the total electromagnetic spectrum ranging from cosmic rays, through the gamma rays, X-rays, ultraviolet, infrared, radio waves, to the electric waves of an electric heater coil.

But all this fine glass, billions of square feet of it around the world, does not let in the full spectrum of sunlight, principally leaving out the

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ultraviolet that is so essential for man to carry on his own type of photosynthesis. The result: Very few of our homes, offices, factories, restaurants, cars, busses let in the light that's needed to live by. And the brief ventures that most of us have outdoors are not enough to compensate for the *malillumination* we have received behind all those glass filters.

Even when we go outdoors millions of us wear glasses that also filter out most of the UV we need, rays that should be going through our eyes to the pineal gland, which, acting like a transducer, carries the signals on to the pituitary. Now the pituitary has a lot more to do than just control our growth. One of its functions is to direct the secretion of sex hormones. Yet millions of our people, especially the younger ones, regard dark glasses as just as important as do the natives of the west coast of Africa. They lend glamour, sure! But the cost? Reduced energy and sexual power, and mental problems, plus increased susceptibility to every disease known to man, it seems.

Life on earth, Dr. Ott explains, has evolved under a balance of short wavelength ultraviolet (such as general background radiation) and the much higher intensities of long wavelength ultraviolet which is invisible to man. Indeed, he believes there is a trace of *far* short wave UV that the U.S. Bureau of Standards totally ignores. This trace amount of UV he compares to the trace minerals that are now recognized as of such significance for man's good health.

But let us resume the tale of man's genius.

The glass window is "improved." It is tinted to hold out even more of the rays of the sun, as is the automobile windshield and, sometimes for the well-heeled driver, the car windows.

(The wealthy Roman, as the Great Roman Empire was falling apart, also had the most modern conveniences of his day, mountain water flowing to him through lead pipes—and beautiful lead goblets from which to drink it!)

Of course we do it differently today. We get our lead from the vegetables grown along the highway.

—So I place a telephone call to Sarasota, Florida, and find the doctor most pleasant, articulate, and cooperative. Among my questions:

"Doctor Ott, are people who do not wear glasses any healthier than those who do?"

"They must be, although no full study of this matter has been made. Of course we have to isolate other factors as carefully as possible, but such a study will soon be in progress."

"Well, do you think exposure to ordinary incandescent or fluorescent light contributes to blindness in humans?"

"I certainly do, Mr. Patrick. And those who wear thick lenses are more likely to go blind, I am convinced, because the heavy lens almost totally filters out any UV light that might possibly get to the eyes. Very large lenses make it even worse, since they prevent any of

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Petition For Judicial Review Charges Bias and Procedural Errors In Vitamin Hearings

A petition filed in the United States Court of Appeals for the Second Circuit (New York) asks the Court to permanently set aside FDA's pending dietary supplement regulations charging that in course of the public hearings on the then proposed regulations, the hearing Examiner exhibited marked bias and committed numerous prejudicial errors.

The petitioners, Karl B. Lutz, Ralph P. Glaser, Mary S. Hill, Dorothy Coffman and Janie A. Meeter, are five private citizens who attended and otherwise participated in the "vitamin hearings" (1968-1970) and who have no commercial interest in the disputed regulations. They claim their interest is representative of the interest of those countless consumers who feel that the regulations will adversely affect their health by unnecessarily restricting their access to non-toxic and health-giving dietary food supplements. They assert that incorrect rulings by the hearing Examiner prevented adequate consideration of the scientific issues essential to the health of the American consuming public. The petitioners are represented by Attorney David S. King.

In their 49-page Brief, appended with 67 pages of supporting exhibits, the petitioners contend that the hearing Examiner committed a

prejudicial error when he refused to allow certain participants representing the interests of the petitioners, to cross-examine a number of witnesses represented by certain other non-FDA participants pertaining to issues crucial to the hearing.

Further, the petitioners charge that the hearing Examiner issued a number of discriminatory and inequitable rulings, adverse to the petitioners' interests, consisting of the following:

(a) The granting of numerous *ex parte* conferences in which certain parties were excluded;

(b) The changing of the rule not (Continued on next page)

BRIEF OF PETITIONERS MAY BE PURCHASED FROM NHF

The National Health Federation has procured a limited number of copies of the printed Brief identical to that submitted to the United States Court of Appeals by petitioners, Karl B. Lutz, et al as described above. The Brief is recommended for reading by all NHF members who wish to gain a better insight into the manipulated working of the "vitamin hearings" held over a period of approximately two years (1968-1970), out of which came the currently pending dietary supplement regulations. Copies of the Brief may be ordered from NHF, P.O. Box 688, Monrovia, CA 91016. The cost: \$2.00 mailed postage paid. California residents add 12c for sales tax.

requiring the advance submission of written testimony by the FDA, to one requiring such advance submission by non-FDA participants;

(c) The unfair and inequitable application of the rules of exclusion in favor of the FDA, and against

the witnesses favorable to the petitioners;

(d) The numerous unfair and completely unjustified personal attacks by the hearing Examiner on certain parties favorable to the position of the petitioners.

Students Get 'Hooked' On Cola, Study Finds

"Colaholics," students virtually addicted to cola drinks and who go through withdrawal symptoms if they try to "kick the habit," are a growing problem among college students.

That's what two Pennsylvania State University researchers report after a major study of cola-drinking habits among Penn State students.

Some students tried to cut down their cola intake (up to 111 ounces a day) and went through "withdrawal symptoms" that included depression, nervousness and decreased alertness, the researchers said.

And "the heavy cola drinkers complained more often than the other students about various behavioral difficulties," reported Elliot Diamond and John Pffiferling, who carried out the study as a thesis in health education. The research was reported in *Psychology Today*.

One student wrote: "I can't possibly imagine not drinking it—it's the biggest part of my food budget

and often serves as a substitute for food when I'm not hungry."

Another student said simply that she couldn't get along without her cola.

Probably the most important finding, the team says, is that 58% of the "colaholics" said they sometimes felt jittery, but only 41% of the non-cola-drinking "control group" did.

Twice as many of the cola-drinkers reported sleeping difficulties as the control group. Nearly twice as many cola-drinkers reported "frequent mood changes" as the non-cola-drinkers.

