National Health Federation BULLETIN

MARCH, 1974

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Diagnostic X-rays:

How Safe?

MILTON A. BASS

Regulation vs. Regimentation

"We all agree with and have accepted the need for regulation by Government of various facets of our lives. We have accepted limitations upon our freedom where complex modern society requires protection. We are witnessing now, however, a growing bureaucracy which has run wild. Created by us to protect us, it now threatens the freedom and liberty we sought to protect against foreign forms of totalitarianism."

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THE
NATIONAL HEALTH FEDERATION BULLETIN

Protection of Health Freedoms — *Published Monthly*

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

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Guest Editorial

The Inseparability Of Religious Freedom and Health Freedom

HAROLD E. BUTTRAM, M.D.
Blooming Glen, Pennsylvania

In this day of increasing governmental controls which ultimately involve the private lives of American citizens, it is becoming clear to the many that individual health freedom and individual religious freedom are inseparable; if one is lost, the other is equally forfeited.

Although religious beliefs are seldom mentioned in connection with today's rapidly growing "health movement," the religious undertones are clearly evident to the observer who makes an effort to scratch a little farther beneath the surface. An analysis will reveal that there are 3 common denominators present in the health movement and religious beliefs found in many of our churches:

(1) Almost all individuals religiously inclined have at least some degree of feeling and appreciation for "nature" and for "nature's laws" as part of God's creation. If the world was created by God, then it follows that nature's laws ARE God's laws. Although at times they may appear stern, they are intended for our benefit. It is precisely this feeling which underlies much of today's health movement with its stress on "natural foods" and more "natural methods" of healing.

(2) The second common denominator is the stress laid on avoidance of unnecessary drugs, food additives, chemicals, and other substances unquestionably foreign to the human bodily functions, these things being considered as "blood pollutants." This is perhaps due to earlier religious inculcations wherein much greater emphasis was placed on "blood pollution" with its inherent harm, both physically and spiritually, to the individual. Even today this theme can be found to some extent in the doctrines of some "modern churches," though stressed more by some than others.

(3) Finally, there is the common awareness of individual duty and obligation on each person for the care of his own health. In the final analysis doctors and hospitals may treat diseases, but *health is a matter of individual care and responsibility.*

Considered from this point of view, health freedom becomes inseparable from religious freedom, at least for a great number of American citizens.

Editor's Note: Though the foregoing comments were sent to us as a "Letter to the Editor," we have chosen to share it with our readers as a guest editorial since it touches upon a concept of health freedoms rarely considered.

Regulation Versus Regimentation

A Condensation of an Address
By MILTON A. BASS

The single most compelling issue before our country today is the threat to our freedom, our liberty and our American way of life.

This threat is not posed by alien ideologies from outside of our borders, but rather as stated by former President Eisenhower, is the threat to our country from the growing bureaucracy in Washington.

We all agree with and have accepted the need for regulation by government of various facets of our lives. We have accepted limitations upon our freedom where a complex modern society requires protection.

We are witnessing, however, a growing bureaucracy which has run wild. Created by us to protect us, it now threatens the very freedom and liberty we sought to protect against various foreign forms of totalitarianism.

We are witnessing a bureaucracy which has become power hungry—which is becoming evermore powerful and which has raised the spectre of a police state.

Significantly, these are not men elected by the people, who appear before the people and are known by them. They are rather the unknown little men who seek to tell us what to think, what to say, what to eat, what to drink and how to die—in short, a Big Brother who will decide all truth, all right and all wrong.

In the forefront of this Big Brother bureaucracy is the Food and Drug Administration who with the American Medical Association are seeking to create conformity – to stifle and stamp out differences of opinion and the right to dissent.

Let us make clear, here and now, that this has nothing to do with the question of dangerous drugs which must be regulated to protect the community. We are talking about the attempt to regiment our lives and to dictate an official truth with respect to which no dissent will be accepted.

Regulation is becoming regimentation. Let us look at some of the recent examples of what is happening in just one area—that of the FDA and AMA Big Brother Alliance.

The Fluorine Controversy

The fluorine controversy is an issue which is not one of regulation, but rather a question of regimentation and freedom.

Some years ago, the Food and Drug Administration issued a regulation which prohibits the addition of fluorine to foods and dietary supplements. We may well ask whether this is a health regulation or a question of regimentation. The Food and Drug Administration and other government agencies do not object to the fluoridation of our public water supply at the very same time that they issue a regulation prohibiting the addition of fluorine to foods and supplements.

Ostensibly, the new regulation was issued because of a health or safety problem. If there is a health or safety problem involved, then we we wonder how the FDA can condone the addition of fluorine to our public water system. In our water supply, there is no way to control how much any individual may drink and, therefore, how much fluorine he may ingest each day. On the other hand, the use of fluorine in supplements can be controlled and fixed as to daily dosage. If there is any safety problem involved, it would, therefore, appear logical to prohibit the addition of fluorine to our public water system and to permit the addition of fluorine to dietary supplements so that dosage and intake can be controlled.

Furthermore, even the proponents of the fluoridation of our water supply agree that fluorine will only be of benefit for children in the reduction of tooth decay. Since adults will gain no benefit according to this school of thought, it is all the more reason why fluorine should not be added to our water supply which would compel adults to ingest fluorine, which will not benefit them and which poses a health or safety problem.

The logical answer is that fluorine should be permitted under conditions where those who want it and who may benefit from it can receive it in fixed and controlled amounts, rather than to compel all persons to ingest a possibly harmful substance in uncontrolled amounts.

The real question is apparently not one of safety, but sounds more like control of business and of the individual. We are once again faced with the spectre of censorship as to what you can sell and what you can eat being determined by bureaucratic fiat.

The Pending Vitamin Regulations

The proposed vitamin regulations must similarly be seen for what they truly are. Here again, we are not considering a question of health regulation, but rather economic regulation, regimentation of the individual and the fostering of monopoly.

The proposed regulations, without any question or basis of safety or health, would result in restrictions upon our free economy and create standards for the benefit of a few. They will restrict competition and lead to monopoly. These regulations constitute an incursion upon the freedom of the individual, without any justification by reason of danger or health, as to his choice of what and how much he desires to eat. These regulations constitute another example of the FDA-AMA dictation of what is truth and what is fact in the field of health.