Diamond and Pffiferling found 57 students at Penn State who drank between 48 and 111 ounces of cola each day, about four to nine large bottles. The control group averaged only eight ounces a day.

The students termed "colaholics" often reported a "strong craving" for the drink and believed it heightened performance on exams and studying.

—From *Los Angeles Times*

How Safe Is Fluoridation?

By LEE HARDY

No. 11 In A Series

The matter of the effectiveness or non-effectiveness of fluoridation is only one facet of the matter. Whether or not it is safe is of prime importance. We are assured by the U.S. Public Health Service and by its associated organizations in states, counties and communities that both the safety and the effectiveness of fluoridation are proven facts, and we are urged to accept fluoridation on their dictum without question. Still, evidence to prove their claims is lacking. The USPHS endorsed fluoridation in 1950, a full five years before the conclusion of the "studies" which had been set up for the purpose of determining the effectiveness and the safety of such a program. Adequate proof has not yet been submitted.

When fluoridation was first proposed and activated there was practically no experience in the field of medicine upon which to judge the safety of fluoride ingestion. Hence, when symptoms of fluoride poisoning were present, fluorides were not blamed, and proponents could truthfully say that they had no evidence of systemic harm from fluorides. Mere lack of evidence, however, cannot prevent harm. Following years have brought evidence of definite harm. A few cases will be reviewed in this and following articles.

One USPHS study comparing the effects of ingesting varying levels of fluoride contained in waters naturally has received some publicity. In 1943 112 individuals residing in Bartlett, Texas, with a reported 8 parts per million of fluoride were examined, and were compared with 121 residents of Cameron, Texas, with 0.4 ppm of fluoride in the water. At the close of the ten-year study the official report was that, with the exception of dental fluorosis, there were no unexpected differences,¹ and it was claimed that "... the difference between the age correlated mortality rates is not significant by statistical analysis."² At the time of the 1953 examinations fourteen of the Bartlett group had died, in comparison with four of the Cameron group.

According to an independent radiologist who examined X-rays taken during the study, 12% of continuous Bartlett residents over fifty-five years of age who were examined showed coarse trabeculation of bones. A report of the National Research Council referring to the same study presented in the Delaney Congressional Hearings in 1952 stated: "There was, as would be expected, a high incidence of mottled enamel and an increased bone density in the spine and pelvis. However, the greater

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incidence in the high fluoride group of certain brittleness and blotching of the fingernails, of hypertrophic changes in spine and pelvis, and of lenticular opacities of the eye requires further epidemiological investigation. . . .³ In spite of these findings, fluoridationists decided from the Bartlett-Cameron study that "Drinking water is safe medically even when it contains eight times as much fluoride as is recommended for use in preventing decay of teeth in children."⁴

It has been the policy of the USPHS to rate fluorides in all forms equally toxic. Dr. H. Trendley Dean, Director of the Institute of Dental Health, testified before the Delaney Congressional Hearings in 1952 that "... we can see no difference between a fluoride ion in a natural water supply and one that is added."⁵ This statement is not corroborated by Jonathan Forman, M.D., Professor Emeritus of Medical History, Ohio State University, who states, "... sodium fluoride in artificial fluoridation is 2,500 times more soluble than calcium fluoride found in natural waters. Hence, its potential to penetrate the human system generally, by way of calcium deprivation and precipitation, and enzyme inhibition."⁶ C. W. Kick and his associates determined in experimentation with rats that calcium fluoride fed them, even though a small part was absorbed into the body fluids, was totally excreted. However, when sodium fluoride was fed, of the amount absorbed only 27% was eliminated.⁷

In a letter dated March 16, 1969,

Albert W. Burgstahler, Professor of Chemistry, Kansas University, writes: "Only in very dilute water solutions is fluoride ion comparatively 'free.' It does tend to associate with calcium, magnesium and other cations in water depending on their concentrations . . . if fluoride is ingested in a low-calcium (soft) water, it can prove to be more toxic than when it is ingested with substantial amounts of calcium." It follows, then, that if fluoride is introduced into water in which the calcium is already in combination, it is not likely to be able to form calcium fluoride before entering the body, but to precipitate calcium within the body, with harmful results. Calcium is one of the chief mineral requirements of the human body; it is necessary in the structure of bones and teeth, in muscle contraction, in the coagulation of blood, and in the general development of tissues in the growth of the individual, beginning with conception. If tissues are deprived of it through the interference of fluorides, some amount of harm is inevitable.

Dr. Jonathan Forman, referenced above, writes, "Fluorine is a protoplasmic poison . . . As such, fluoride interferes with many enzymes, and therefore can cause symptoms to arise in every part of the body . . . The first few weeks after conception the child-to-be is a group of cells destined to differentiate into the various organs and framework of a totally new human being. It gets energy for growth and development from the sugar

supplied by its mother. If inhibitors such as fluorine ions come into the implanted sac in which the fetus dwells, the fluorine will interfere with the utilization of sugar by all or certain cells . . ."⁸ From this it is apparent that fluorides ingested by the mother may be dangerous in the same way as thalidomide in causing deformities in infants.

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NEW LIFE MEMBERS

- Dr. and Mrs. Earl F. Lauben, D.C.
 Mr. and Mrs. Milton F. Turney
 Anthony Bazzano, D.C.
 Ray L. Holland
 Larry E. Boles
 Dr. Louisa Beatty
 LaVern Davis
 C. Art Rinehart
 (Received mid-April through mid-May)

BACK ISSUES OF BULLETIN AVAILABLE

The Federation has accumulated an excess number of back issues of the *NHF Bulletin*. To clear these out, bundles of 20—usually containing more than one copy of any given issue—are being made available for \$1.00 postage prepaid. Order from NHF, P.O. Box 688, Monrovia, CA 91016.

BEQUESTS and GIFTS

REQUEST IN WILL: Here is a suggested statement for the convenience of those who wish to incorporate into their wills a bequest to The National Health Federation:

"I give, devise and bequeath to The National Health Federation, a non-profit corporation, incorporated under the laws of California, with headquarters at Monrovia, California, the sum of (\$.....) (and/or property herein described) for its discretionary use in carrying out its general aims and purposes."