As part and parcel of the attempt to regiment and compel conformity,

(Continued on next page)

we find a new kind of criminal. He is not a murderer or a thief, not a member of the maffia, but the new criminal is the businessman or individual who refuses to conform. It is he who dares to differ with Big Brother. The new criminal has dared to differ with the oracles of truth and dares to still exercise his freedom of speech and freedom of belief.

Symptoms Of the Cancer Of Bureaucracy

The danger to our society is here and now. We can see the symptoms of the disease—of this cancer of bureaucracy which is running wild.

(1) First we can observe the breakdown in ethical standards. There has been an adoption of Nietzsche standards of self-determined right and wrong. They decide their own right and wrong which does not apply to the rest of of the people in our land. Thus, a new philosophy is spreading here in Washington. The new creed is that the end justifies the means.

(2) We can see this symptom in the use which is being made by the FDA of a notice of hearing relative to the consideration of whether a criminal action should be instituted. A company or an individual is threatened with criminal action. Either he complies with the bureaucratic requests—either he obeys Big Brother or a blackjack is held over his head that a criminal action may be brought against him. Where is our American heritage of the right to dissent—of the right to differ .There can be no right for a difference of opinion when the mere institution of a criminal action can destroy an individual and a business concern. There is a very serious question as to the extent of use and the manner of use of notices of hearing by the Food and Drug Administration.

(3) Another symptom of the disease has been illustrated in numerous reports as to the conduct of FDA factory inspections. Reports have been received that inspectors have gained entry with their official badge and have proceeded to demand information which they know they are not legally entitled to. There have been reports of threats made to individuals if they refuse to give such information to the inspectors. This attempt to act beyond the legal authority which Congress has conferred is indeed reprehensible when we consider the fact that the Congressional hearings indicate that Congress was concerned about the misuse of inspection powers and even warned the FDA about the limitation of their rights under the statute. The bureaucrats have placed themselves above and beyond the law. Here again, they adopt their own standards of right and wrong and apply the new philosophy that the end justifies the means. There are other symptoms of this cancer which have appeared. We have seen the use of concealed tape recorders in private premises. We have seen the use of the big lie as an accepted tool, even to a United States Senator. We are witnessing a breakdown in ethical standards which is a danger signal of a bureaucracy which is becoming sick with power.

My friends this is a fact. This is reality here and now.

We must stop this cancer before it destroys our freedom, our liberty, our free enterprise system and our entire American way of life.

There is a sickness rampant in our land—a bureaucracy sick with power. We must isolate this disease and stamp it out.

It is necessary that our country and our Congress reaffirm the proper balance of the scale of freedom. We must not permit any incursion or restriction upon our freedom and liberty except to that extent which is absolutely and unquestionably required for the safety of the community. We can all agree that in the area of health regulation, there must be protection against the distribution of dangerous drugs to the public. This necessary regulation, however, must not become the excuse for the regimentation of our lives and the regimentation of our beliefs where no question of danger or safety is even remotely involved.

There is a pressing need for education of the public and of the Congress to this growing problem. Unfortunately, the public and the Congress have been unaware of what is really happening. An alien philosophy has gained acceptance whereby prior censorship has become a part of the new FDA laws. I do not believe that Congress realized what it was doing when the FDA asked that the word "effective" be added to the new drug section of the Act after the word "safety." I do not believe that either Congress or the people realized that an entirely new concept of prior censorship over American business was inherent in just that one word.

That one word gave the FDA the power of a censor over all new products, and incidentally many old ones, as to what products can be sold and what can be said about them. This is control before the fact. It is truly a revolution in government regulation. The FDA was made the censor and the Big Brother over every drug company in a manner and form heretofore unknown in our country.

I believe that Congress did not fully realize the import of the new FDA Amendments because I did not hear one word which indicated an understanding of what was being done and of what was happening to our philosophy of Government regulation. Education is essential. Big Brother has suddenly become full grown.

Perhaps the best way that we can accomplish the education which is needed and the subsequent correction would be by a Congressional investigation into the functioning of our bureaucratic agencies and the threat to our freedom and free enterprise system. A Congressional investigation may provide the best means whereby remedial legislation can be obtained to put a stop to bureaucratic excesses and to call a halt to the dangerous road we are travelling from regulation to regimentation.

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We must all face the issue now. The stakes are high. Our basic rights of freedom and liberty are in the balance. The danger is real and here. The nature of this danger was most ably stated many years ago by Mr. Justice Brandeis when he said "experience should teach us to be most on our guard to protect liberty when the government's purposes are beneficient. Men born to freedom are naturally alert to repel invasion of their liberty by evil-minded rulers. The greatest dangers to liberty lurk in insidious encroachment by men of zeal, well-meaning, but without understanding."

Nutrition Policy Conference Planned

Senators George McGovern (D-S.D.) and Charles Percy (R-Ill.), chairman and ranking Republican member of the Senate Select Committee on Nutrition, officially announced recently plans for a National Nutrition Policy Conference this year.

At the same time, McGovern and Percy announced that Dr. Jean Mayer, former chairman of the White House Conference on Food, Nutrition and Health, had accepted their invitation to serve as the official Conference Coordinator for the Select Committee.

While the format and exact subject matter of the Conference have not yet been formalized, one purpose of the Conference will be to review progress made in the nutrition area since the White House Conference, and to determine what new policies need to be formulated now. The Select Committee will then evaluate the record of the Conference with an eye to legislative recommendations to be forwarded to the appropriate Congressional committees.

The National Conference will probably focus on four or five key subject areas with co-chairmen and panel members designated to develop position papers in those areas.

Among the subject areas under consideration are Nutrition and Poverty, Nutrition and the Consumer, Nutrition and Health, Nutrition and Food Production, and U.S. Nutrition vis-a-vis World Food Demands.

In accepting the invitation to coordinate the Conference, Dr. Mayer said that Congressional leadership in this important area, which has been so vital in the past several years, is even more important today.

The dramatic and unsettling changes running through the country in food and fuel supplies and prices make it imperative the Congress move quickly and comprehensively to develop long-range policies that more adequately protect producers and consumers alike, while permitting the country to fulfill its international responsibilities.

Tentatively, the conference is set for June in Washington, D.C.

NHF's Statement To Subcommittee In Support Of Hosmer Bill

Following are excerpts from the Statement of Clinton R. Miller delivered on behalf of The National Health Federation in support of H.R. 643 (the Hosmer Bill) and related bills during the hearing on these bills by the House Subcommittee on Public Health and Environment.

Mr. Chairman and distinguished Members of the Subcommittee:

I am Clinton R. Miller, Vice President and Legislative Advocate of the National Health Federation. NHF is deeply grateful to you, Mr. Chairman, to your staff, and to all members of this superbusy Subcommittee for scheduling hearings at this time on the more than 200 related or identical bills which have been introduced by members of the House to curb the U.S. Food and Drug Administration's regulatory attempt to over-extend its power over our diets where safety or fraud are not at issue.

NHF is a rapidly growing national organization of tens of thousands of well informed and deeply concerned health oriented consumers who insist on, and fight for their rights to exercise an informed, responsible freedom of choice in matters of health where the exercise of that freedom will not endanger equal rights of others. NHF members are exceedingly tolerant of the health views of others and expect the same tolerance in return. No two NHF members have the same viewpoint on health matters. We are as sensitive about intrusions on our health freedoms as others are when their religious freedoms are threatened or trampled. We demand the right to choose our own doctor or diet. So naturally, we were outraged when FDA proposed to dictate our diet.

For more than ten years NHF has spearheaded a consumer education and action program which has resulted in over a million letters being sent to Congress protesting FDA's tyrannical vitamin regulations.

The majority of the House will soon have introduced bills which are similar, related, or identical to the Hosmer - Satterfield - Pickle - Owens - Randall type bills. NHF strongly supports and endorses the basic thrust and format of all these bills which properly limit FDA's power over the use of safe and clean nutrients and which contain the full and adequate 32 year old proven and tested definition of a "food supplement" as contained in H.R. 643, H.R. 10994, H.R. 10115, H.R. 11247, H.R. 10173 and more than 200 similar bills.

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NHF Opposes McKinney Type Bill

NHF is strongly opposed to the McKinney type bill (H.R. 11085) which:

1. Unnecessarily and improperly gives FDA authority over food supplement advertising.
2. Does not define food supplements.
3. Does not properly spell out limits on FDA's power.
4. Makes an exception of vitamins A and D.

The definition of food supplement in the Hosmer-Nelsen-Saterfield-Pickle type bills is a basic minimum in any legislation which will be acceptable to NHF members and friends. The definition has stood the test of time. FDA has boasted to the Chairman and others that under the definition they have won court victories in every case they have prosecuted since 1941, so they can not logically object to Congress codifying a definition using the exact language which has been in the FDA's own regulations, unchanged since they put it there in 1941.

To understand NHF's strong opposition to giving FDA any power over advertising of vitamins and our strong support for the Hosmer-Satterfield type bills as opposed to the McKinney type bills, it is important to understand the history and background of the NHF Consumer Protection vs. AMA-FDA Nutritional Tyranny policies.

NHF Pioneered Consumer Protection Concept

The NHF has pioneered the concept of *Consumer Protection* in the United States. Long before Rachel Carson, Ralph Nader, or James Turner came on the scene, NHF was warning its members, Congress, and all other U.S. Consumers against dangers of improper overuse of drugs, pesticides, food additives, growth stimulants, preservatives, herbicides, synthetic, artificial fabricated, oversweetened, overprocessed, devitalized, demineralized food, dangerous cosmetics, radiation, nitrates, nitrites, aflavatoxin, and other consumer health hazards.

NHF's viewpoint that there has been a sweeping and drastic principle of political perversion (POPP) operative in the Food and Drug Administration was first recognized and reported by the father of both the Food and Drug Act and the Food and Drug Administration, Dr. Harvey W. Wiley, M.D. It is impossible to understand why FDA behaves as it does without a knowledge of the history of the takeover of that agency by the bad guys it was supposed to regulate.

Government Agencies Tend To Be Controlled By the Interests They Were Organized To Regulate

Dr. Wiley wrote a book at the end of his distinguished career entitled, *The History Of A Crime Against The Food Law.* He described his book as:

"The amazing story of the National Food and Drugs Law intended to protect the health of the people perverted to protect adulteration of foods and drugs."

The book is a classic. It documents how the first principle of political perversion (POPP) had fully matured in the FDA by 1929.

Dr. Wiley's summary, pages 401-402, states:

"If the Bureau of Chemistry had been permitted to enforce the law as it was written and as it tried to do, what would have been the condition now? No food product in our country would have any trace of benzoic acid, sulphurous acid or sulphites, or any alum or saccharin, save for medicinal purposes. No soft drink would contain any caffein, or theobromine. No bleached flour would enter interstate commerce. Our foods and drugs would be wholly without any form of adulteration and misbranding. The health of our people would be vastly improved and their life greatly extended. The manufacturers of our food supply, and especially the millers, would devote their energies to improving the public health and promoting happiness in every home by the production of whole ground, unbolted cereal flour and meals."

During the past dozen years, the National Health Federation has increased its membership 10 fold. The AMA has lost members at about the same rate NHF is gaining new ones. Less than 46% of all U.S. medical doctors are dues paying members of the AMA. As of the end of 1972, the AMA had only 155,861 dues paying members out of a total of 344,823 doctors in the U.S. This is less than 46%. The AMA doesn't even represent the majority of their own profession. (Reported to NHF, Oct. 25, 1973, by the Committee for National Health Insurance.)

The absurd but deliberate attempt of the AMA to keep low visibility while, like a whale in a goldfish bowl, it has been trying unsuccessfully to thrash up a tidal wave of consumer support for AMA inspired but FDA implemented vitamin regulations is fascinating to behold.

AMA Drafted Blueprint In 1959 For FDA's 1962 Vitamin Regulations

Let's start Jan. 3, 1959, when the AMA approached FDA with a proposal that FDA drastically limit most vitamin potencies, and combinations by classifying and regulating them as dangerous drugs. FDA dutifully issued their AMAish vitamin regulations in June 1962. NHF immediately countered by encouraging a letter writing campaign which in '62 broke all previous records in adverse mail received by FDA.