INSURANCE POLICY GIFT: For those who wish to name The National Federation as sole beneficiary, or one of the beneficiaries, in an insurance policy, it is suggested that you obtain from your insurance agent the necessary legal form or application for your signature, before witnesses if required. The following designation is suggested:

"The National Health Federation, a non-profit corporation, incorporated under the laws of California, with headquarters at Monrovia, California, the sum of (\$.....) for its discretionary use in carrying out its general aims and purposes."

MEMORIAL FUND: Should the donor desire to create a Memorial Fund in a will or insurance policy, state, after the sum of property described in the beneficial gift, that the fund is to be known and designated as the "....(name).... Memorial Fund."

NHF's Greatest Chicago Midwest Regional Convention In 20 Years Planned For September

It's time now to make plans to attend all three days of the greatest NHF Midwest Regional Convention ever planned. Remember the dates: September 6-7-8-, 1974 at the Pick Congress Hotel, 520 South Michigan Avenue, Chicago. To avoid disappointment, better make hotel reservations now.

The Convention will feature such outstanding speakers as Carlton Fredericks, Ph.D. (speaking each of the three days); Emory Thurston, Ph.D., Sc.D.; Albert Schatz, Ph.D.; Clinton Miller, NHF Legislative Advocate; Walter Hodson, N.D., Th.D.; Kirkpatrick Dilling, Attorney; Broda Barnes, M.D., Ph.D.; Howard E. Hill; and several others — both old and new.

Subjects covered will include: "Preventive Nutrition vs. Crisis Medicine"—"There's Hope for Cancer Sufferers"—"How To Wash A Brain"—"Hope For Diabetics"—"Influence of the Thyroid Gland on Body Functioning"—"Miracle Foods"—latest reports on legislative and congressional actions to preserve our health freedoms—plus many other exciting and informative subjects.

UNIVERSITY CREDIT TO BE GIVEN

SPECIAL ARRANGEMENTS have been made with Anthony University for two-hour seminars to be held each of the three mornings during our Chicago Convention.

The course, "A critical evaluation of the rapidly growing natural health movement in the United States," will be conducted by Dr. Carlton Fredericks and Dr. Albert Schatz with other guest lecturers participating. The course may be taken for credit or audit.

A similar seminar will be offered also during the annual 1975 NHF Convention scheduled for January 16-17-18-19, 1975 at the Anaheim Convention Center, 800 West Katella Avenue, Anaheim, California. Make your plans now.

For registration forms, write to Dr. Albert Schatz, President, Anthony University, 6612 Waterman Avenue, University City, Missouri 63130.

If you are a college or university student and interested in earning credit through your present school, it is suggested that you request their approval.

9,500 Children Harmed By Artificial Fluoridation

By PROF. ALBERT SCHATZ

When large numbers of people drink water that is artificially fluoridated, certain individuals develop mottled enamel. That fact is reported in a publication about fluoridation in Newburgh, New York,¹ and in many other publications by proponents of fluoridation. We are restricting this present report to mottled enamel because well-known advocates of fluoridation admit that (a) fluoridation produces mottled enamel, and (b) mottled enamel is a harmful effect.

According to *The American Illustrated Medical Dictionary* (nineteenth edition), mottled enamel is also called chronic endemic fluorosis and fluorosis is defined as chronic poisoning with fluorine.

Fluoridation Is Harmful

James M. Dunning, Director of the Harvard University Dental Health Service, wrote: "It is generally agreed that the earliest sign of abnormality due to fluoride in the drinking water is enamel opacity or mottling of the teeth."² The American Dental Association reported: "Dental fluorosis is the only established evidence of fluorine toxicity in human beings when low levels of fluorine (1 to 5 milligrams per day) are consumed continuously."³

According to F. J. McClure, Chief of the Laboratory of Biochemistry at the National Institute of Dental Research: "The first specific symptom of fluoride injury to the child is the appearance of hypocalcified enamel known as mild mottled enamel."⁴ A publication of the United States Public Health Service states: "Dental fluorosis . . . is the only harmful effect observed to result from fluoride in drinking water."⁵ Horowitz *et al.* in the U.S. Public Health Service wrote: "Dental fluorosis is a disease which affects both the structure and appearance of enamel."⁶

With respect to mottled enamel, H. Trendley Dean, in the U.S. Public Health Service wrote: "We are dealing with a low-grade chronic poisoning of the formative dental organ."⁷

How Many People Are Harmed?

In Newburgh, New York, 32 out of 438 children, aged seven through 14, who drank artificially fluoridated water, showed definite symptoms of dental fluorosis.¹ In other words, 7.3% of those children exhibited what the American Dental Association called "evidence of fluoride toxicity."³

In 1969, 80,096,860 people in the (Continued on next page)

U.S. were drinking artificially fluoridated water.⁸ That is the last year for which the U.S. Public Health Service published such information. According to the U.S. Bureau of Census (personal communication), 16.2% of the U.S. population in 1969 consisted of children aged seven through 14. Therefore, 16.2% of 80,096,860 or 13,000,000 children, aged seven through 14, were drinking artificially fluoridated water in 1969. We are considering only children aged seven through 14 because these are the age groups for which data are reported in the publication on Newburgh.¹

Let us assume, very conservatively, that as little as one percent of all those children; i.e., 130,000, had been drinking artificially fluoridated water throughout their entire lives. If we extrapolate from Newburgh, N.Y., then 7.3% of 130,000 or 9,500 children in the U.S. showed the earliest symptom of fluoride toxicity in 1969. If we include children below the age of seven and individuals older than 14, then the number of people with mottled enamel will be greater than 9,500.

Of course, fluoridation is responsible for other kinds of harmful effects besides mottled enamel. But this present report is concerned only with mottled enamel.

Individual Differences

One result of fluoridation is that some individuals, but not others, develop mottled enamel when they all drink the same water. Dean was aware of this because he pointed out that people differ in their sensi-

tivity to fluoride. An "important factor in this relationship of concentration and effect is the tolerance of the individual," he wrote. "The same amount of fluoride that causes a mild toxic reaction in one individual may cause a severe reaction in another . . . in which case some individuals may show a more severe reaction than others having a comparable fluoride intake."⁷

What Dean referred to is known as biologic variability. No two individuals are exactly alike in their inherent biochemistry and physiology. That is one reason why people may react differently to the same dose of fluoride.