Hoping our massive opposition would die down (instead of multiplying as it has), FDA waited until 1968 to schedule hearings on their regulations. In the FDA regulatory hearings which lasted 2½ years ('68-'70), we found, to our consternation, AMA was listed in the line-up with NHF in opposition to AMA's ghost written FDA proposal!!! Or so it was supposed to seem!!! It became clear why AMA would pretend opposition to their own creation when NHF prepared to cross-examine AMA. NHF's cross-examination would have exposed

(Continued on next page)

AMA's "opposition" to FDA's vitamin regulations as a sham and a "put-on." NHF was unfairly denied the right to cross-examine or ask AMA witnesses any questions about the AMA's '59 role which FDA now admits started the 11 year FDA-AMA vitamin war.

FDA's biased, hand picked Hearing Examiner ruled that NHF and AMA interests were identical because both were "opponents" to the FDA regulations, therefore, NHF wouldn't be able to cross-examine AMA!!

AMA is, and has been, the prime, but not only, vested interest behind the FDA's vitamin regulations. Dr. Allen Forbes, deputy director of FDA's Division of Nutrition, has candidly stated that FDA's new vitamin regulations had their genesis in the Jan. 3, 1959 statement by the AMA's Council on Foods and Nutrition, entitled "Vitamin Preparations As Dietary Supplements And As Therapeutic Agents." At a recent Food and Drug Law Institute meeting, Dr. Forbes said, "These two documents really are the grandaddy of the Food and Drug Regulations."

He was referring to the Jan. 3, 1959 AMA statement and an earlier one made by a food and drug industry financed and dominated group.

AMA deceptively pretended to be opponents at FDA's regulatory hearings when they were the proponents all the time. This does not mean that the synthetic, devitalized food processing industry, especially the milling industry and certain segments of the drug industry, were not equally as deceptive in their pretense to "oppose" regulations. Their "opposition" was a shameful sham.

The ruling of FDA's Hearing Examiner that NHF and AMA cronies had identical interests made a farce of FDA's hearings.

Not so with these fairly conducted open hearings before your Subcommittee, Mr. Chairman. Now, finally AMA has been forced to take off its "opponent" mask and put on its true colors as proponents and defenders of FDA's regulations. When they appeared before your Subcommittee yesterday, there there was no doubt that they opposed the Hosmer-Satterfield type bills and favored FDA's vitamin regulations. The reason was clear. Under FDA's regulation AMA would be granted a vice-like virtual monopoly control over most vitamin combinations and potencies. The Hosmer-Satterfield bills would prevent such a monopoly control.

Miles Laboratories, likewise was falsely listed as an opponent to FDA's regulations at the FDA's hearings, thus escaping cros-examination by the same ruling that we must be friends if we were both "opponents." Miles Labs has actively lobbied against the Hosmer type bills which forced them, like AMA, to surface. The same condition exists with most of more than 100 "opponents" to FDA's regulations. They weren't "opponents" at all. They concocted some flimsy pretext to oppose the regulations and joined forces with FDA and AMA time after time to scuttle NHF's opposition, at FDA's 2½ year hearings.

It is significant that eighteen members of the Full Committee on Interstate and Foreign Commerce, including five members of this Subcommittee, have introduced very similar or nearly identical bills which are strongly supported and endorsed by NHF. They are: Representatives John Jarman, J. J. Pickle, David E. Satterfield, Richardson Preyer, Henry Helstoski, Charles J. Carney, Goodloe E. Byron, Ancher Nelsen, James Harvey, Dan Kuykendall, James M. Collins, John Ware, Richard Shoup, Barry Goldwater, Jr., Norman Lent, John Heinz, William Hudnut, and Samuel Young.

For the above mentioned reasons NHF urges enactment of legislation including the essentials encompassed in these bills.

Consumers For Health Freedom Plans Campaign

After successfully staging their Consumers for Health Freedom Rally at San Francisco Cow Palace on November 11th, the Consumers for Health Freedom are gearing up for a nationwide fight for passage of the Hosmer-Owens Bill, aimed at preventing the FDA from restricting vitamin and food supplement potencies.

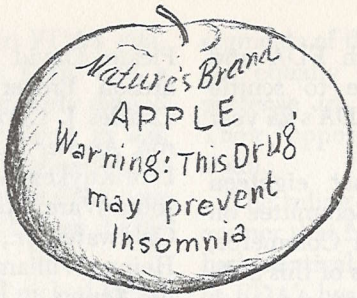
The new campaign will capitalize on the favorable and extensive publicity gained during the rally's promotional efforts. Network and local television and radio, and major and weekly Bay Area newspapers carried coverage of the issues and the event.

According to Consumers for Health Freedom chairman Danny Wells, a major breakthrough was achieved with the press. "The press and the broadcast media have been awakened to the importance of our cause," said Wells. "They are beginning to realize we are not 'health nuts,' but that we are responsible citizens being tyrannized by the FDA's misguided and misdirected proposals."

The group is fostering letter-writing campaigns and new Health Freedom Rallies in the nation's major population centers, a program which augments NHF's all-out campaign to secure the enactment of the Hosmer-Owens Bill.

Bumper stickers carrying the theme, "Go to *Health*, FDA!," created by the Consumers for Health Freedom for the campaign and the rally, are still very much in demand. The committee is having additional quantities printed so that bumper stickers can be made available to individuals, groups and organizations.

Wells said that donations or requests for bumper stickers may be sent to Consumers for Health Freedom, P.O. Box 1226, Alameda, CA 94501. Anyone interested in more information may call him at (415) 939-5445.



Truthful Nutritional Claims Would Classify Foods As 'Drugs'

CLINTON R. MILLER
NHF Legsilative Advocate

Even simple foods and food products may be technically and legally classified and regulated as drugs by the FDA if their label (which includes advertising literature) suggests or states that the food or products may be beneficial in the prevention or treatment of disease. By herding all products with true nutritional health claims into the regulatory category of drugs, the medically - controlled FDA can have complete censorship power over what may or may not be truthfully said about any food product sold in the United States.

As examples of the absurdity of such anti - consumer monopolistic reasoning, consider two true nutritional label claims which not only could, but should be made for apples and bran.

Under FDA's interpretation of the law and their regulations, apples would have to be classified, then regulated, as drugs if "labeled" by enclosing in a bag or box apples a reprint of a newspaper clipping or the scientific publication which reports the research conducted at Michigan State University which showed the 650 students who ate an apple a day suffered significantly fewer headaches, nervous disorders and insomnia than the 650 students who did not eat apples.

FDA-AMA's faulty reasoning is that these reprints make "drug" claims. NHF insists they are not drug claims at all, but nutritional claims. NHF argues that apples aren't drugs, but foods, or, if taken for special nutritional or dietary purposes and honestly labeled for these purposes, they are food supplements. Making true nutritional claims for apples, bran, or any other food or concentrated food would be and should be allowed under the Hosmer - Saterfield type bills. Under the McKinney type bills, such true nutritional claims would make apples and bran "drugs" which sucks them into the FDA's regulatory quicksand pits from which no honestly labeled food or food supplement ever returns. The McKinney type bills yield completely to AMA-FDA philosophy on this issue.

**Excerpted from Mr. Miller's testimony before the House Subcommittee on Public Health and Environment in support of H.R. 643.*

Any Law Which Suppresses The Truth Is A Bad Law

If the claim is essentially true that "650 students who ate an apple a day suffered 'significantly fewer headaches, nervous disorders and insomnia' than the 650 who didn't," then NHF argues that the FDA should be doing all in their power to help get such valuable information to the consumer instead of suppressing it. If an apple a day would, in some cases, prevent students from taking sleeping pills because of its nutritional anti-insomnia factor, this should be part of nutritional labeling encouraged, if not required, by FDA. Under AMA dominated FDA "full disclosure" policies, FDA immediately strangles any attempt of any food or food supplement company to truthfully label their products (as Congress and consumers intend he should) with a full information about what is known about the *nutritional* value of such food in treating and preventing *disease.* Health and disease prevention is not the exclusive property of "drugs." More diseases are prevented and cured by foods and food supplements than by drugs. The distinction is crucial to any legislation approved by this Subcommittee. The 200 or more Hosmer-Satterfield bills draw the line in the right place.

Are Whole Wheat And Bran Drugs Or Foods?

What is fair for apples is fair for bran. If a manufacturer of whole wheat bread or bran cereal or whole wheat flour were to include the reprint, *Include Fibers In Your Diet* by Dr. Jean Mayer, Washington Post, Aug. 30, 1973, he may immediately be charged by AMA-controlled FDA as selling a "drug." Dr. Mayer's article reported the work of Denis P. Burkitt, a British medical investigator, who believes that by failing to include sufficient bran and vegetable fiber in the diet, you greatly increase your chances of developing appendicitis, diverticulities or cancer of the colon. NHF insists that brain or whole wheat should not be classified as a drug, simply because the article by Dr. Mayer (President Nixon's Nutritional Advisor) is enclosed with a box of cereal.

NEW PERPETUAL AND LIFE MEMBERS

Perpetual

National Nutritional Foods Assn.

Life Members

Margery Evans
Elmo A. Peterson
Margaret A. Harris
Elizabeth Moyer, D.C.
Ruth V. Rogers
Frederick J. Harling
Dr. Robert Roy Kintner

Received mid-December through mid-January

New Health Care Plan Introduced

Adding to the numerous national health insurance bills already in the Congressional hopper, Senators Hugh Scott (R-Pa.) and Charles Percy (R-Ill.) recently introduced a bill called "The Health Rights Act" (S. 2756) which would replace both Medicare and Medicaid with a two-part program "to assure all Americans of protection from unmeetable obligations due to costs of health maintenance and recovery from illness." Senator Scott said "its goal is to serve every American at a critical time" and that "it is the most comprehensive offered to date."

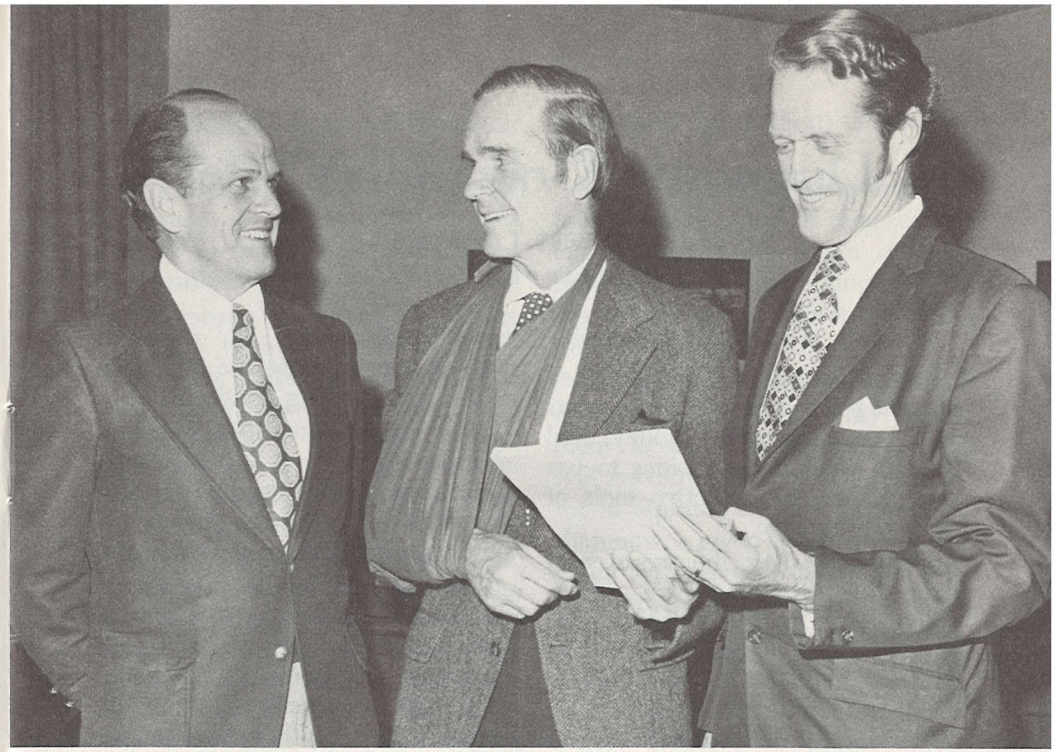
The bill proposes a different form of catastrophic illness protection by "covering all costs above each family's health care cost ceiling, which is determined by a formula taking into account both family income and family size." Both the inpatient and outpatient parts would be administered by insurance carriers or other public or private agencies on a regional basis, under contract with newly created Office of Health Care within HEW. It is proposed that the inpatient part would be financed through Social Security payroll taxes and general revenues while the outpatient part would be financed through family premium payments which would be supplemented in whole or in part with Federal payments for low-income families.