Nutrition

Another factor is nutrition. According to H. M. Leicester, Professor of Biochemistry at the College of Physicians and Surgeons in San Francisco: "The mottling effect of excess fluoride is also somewhat dependent on the nutritional status of the individual. When there is a calcium deficiency in the diet, a lower concentration of fluoride will produce the same amount of mottling as that produced by a larger intake of fluoride in a well-nourished person. Deficiency of dietary protein or high dietary fat may also enhance the toxic effect of fluoride."⁹

Two Letters

There is thus ample evidence that (a) artificial fluoridation produces mottled enamel, (b) mottled enamel is a harmful effect, and (c) many people have mottled enamel. It therefore follows that many peo-

ple have been harmed by artificial fluoridation.

Despite all that evidence, some advocates of artificial fluoridation still claim and insist that it is not harmful. Consider, for example, the two letters which are reproduced below as part of this report. These letters were sent to me on the same day by people who head different divisions in the Pennsylvania State Department of Health.

Both divisions are concerned with fluoridation. Read the letters carefully and compare what they say. Dr. H. G. Wolfe claims that during "a quarter century of adjusting the fluoride content of community water supplies . . . there has never been a clinically substantiated claim of harm to anyone from drinking optimally fluoridated water." Dr. G. K. Tokuhata refers to "the absence of conclusive evidence" that fluoridation is safe, and is carrying out a study to determine whether it is.

Two Questions

1. Assume that what Dr. Wolfe writes is true. Then, why would Dr. Tokuhata believe the "evidence" is not "conclusive," and why should he carry out the study?

2. Assume that Dr. Tokuhata's statement about inconclusive evidence is correct, and that he is therefore justified in carrying out his study. Is there then not some evidence that fluoride is or may be harmful? If so, can Dr. Wolfe's statement be correct?

Attention, Dr. Wolfe!

The high incidence of "fluoride

injury to the child,"⁴ in Newburgh was determined by "dental clinical [italics mine] . . . examinations of children . . . after ten years of fluoride experience in Newburgh."¹ According to A. S. Truswell in the University of Capetown Department of Medicine: "Dental mottling . . . is the earliest clinical [italics mine] sign of a high fluoride intake."¹⁰ I am therefore submitting these children who show this "harmful effect,"⁵ "abnormality,"² "low-grade chronic poisoning,"⁷ and "disease"⁶ to Dr. Wolfe as "a clinically [italics mine] substantiated claim of harm" (to use his phraseology).

It is surprising that so many advocates of artificial fluoridation are unaware of or ignore the evidence of harmful effects presented in this report. In this respect, they would be well advised to give serious consideration to the "famous last words" of Dr. F. A. Bull, the erstwhile Director of Dental Education for the Wisconsin State Board of Health. Dr. Bull said: "When they take us at our own word, they make awful liars out of us."¹¹

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(Continued on next page)

Mandatory Rabies Shots Protested

By MARILYN GAVRAN

A member states her views concerning rabies inoculations for both humans and animals and supports her views with impressive statistics and references.

Health regards the program both beneficial and worthwhile to the dental health of the city's children.

Sincerely yours,
Henry G. Wolfe, D.D.S.
Chief, Community Health Section
Division of Dental Health

Commonwealth of Pennsylvania

DEPARTMENT OF HEALTH
March 14, 1973

Professor Albert Schatz
6500 Wissahickon Avenue
Philadelphia, Pennsylvania 19119

Dear Professor Schatz:

I have received a copy of your letter dated February 29, 1973, addressed to the Governor regarding the subject on fluoridation. A copy of your earlier letter which was addressed to me in late January was also included; the earlier letter was apparently mis-placed.

We have been aware, for some time, of the problems and issues related to water fluoridation and human health. In the absence of conclusive evidence in terms of epidemiology, we initiated, about a year ago, a special epidemiologic-biostatistical study to help answer this much debated question. This study is still in progress.

For your information, I can describe in brief what we are trying to do in this particular study. Basically, this is a retrospective case-control study in which fluoridated areas and nonfluoridated areas are being compared with respect to specific causes of death and the rate of overall mortality. We are also evaluating, in a historical or longitudinal context, how the pattern of mortality has changed, if any, from the years of prefluoridation period to the year of postfluoridation period. Technical details associated with the analysis and interpretation of the results, etc. are not discussed in this letter.

When we have completed this particular study, the results can be made available. We appreciate your interest and concern in this matter.

Sincerely,
George K. Tokuhata, Dr.P.H., Ph.D.
Director, Division of Research and Biostatistics

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Commonwealth of Pennsylvania

DEPARTMENT OF HEALTH
March 14, 1973

Professor Albert Schatz
6500 Wissahickon Avenue
Philadelphia, Pennsylvania 19119

Dear Professor Schatz:

The Secretary of Health, J. Finton Speller, M.D., has asked me to reply to a copy of a letter you sent to him pertaining to fluoridation.

The benefits of fluoridation have been documented by literally thousands of published studies, reviews and statements on the subject. Decades of research followed by a quarter century of adjusting the fluoride content of community water supplies has demonstrated the effectiveness of this public health measure. In all this time, there has never been a clinically substantiated claim of harm to anyone from drinking optimally fluoridated water.