Under the outpatient part, all covered costs above an individual deductible of $50 would be paid, with a lower deductible for low-income persons. In addition, there would be a deductible of $25 for covered dental services. The Senators pointed out that the small deductible and the broadness of the covered services will encourage preventive care and discourage overutilization of inpatient services. The outpatient covered services would include diagnostic services, limited check-up examination, prenatal and well child care, dental care for children under 12, and outpatient mental health services with an annual limit of 26 treatments.

All families subscribing to outpatient plans would be eligible for the inpatient (catastrophic) plan. Here, the deductible would be determined by the formula taking into account the family income and size.

In other provisions of the bill, the provisions of the Professional Standards Review Organization amendment (PL 92-603), enacted in 1972, is incorporated, and the bill also provides grants and loans for planning, developing and construction of health maintenance organizations (HMOs). It also authorizes the Secretary of HEW to contract with qualified HMOs to provide services covered by both inpatient and outpatient plans.

It is anticipated that exhaustive hearings on national health insurance proposals will be held during 1974. In fact, the House Public Health Subcommittee held five days of hearings in December, 1973.



The spirit of jubilation evident on the faces of the three distinguished gentlemen shown above followed the introduction of a bill in the Senate by Senator Proxmire which would nullify FDA's dietary supplement regulations. Shown from left to right are Clinton R. Miller, NHF Legislative Advocate; Senator William Proxmire; and David S. King, Legislative Counsel for the National Nutritional Foods Association.

Campaign To Urge Senate Passage Of S. 2801 Shifts To High Gear

Senate Bill 2801, introduced by Senator William Proxmire and cosponsored by ten other long-term, influential senators, is being widely supported by the public, judging from the flow of letters now beginning to reach senators urging that they too cosponsor S. 2801. Hopefully, all NHF members have already written such a letter to their own two U.S. Senators.

In a recent statement, Charles Crecelius, NHF president, said, "Urging support and ultimate passage of this legislation is everyone's responsibility. Freedom of the individual to choose his own dietary regimen, including the use of vitamins in the potencies and combinations he has found to be beneficial, is threatened by FDA's pending regulations. The Proxmire bill in the Senate and the Hosmer bill in the House will block the implementation of FDA's arbitrary and unwarranted regulations."

Diagnostic X-rays: How Safe?

By ROBERT T. DeVORE

Condensed from FDA CONSUMER

How safe are diagnostic x-rays?

Few patients would have dreamed of asking this question a few years ago. But many ask it today, and thereby challenge decisions to use one of the most effective tools of modern medicine.

People all over the world owe their lives to diagnostic x-rays. Some could not have been born without them. Others would have died in childhood of heart defects or obstructed digestive tracts. Tens of thousands of accident victims are saved every year because a physician can see on x-ray film exactly what is wrong.

Yet the safety question is real. Scientists have estimated that there is no level of x-ray exposure that could not have some potential biological effect. It is felt, however, that the risk associated with good diagnostic x-ray techniquees is small.

Scientists know that radiation in far larger amounts than those used in diagnostic x-ray procedures can increase the risk of certain conditions that already exist among people. For example, exposure to large amounts of x-ray, like exposure to some other physical agents or certain chemicals, can increase the likelihood of cataracts, leukemia, cancer, or damage to reproductive cells. There is some evidence that x-ray examinations of pregnant women may increase the incidence of leukemia among children.

The crucial and still largely unanswered question is to what extent harmful health effects may be produced among people at the low exposures used in x-ray examinations.

The potential hazard of an x-ray examination always must be carefully weighed against the benefit diagnosis may bring. Such a benefit-versus-risk consideration is the responsibility of the physician or dentist in prescribing or conducting x-ray examinations that will provide needed diagnostic information without unnecessary exposure.

X-ray damage may be of two kinds, somatic or genetic. Leukemia and cancer are examples of damage to somatic (nonreproductive) cells. Some scientists now believe that the risks of somatic damage, however slight, may be greater than genetic.

But a somatic effect concerns only the individual exposed to x-rays. Genetic effects, on the other hand, are changes in the genetic material in reproductive cells—inheritable changes that can affect generations yet unborn. Thus the risk of gentic damage must be borne not by one individual but by his or her descendants.

The possibility that genetic damage may be continued through many generations has led the medical profession generally to accept the prudent rule that no amount of exposure to reproductive organs can be so small as to be dismissed as harmless.

Diagnostic x-rays are the source of more than 90 percent of the man-made radiation reaching the American people. Better protection methods against this radiation can and are being devised. But the levels obviously cannot be brought to zero unless there is to be no diagnostic x-ray exposure at all.

All 50 States, many cities, and the Food and Drug Administration conduct programs to eliminate x-ray exposure that does not contribute to diagnosis or therapy. They have the cooperation of all the leading organizations in the radiation-protection and healing arts professions.

The effort is succeeding. The first solid evidence of success came from national x-ray exposure studies conducted in 1964 and again in 1970 by FDA's Bureau of Radiological Health and the National Center for Health Statistics of the Health Services and Mental Health Administration.

New regulatory authority and responsibilities were given the Bureau with passage of the Radiation Control for Health and Safety Act of 1968. The law requires the issuance of radiation safety performance standards for electronic products. A performance standard for diagnostic x-ray machines is scheduled to become effective for machines manufactured after August 1, 1974. It will make x-ray examinations safer for millions of Americans.