Your own city of Philadelphia has been fluoridated since September 1954 and the Philadelphia Department of

Would you want your dog, after a rabies vaccination, to become a paralytic "accident," an anaphylactic shock victim, or even a death statistic? The State of New Jersey has now decided that I must take this chance every time I want my dog licensed, because they have made rabies shots mandatory. I am opposed to these shots since they are detrimental. Immunization is neither helpful nor healthy. Any foreign matter taken into the body causes repercussions, either immediate or delayed. Sometimes vaccines cause disease; sometimes degenerative changes take place which are not always credited to the immunization; and there are other problems detailed in books such as *The Hazards of Immunization* by Sir Graham Wilson, M.D. This book concerns post-vaccinal problems in humans, but the chapter on rabies inoculations states there are neuroparalytic accidents in dogs after such shots. Dr. Wilson depended not only on published reports, but on oral, personal reports made to him by members of his profession so he could produce a book containing as much informa-

tion on vaccination hazards as he could compile.¹

Although post-vaccinal reactions in man have been studied extensively, data in dogs is meager. To three researchers, by personal communication, several veterinarians mentioned observations of paralysis and occasionally deaths in dogs following rabies vaccinations.² If one were to multiply these "several veterinarians" by the thousands of them around the United States, I am sure the figures would become rather grim.

Another group of researchers detail the death of a 4-year-old pug dog while he was walking home from a rabies clinic. This was the result of anaphylactic shock (a severe reaction to the serum in the vaccine materials).³ The dog had been vaccinated with anti-rabies materials when he was 4 months old, proving that what a dog can tolerate the first time, he can perhaps not tolerate the second, third, or fourth time. There is no secret that multiple vaccinations for the same disease can cause difficulty in the body of human and animal alike.

(Continued on next page)

Survival of Rabies

Animals and humans survive rabies without treatment. Veterinarians and other animal handlers are bitten by animals, and *they* survive. I've been bitten by dogs, and I've survived.

Since animals and humans *do* survive rabies, there must be a reason. No. 1, rabies virus can be inactivated by Interferon.⁴ This is a protein substance produced by the body, activated by parts of the B Complex,⁵ which appears *before* antibodies arrive on the scene to ward off disease, thus enabling the body to withstand infection until the antibodies, if needed, have a chance to circulate.

No. 2, rabies virus can be inactivated by Vitamin C *in vitro* (in the test tube).⁶ A man named Amato, in Italy, in 1937, prepared fixed rabies virus with and without Vitamin C in the test tube, then injected these mixtures into rabbits. The rabbits given the rabies virus mixed with Vitamin C survived; the controls did not. No further work seems to have been done on Vitamin C vs. rabies virus, but a veterinarian in 1967 proved he could cure distemper with Vitamin C.

There has been work done with Vitamin C in humans with virus diseases, particularly, for our purpose here, with tetanus and polio, both "nerve" type diseases. The doctor doing the research found that *where the proper amount* of Vitamin C is used, successful results were obtained. Any researchers *not* getting results used too

small an amount of Vitamin C.⁷ Vitamin C has been demonstrated to be a non-specific viricide; it works against many types of viruses and does not have to "fit" the invading virus before disease can be conquered within the body. Since viruses are absolute parasites and C maintains the integrity of the cells, viruses are less apt to take hold and cause disease. So here are two ways, other than rabies vaccination, where an animal or human could produce sufficient internal fighters against virus infection to overcome the disease manifested. There is also the fact that a human case of rabies has been treated and cured.⁸ A boy from Ohio was bitten by a bat; the bat was pronounced rabid. The child took the series of post-bite inoculations and became deathly ill. In the hospital, he was watched for every clinical symptom, which was promptly treated; he was not treated for rabies overall. He has survived without ill effect.

Types of Vaccine

There are two types of vaccines for rabies: killed virus and live virus. Live virus vaccine is the vaccine "of choice" for dogs presently. This vaccine has been under question by many veterinarians and rabies-control officers¹² (you'll note rabies clinics request *adults* accompany dogs for shots at the clinics). Killed virus vaccines have also come under question. It seems there is no undisputed, completely safe vaccine. Ostensibly, all batches of vaccine are tested for safety and efficacy. Inasmuch as there have been accidents in the past and probably will be more in the future, I am not willing to trust my dog to the needle for such injections.

Rabies-control people find it easy to say "inoculate dogs." The disease occurs in cattle, but it is "too expensive" to inoculate cattle and otherwise not feasible.¹³ (Incidentally, if cattle are exposed to rabies, they can still be used for food, provided they are slaughtered within

seven days of exposure. Those slaughtering are asked to use protective clothing when in the process of same to avoid contamination from the rabies in the wound. The wound should be excised in generous portions so as to avoid leaving any residue of rabies in the animal. After which, the meat may be thoroughly cooked and "should" be safe to eat.)¹⁴

No Need To Vaccinate

Most rabies comes from wildlife and, if a dog is kept leashed and watched carefully, what is the need for vaccination? As stated earlier, with both mandatory and voluntary programs in the U.S., dog rabies has declined to 232. In Germany, with an average of 200 rabid dogs per year, there is no mandatory rabies program. The argument is that even a complete reduction of these 200-odd yearly cases through vaccination *would not in the least influence the rabies situation among wildlife and domestic animals.* Germany also feels that their rabies statistics are no worse than countries where mandatory vaccination programs exist.¹⁵

Alternatives and Conclusions

We must now come down to the nitty-gritty of whether we can safely say there is an alternative to rabies vaccinations for dogs. I think we can. We know that Interferon inactivates rabies virus, as does Vitamin C. These "fighters" can take up any invading rabies virus, if any remains, after following normal sanitary precautions as recommended by the World Health Or-

(Continued on next page)

ganization and the Center for Disease Control: Clean the wound thoroughly with soap and water, rinse it completely, and apply an agent such as quaternary ammonia.¹⁶ If the wound is thoroughly cleaned, what can enter the body and cause rabies?

As members of NHF, I am sure you feel that, in matters of health, the choice as to what goes into your body must remain with you. I, as a dog owner, since no one can guarantee me 100% safety from the rabies vaccination, feel I should be allowed the same prerogative to decide what goes into my dog's body.

I close with the thought that it should be a rule in all prophylactic work that no harm should ever be inflicted on a *healthy* person — or dog.

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Cancer Control Society Schedules Convention

The Cancer Control Society has scheduled its Second Annual Lay and Professional Cancer Convention for August 31, Sept. 1-2 (Labor Day weekend) at the Ambassador Hotel, Los Angeles, Public invited.

The program includes addresses by physicians, researchers, attorneys and nutritionists of international prominence, talking on all aspects of the cancer problem. In addition, there will be movies and exhibits. Some of the outstanding speakers include Dean Burk, Ph.D.; Ernst Krebs, Jr.; Karl Ransberger, Jr.; Kirkpatrick Dilling; Charlotte Strauss; and Betty Lee Morales

For information and programs, contact Cancer Control Society, 2043 N. Berendo, Los Angeles, CA 90027.

Change the Light Bulbs . . .

Continued from page 10

the full spectrum light from getting into the eyes from the sides."

"Doctor, are there any eye glasses available which offer full spectrum UV?"

"We've helped the Armorlite Co. of Burbank, California work out plastic lenses which let the full spectrum through and neutral gray lenses for bright sunlight which reduce the light uniformly. However, all these glasses must be ordered through an optometrist or optician."

"It seems a shame, Doctor, that the tinted, non-prescription glasses are not available right from store counters."

"Yes, I agree. We're trying to do something about that, but we really need to get a big company interested."

"Tell me, is there any incandescent light bulb available which gives the full spectrum?"

"No, only the fluorescent tubes made by Duro-Test Co. of North Bergen, New Jersey. However, we recently found that all fluorescent lights give off a low grade X-ray radiation at each end of the tube. But this radiation can be checked with the addition of a lead foil shield. Accordingly, people may order the Duro-Test tubes, with the foil shields attached, from the Specto Lite Co., 1621 Blue Jay Drive, Holiday, Florida 33589, at a cost of only 40c extra per tube for the shields." The Duro-Test Co. has representatives in major cities—con-

sult the yellow pages of your phone book.

TV Radiation Harmful

Then we talk about another of the doctor's astounding discoveries.

He placed caged rats in front of a color TV set with the picture tube covered with black photographic paper—and left the set on continuously. For a few days the rats became highly stimulated, then progressively lethargic; then all died within 10 to 12 days. Many of the rats showed brain tissue damage when autopsied.

Dr. Ott says that, sitting in front of a color TV set, one receives the full impact of three electronic guns pointed directly at his head. There are many different types of rays, including light rays, emanating from the tube, but some of the rays impinge upon steel components in the set before reaching the surface of the tube. These rays are promptly converted into low power X-rays. Lead is incorporated in the glass surface of the tube to halt the rays, but if enough lead were included to halt all the X-rays, no picture would be visible.

These rays are so powerful that they will go right through a curtain or a wall in front of the set, sometimes behind the set, especially if the set is not of recent design or functioning correctly.

Maybe you have a baby or a child in a room on the other side of a wall behind your set. If you do, the infant may get a walloping charge of radiation.

"Dr. Ott, can these rays cause brain damage in humans?"
(Continued on next page)

"They certainly can. We have done some very recent work with school children and find that even sets of the most recent design can cause these children to become hyperactive, irritable, and non-co-operative."

"Doctor, several nights a week I sleep in an apartment in the city, with my head near the wall of an adjoining apartment. How do I know that there isn't a TV set right on the other side of the wall, shooting a heavy dose of radiation right at me?"

"You don't, without the use of meters or inspection of the other apartment. This hazard must exist in countless homes and apartments throughout the country. The closer you are to the set, the worse the radiation, whether you are in front of it or, if it is defective, behind it."

A black and white set, by the way, having only one electronic gun, is only about one third as dangerous as a color set.

HEW Confirms Hazardous TV Emanations

The Associated Press reported on Dr. Ott's findings in 1970 and disclosed that the Department of Health, Education, and Welfare (HEW) had confirmed that hazardous emissions are emanating from TV sets. More than 25 million of them are in use in the U.S., and they are able to penetrate the body with subtle but harmful effect.

Representative Paul Rogers of Florida has co-authored a Radiation Control Act that seeks to correct these abuses. However, this bill is having rough going, due partly to lobbying and clouding of

the facts by a host of TV interests and partly to the lethargy of an un-informed and un-motivated public. I have met Paul Rogers, who heads the House Subcommittee on Health and Environment. He is a highly responsible man, well-motivated, and he needs your support with this bill.

Our children spend more time in front of the TV set than at school, we are told. At least two generations have grown up this way. One wonders if all the radiation they have taken in has been a factor in the great un-rest and the enormous increase in our crime rate.

Dr. Ott believes there is a relationship—and that our worst race riots and student demonstrations came at a time when TV repairmen were turning up the voltage of sets to get a brighter picture!

Of course we know something by now about the pollution of the air, which, as the smog increases, is steadily shielding out more and more of the sun's rays that are vital to plant and animal life.

But there is something that we can do about it. We must get out in the sunshine at every reasonable opportunity, for one thing.

Starting in 1963, I purchased only convertible automobiles. Even on a cold but sunny New Jersey winter day, I would let the top down as I drove around, relying on the infrared rays for the upper part of my body and the car heater to keep my feet reasonably warm.

But fewer and fewer people bought convertibles, even in sunny California, so, in 1973, I had to settle for a sedan.

In 15 months I drove it some 35,000 miles, but I never felt right in the closed car. I was always aware that I was missing something, maneuvering about in a sort of isolation chamber, with its heavy steel roof, tinted glass, and air-conditioning, all fully shielded from the elements that are man's inheritance.

I have come to regard my sedan as a motorized cage. If I were to put in this motorized cage a smaller cage of rats, driving them around with me for a few days, what do you think might happen? Would they be good company? Or would they become tense and irritable? Maybe start shouting insults at one another like automobile drivers? It's something to think about.

The light scientist and I agree that glass makers should get busy trying to develop a glass that will let the UV through. This the world badly needs, for, at present, only certain plastic materials do.

Most acrylic sheets offered under trade names such as Lucite, Plexiglas, and Acrylite contain UV filtering compounds (to reduce crazing) which let even less ultraviolet through than ordinary glass.

However, producers do furnish a grade of acrylic which contains no UV, blocking agent and lets about 95% of the ultraviolet pass and, says Dr. Ott, will usually hold up for 10 to 15 years under average sun exposure.

However, this material is too soft for windshields—but should work rather well for windows.

Most plastic distributors have

acrylic panels in stock—but they are principally the type containing the UV light absorber. It's much harder to get the UVT (ultraviolet transmitting) type, since producers have not had much call for it.