The performance standard attacks a major cause of unnecessary exposure—excessive beam size—by requiring beam restricting capacities in all x-ray machines made under the standard.

Another important provision of the standard requires x-ray equipment to incorporate features that will make it possible for the operator to reproduce, more consistently than now, a given image quality for given settings for voltage, current, and time This capability, in combination with good x-ray examination techniques, will tend to minimize film retakes, another cause of unnecessary patient exposure.

Preparations for an FDA program for enforcing the x-ray standard have included the development and evaluation of the kinds of tests necessary for checking x-ray equipment for compliance under actual use conditions.

Dramatic improvements in diagnostic x-ray technology, in addition to improvements required by the standard, are expected to result soon from industry research. Several manufacturers, for example, are developing devices that will make it possible to obtain top-quality films with a fraction of present exposure levels.

Also on the way are new x-ray protection devices for patients. An example is the development of shields for male reproductive organs.

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FDA efforts to improve training in diagnostic x-ray have included assistance in developing and testing x-ray science courses for college undergraduates and improving x-ray instruction in medical and graduate schools. In addition, short courses in radiological health, a Bureau specialty for about a decade, have been given yearly to hundreds of persons, many of them health professionals.

Unnecessary exposure often occurs because nonradiologist physicians receive little training in radiation protection procedures. To remedy this deficiency, a teaching system has been developed under a Bureau contract for training medical students in the diagnostic use of x-ray. It gives students experience in using x-ray machines that medical schools seldom provide. The system is being used in five medical schools.

The Bureau also has been seeking to improve dental x-ray instruction. A large southern dental school, working under contract, recently developed a pilot program for training radiology teachers for dental auxiliary schools.

In another move to promote the avoidance of unnecessary x-ray exposure, the Bureau recently joined the American College of Chest Physicians and the American College of Radiology in recommending that mass chest x-ray surveys for the detection of tuberculosis and other chest diseases be discontinued among the general population. The procedure is no longer desirable for the detection of new cases of tuberculosis since other means of detection are available.

Radiation control authorities agree that in the final analysis, even with the best of x-ray equipment, progress in eliminating unnecessary exposure ultimately must depend upon the care, skill, and judgment of the user.

Physicians can help by making sure that the beam is restricted to the body area to be examined, by protecting reproductive organs as much as possible, and by limiting use of the fluoroscope to diagnostic situations that demand it.

Women can help reduce x-ray exposure of unborn children by informing their doctors of the date of their last menstrual period or advising them if they have reason to believe they may be pregnant. When changing doctors, patients may avoid unnecessary x-ray exposure by requesting that previously made films be sent to the new physician.

Diagnostic x-rays have a minimal potential hazard, but they can be made safer. Making them safer requires the exercise of good judgment and care on the part of everyone. On one point all authorities are agreed: in general the risk of not undergoing an x-ray examination needed for proper medical care is far greater than the risk of the examination.

Robert T. De Vore is public information officer for the Bureau of Radiological Health.

Fluoridation

The Newburgh-Kingston 'Study'

By LEE HARDY

No. 7 In A Series

In their endeavor to prove fluoridation effective the proponents set up and conducted "studies." The most noted of these was at Newburgh, New York, with nearby Kingston as the control city. Children in the school were used as subjects. The "study" began on May 2, 1945, when sodium fluoride was first put into the public water supply at Newburgh, and was to extend over a ten-year period, since it was considered that significant data could be obtain only from the study of children born after fluoridation was begun.

In spite of these premises Dr. D. B. Ast, D.D.S, of the New York Bureau of Public Health, who was director of the "study," made a report after only three years of fluoridation, claiming a 30% improvement.[1] Since three-year-olds did not attend school, by the fluoridationists' own standards the report could not be meaningful. A second report was issued after four years of fluoridation,[2] in which all 5- to 12-year-old school children were examined. The improvement was reported as 32.5%.

The report for the tenth year[3] showed still greater improvement: a reduction of 58% in DMF (decayed, missing, filled) teeth in Newburgh's favor. Apparently, that figure was arrived at by a sampling process which, although standard in public opinion polls, could hardly be calculated to give reliable scientific data. According to the report ". . . children were selected by taking every other child in the specific ages who was in the school census and who was present on the day of the examination."[3]

There are other discrepancies which suggest failure of scientific precautions in the conduct of the "study." In the three-year report Dr. Ast and his associates state of the two cities, ". . . their water supplies at the outset of this study were comparable and remained so, except for the addition of sodium fluoride to the Newburgh supply."[1] The accuracy of this statement may

(Continued on next page)

be judged by reference to signed statements by the water superintendents of the two cities (see Appendix A). It is to be noted that the Newburgh water contained 4.4 times the total dissolved solids of the Kingston water, including 6.73 times as much calcium and 4.7 times as much magnesium, essential components of normal tooth structure. In view of this discrepancy it is difficult to accept Dr. Ast's statement that at the beginning of the "study" the DMF rate was ". . . approximately 20 DMF teeth per hundred permanent teeth in both Newburgh and Kingston."[3] It is still more difficult to understand why, if such a discrepancy in essential tooth-building material had made no difference, the addition of a small amount of another substance which is not essential in tooth structure would make any difference at all.

On October 24, 1954, in the tenth year of the "study," Dr. James G. Kerwin, of the Department of Public Health in Passaic, New Jersey, wrote to Dr. John A. Forst, of the Bureau of Public Health Service of the University of the State of New York, requesting information on the condition of dental health of children of the subject cities. Dr. Forst's compilation, based on the same school group, differed sharply from the final official report of the "study," which was published a year and a half later. As may be derived from Dr. Forst's report (see Appendix B), actual percentages of dental defects for Newburgh children figure at approximately 63% in comparison with only 41% for Kingston children.

Other fluoridation "studies" were conducted in Grand Rapids, Michigan, Evanston, Illinois, and Brantford Ontario, Canada. Frederick B. Exner, M.D., explains regarding the Evanston "study": "(Dr. J. R.) Blayney . . . was trying to run an honest and scientifically respectable experiment. He refused to be pressured into making premature or unfounded claims. His findings were quite different from the others, and he said so. He was excoriated unmercifully at the Fourth Annual Conference in 1951 for being too honest. Since then we have heard nothing about there ever being an experiment at Evanston."[4]

Reviews of critiques of the Newburgh and other "studies" from a number of sources will appear in the following article.