It should be possible to make fluorescent light installations in homes more appealing, with less of the office or factory look. This is a good job for our best designers, architects, and interior decorators.

Fluorescent Tubes Save Energy

Fluorescent tubes reduce lighting cost 66%, a very substantial saving of energy we so badly need!

Of course millions of home owners will not want to change from the standard incandescent light sockets they already have for lamps and ceiling lights. Our electrical geniuses can reach this fantastic market by developing a full spectrum fluorescent that will fit into an ordinary light socket.

Suitable, full spectrum fluorescents might cost millions to develop—but would be worth billions to our economy. The producers of the new lights would make a lot of money, the users of the lights would save a lot of money and feel better, and many of the problems of the energy crisis, including inflation, would be substantially lessened.

"Complete conversion from incandescent to full spectrum fluorescent lighting," says Herbert A. Anderson of Duro-Test Corp., "might reduce the nation's total energy consumption as much as 5%."

(Continued on next page)

But such a switch, it is evident, could be of even more benefit—in reducing illness, increasing well-being and productivity, and in prolonging life. Obviously this stimulating range of light is a fantastic source of energy that we are now largely throwing away.

The incandescent lamp is, you see, disgracefully inefficient, using up most of the electrical energy fed it in creating infrared heat.

The oxygen that we pick up in our lungs is a form of energy, as are the proteins, fats, and carbohydrates we swallow. But so is the light that we take in our eyes and through our skin, which, depending upon its quality, helps us or harms us. Thus full spectrum light comes close to being definable as a *food*. And bad light as a poison.

Dr. Ott says we need a better *light diet*.

Light: A Potential Healing Agent

There is another book which every doctor and every health minded person should read. It is *Body Time* by Gay Gaer Luce (Pantheon). I quote:

"After his many studies of the pineal, Dr. Richard Wurtman, of M.I.T., predicted that light would someday be considered as *potent as any drug*, and that we would use both wavelength and timing deliberately. We may find means of giving light therapy to the blind, for instance, and of *adapting indoor lighting to approximate the spectrum of natural light*."

We must open the eyes of our legislators to this great need and

great opportunity. And we must awaken our sleepy electric light manufacturers. Of course, once they get the idea that there is a lot of money to be made, it should not be hard to get them going.

Duro-Test will have to step up its production, but General Electric, Westinghouse, and Sylvania must get licenses from Duro-Test. Thus the enormous distribution systems of these majors can be put to work for *our* good, too. Like automobile manufacturers, they can benefit greatly from the obsolescence of their old models, the lights that pollute.

But maybe you are afraid of the sun.

As I read this article to Dr. Ott, I asked:

"Do you agree, Doctor, that more ill health is due to *lack* of exposure to the sun rather than to excessive exposure?"

"I certainly do. In my book I quote the Scientific American in this regard. While it is true that some people have an individual sensitivity to the UV rays of the sun, this is an abnormal state of health. We must recognize that these rays are very beneficial to all forms of life on this earth, that even the flowers would not grow or open their petals without exposure to this part of the sun's spectrum."

"Doctor, would you say: 'The full spectrum for full health?'"

"Yes, that's good. The medical profession has long been aware that people get more ailments in the winter than in the summer, and

doctors have decided that this is because they get out more and exercise. But it's not just the exercise which we all so badly need. It's those UV rays that help put us back together, the kind that originate with the sun, not the sun lamp."

"Then, Doctor, how good is the usual sun lamp as a source of ultraviolet?"

"Well, one must remember that the mercury vapor lamp does not give the full spectrum of the sun but a highly concentrated, intense ultraviolet. This, you know, must be used with great caution.

"And people should not go out into bright sunlight for extended periods of time until their skins have had some opportunity to gradually acquire the tan, the pigmentation of the skin that is nature's way to protect man from excessive exposure."

So ended my third telephone call to Florida.

But I keep thinking: Here is a wonderful project in which our whole society should become involved. We can improve our health, we can extend our lives, and we can save a bundle of badly needed energy.

It is one of the most beautiful compensations of this life that no man can sincerely try to help another without helping himself.

— Emerson

Book Reviews

THE PERSECUTED DRUG — THE STORY OF DMSO by Pat McGrady, Sr. (Doubleday & Company, Inc., Garden City, New York, 1973) 372 pages; \$7.95.

DMSO, dimethyl sulfoxide, is an inexpensive and abundant by-product of the pulp and paper industry, and has a record of astounding cures with negligible toxicity according to the doctors who used it. However, for some reason known only to the FDA, the FDA chose to ban use of and research concerning this drug. The story in this book is twofold in that it covers not only the benefits of DMSO in numerous hopeless cases in the United States, Europe, and South America, but also the apparently arbitrary action of the FDA.

As to the first story, Mr. McGrady relates some of the dramatic successes of DMSO—and some of the non-successes too, for DMSO does not work every time. DMSO is helpful for, among other numerous things, arthritis, bursitis, recovery from frostbite, and reversing and retarding the symptoms of scleroderma. But two of the most interesting examples concern a man in the United States, a quadriplegic, who regained sufficient use of his limbs to earn a master's degree and who now holds a position

(Continued on next page)

in a bank. Mr. McGrady says there is no other instance in literature of a similar recovery. The other example concerns mentally retarded in South America whose mentality advanced and/or whose behavior improved when DMSO was used in combination with other drugs. DMSO can alleviate pain and/or hasten recovery of so many ailments that it is impossible to even begin to list them here, and its successes and apparent lack of toxicity have been hailed at symposia, national and international, in the United States, South America and Europe.

This makes one wonder, then, just why the FDA has so consistently been against DMSO, and why even research was banned. Mr. McGrady asserts that there is no scientific or medical record of serious harm to any DMSO patient, yet the FDA bases its ban of DMSO on "toxicity." The FDA became so adamant in its drive against DMSO that it acquired police powers which are frightening if for no other reason than they were copying medical records—surely a violation of the doctor-patient confidentiality. One hopes that the testimonies of doctors from so many countries in the West who used DMSO over long periods and with success might one day provoke the FDA into reconsidering its original stand against DMSO, a stand based on flimsy and/or emotional evidence. Until the FDA can refute Mr. McGrady and all the doctors who have vouched for the success and lack of toxicity of

DMSO, the FDA will apparently have a great deal to answer for in innocent lives.

— Marilyn Ramsey

CITIZEN POWER: A PEOPLE'S PLATFORM—Senator Mike Gravel (New York: Holt, Rinehart, and Winston, 1972; 284 pp.) \$6.95

A trenchant and impassioned work, this propitious tome by Senator Mike Gravel sounds a clarion call for a new national agenda. Inspired by high ideals and unfulfilled dreams, Gravel's people's platform seeks to bridge the gap between what is and what ought to be. Here, he advances a kaleidoscope of citizen programs—a single tax, public financing of campaigns, a national referendum, and a new work ethic. Demanding "citizen control over the public and private medical-industrial complex," Gravel lashes out at the "organized health establishment." Together, these and other proposals form the basis for this insightful and provocative volume. It is must reading for yesterday's dreamers and tomorrow's builders.

Jeffrey M. Elliot
Miami-Dade College,
Miami, Florida

TOUCH FOR HEALTH by John F. Thie, D.C. with Mary Marks (De Vorss & Co., 1641 Lincoln Blvd., Santa Monica, Calif 90404) 108 pages; large 11"x11" pages spiral bound to lie flat when in use; profusely illustrated; \$8.95.

easy to understand but it is not necessary to fully understand the theory in order to use the techniques. On the other hand, the directions for using the testing and treating techniques are so simple and concise, they can be grasped by anyone able to read. The techniques, for the most part, are unbelievably simple to apply but the effectiveness of their application is also unbelievable.

The authors give due recognition to man as a structural, chemical, and spiritual or psychological being and the need for balance between the three. The methods of treatment presented in the book touch upon all three aspects but emphasis is laid more on the structural. Body balance and particularly muscle balance is viewed as a prerequisite of truly good health.

Simple procedures are described for testing specific muscles for possible weakness and a need for the application of one of the effective methods of muscle activation to restore muscle balance. However, it is stressed that in utilizing these methods, we are not treating just muscles. As stated in the book, the body is all one unit with many different systems and functions. Some of the muscles are more related to some specific organ because they may share a lymph vessel or an acupuncture meridian, for example. When the muscle has been improved by restoring the energy flow, relief is given also to the organ which is sharing the par-ticular system. Most of the informa-

(Continued on next page)

Touch For Health is a unique and fascinating book, or perhaps we should more properly call it a manual of instruction. There is probably no better way to summarize the content and purpose of this book than to quote the statements found on the title page, "A new approach to restoring our natural energies" and "A practical guide to natural health using acupuncture touch and massage to improve postural balance and reduce physical and mental pain and tension."

We wish to make it clear, first, that *Touch For Health* is not concerned with specific disease entities. Rather, it is concerned with the techniques which may be employed to release the life forces to flow uninterrupted throughout the body thus reinforcing the body's own reparative and recuperative powers. These techniques are described clearly and simply and are further clarified with use of illustrations.

The procedures detailed in *Touch For Health* represent a remarkable synthesis of a number of systems or techniques which have been developed in chiropractic and these have been related to, and integrated with, the ancient Oriental practices in the activation of energies in the body. This may suggest that the book is exceedingly technical and probably could be understood only by a professional. Not so, however. The book is written for the lay public and the methods described are intended to be used by them. The theory may not be so

tion given in the book is given in terms of these relationships.

Changes in the body's general posture and changes in the tone of specific muscles affect the functions and the positions of the internal organs and the energies to them. By becoming aware of the posture and testing the responsiveness of muscles, we can discover the subtle changes that take place when a problem is developing, often before outward symptoms become manifest. With the body's attention drawn to these areas, the treatment of the correct reflexes and acupuncture point with pressure, touch or massage will correct these minor deviations. Restoring the energy to the muscles and organs in this way not only relieves physical tensions, but also helps to establish a more natural balance of the structural,

chemical and mental life forces. These are the theories, the contentions, and the promises of the authors, and in support of these, this reviewer can report instances of gratifying results through the application of the techniques described in this fascinating manual.

—Raymond H. Houser

FDA PROPOSES TO EXEMPT SOFT DRINKS FROM NUTRITIONAL LABELING

The Food and Drug Administration on May 24 proposed exempting soft drinks from informational panel requirements and nutritional labeling if the bottles do not bear pasting on labels. The same proposal also provided for a type size reduction from 1/16 inch to 1/32 inch for information on caps of bottles not having paste-on labels.

Your Invitation To Join THE NATIONAL HEALTH FEDERATION

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

NATIONAL HEALTH FEDERATION BULLETIN

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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Every family in America should belong to the National Health Federation to —

1. Support the principle of freedom of choice and liberty in health matters.
2. Be a part of a strong and united consumer's voice in all health matters.
3. Work for beneficial and needed health legislation and, at the same time, oppose proposals which are detrimental to the health interests of the people or which do not provide for equality of recognition of all legally established health professions.
4. Support a united effort to reduce the cost of health care.
5. Oppose insults upon our ecology which have an impact on health
6. Oppose the use of chemical food additives which have not been proved absolutely safe or which are not needed.
7. Secure fair and impartial enforcement of food and drug laws and regulations.
8. Insist that all monies raised for health research and care be used exclusively for these purposes.
9. Compel all health fund-raising organizations to disclose in an annual report, the amount of funds collected and how the funds were expended.

THESE ARE THE THINGS THE NATIONAL HEALTH FEDERATION IS ORGANIZED TO DO — JOIN ITS RANKS AND TAKE PART IN THIS VITAL EFFORT ON BEHALF OF YOURSELF AND OF ALL AMERICA.

NOTE: If the last numbers in the code appearing under your name and address above read 7-74 (or any earlier date), your membership dues are now due.

COMING NHF CONVENTIONS

Chicago — Pick Congress Hotel **Sept. 6-8**
San Bernardino — S. B. Conv. Center.....**Oct. 12-13**
Salt Lake City — Salt Palace **Oct. 25-26**
New York — Statler-Hilton Hotel **Nov. 16-17**

HELP SAVE OUR HEALTH FREEDOMS