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1. Ast, D. B., Finn, S.B., McCaffrey, I., *"Newburgh - Kingston Caries Fluorine Study I, Dental findings after three years of fluoridation,"* Am. J. Pub. Health, 40:716, 1950.
2. Ast, D. B., Finn, S. B., Chase, H. C., *"Newburgh - Kingston Caries Fluorine Study III, Further analyses of dental findings including the permanent and deciduous dentitions after four years of water fluoridation,"* JADA, 42:188, Feb. 1951.
3. Ast, D. B., Smith, D. J., Wachs, B., Cantwell, K. T., *"Newburgh-Kingston Caries Fluorine Study XVI, Combined clinical and roentgenographic dental findings after ten years of fluoride experience,"* JADA, 52:314, Mar. 1956.
4. Exner, F. B., Waldbott, G. L., *"The American Fluoridation Experiment,"* Devin-Adair, N.Y., 1961, P. 117.

APPENDIX A

On November 29, 1961, John F. Kingsley, Superintendent and Chemist for the Water Department of the City of Newburgh replied to Mr. Hardy's request for information by writing a letter addressed to Mr. Lee Hardy stating:

Dear Sir:

Following are the results secured upon the minerals analysis of the Newburgh water made before the addition of fluoride.

Ion or Radical	mg/liter*
Calcium	30.3
Magnesium	4.7
Sodium and Potassium as Sodium	3.5
Bicarbonate	70.8
Sulfate	31.6
Chloride	8.0
Silica	2.8
Iron and Aluminum Oxides	1.6
Total Solids at 103 C.	132.0
Total Hardness	95.0
pH—7.9	

Very truly yours,
John F. Kingsley

*Editor's Note: mg/liter is identical to parts per million

On November 28, 1961, Edmund T. Cloonan, Superintendent of the Kingston Water Department, wrote a letter to Mr. Hardy stating:

Dear Sir:

In reply to your request of November 25, 1961 relative to analysis of our water, we would submit the following Mineral Analysis as of the year 1946.

Mineral Analysis	P.P.M.
Silicon	3.8
Iron	.02
Calcium	4.5
Magnesium	1.0
Sodium	3.3
Potassium	0.5
Carbonate	0.0
Bicarbonate	10.0
Sulphate	11.0
Chloride	1.5
Nitrate	.60
Total Dissolved Solids	30.0
Total Hardness	15.0

Very truly yours,
Kingston Water Department
Edmund T. Cloonon

(Continued on next page)

APPENDIX B

UNIVERSITY OF THE STATE OF NEW YORK
Albany

October 26, 1954

Dr. James O. Kerwin
Department of Health
Municipal Building
Passaic, New Jersey

Dear Dr. Kerwin:

Your letter of October 21, 1954 requesting definite information in dental care in two specific communities has been received.

The specific information you desire is herewith itemized in accordance with reports forwarded to us by the two communities.

Kingston	
Enrollment	5403
Number of Pupils Inspected	5308
Number of Pupils With Defects	2209
Number of Pupils Under Treatment for Defects	1551
Newburgh	
Enrollment	5119
Number of Pupils Inspected	4969
Number of Pupils With Defects	3139
Number of Pupils Under Treatment for Defects	2072

If further information is desired, feel free to ask and we shall try to cooperate.

Sincerely yours,
John A. Frost. M.D.

Fluoridation Issue: HERE WE GO AGAIN

Reprint of an Editorial in the Los Angeles Herald-Examiner

Once again our City Fathers are hoisting the banner of mass medication with announcement of plans to fluoridate the public water supply. Repeatedly this issue has been considered—and defeated—by the Los Angeles City Council, responding to overwhelming opposition. Yet here it is again.

We do not argue relative dental benefits of fluoride. It should be, and is, available for those who want it. Our objection reflects the rights of citizens who do not want fluoride treatment forced on them.

Fluoride is potentially harmful in concentrated dosage, though proponents say dillution would render the chemical harmless. Experts concede, however, cooking could concentrate the chemical in dangerous amounts. When laboratory rats developed cancer from grossly weighted doses of other substances, those substances immediately were banned. Why not fluoride?

Or should decals be applied to every faucet in the city, warning of potential harm from using the product emitted therefrom?

A far more serious threat is inherent in the fluoridation issue, however. If such an additive is allowed, it merely opens the door for others, ostensibly for the "public good."

How long would it be, for instance, before the birth control contingent would plead for population control additives? Or when molecular biologists can pinpoint heredity factors, what would prevent creating a master race through manipulation of water content?

Perhaps tonic or vitamins could be added to thwart laziness and prevent malnutrition, or concentrated carrot juice to improve eyesight, or a little lime juice to ward off scurvy. Then we could spice the whole mess with influenza vaccine in flu season, antihistamines in hay fever season and aspirin or tranquilizers at income tax time – or whenever heavy political issues have the general public up-tight.

Certainly not everyone is subject to such afflictions, nor would everyone so afflicted want such a medication—but that's the whole point. Fluoride should not be mandatory for people personally, religiously or politically opposed to it.

Cost factors are minimized by fluoride proponents, who discount the initial $1 million plus as insignificant, compared with supposed dental bill savings. It does seem wasteful, however, to fluoridate water for swimming pools, bathtubs and lawn sprinklers, since all would be part of the same water supply. And perhaps gophers would have bigger teeth.

Finally, if the city councilmen cannot leave the fluoride issue buried, the place for its resurrection is on the ballot. Even without technical or scientific training, we believe the general public is competent to decide by vote a matter as personal as the water it drinks.

Shortly after the above editorial appeared in the *Los Angeles Herald-Examiner*, the following "Letter to the Editor" written by Dr. Granville F. Knight, a well-known and respected nutrition-oriented physician, whose remarks on the subject of fluoridation are equally appropriate.

Political Matter

Kudos to you for your excellent editorial, "Fluoridation Issue: Here We Go Again!" of Nov. 30.

It is most unusual for a major newspaper to oppose fluoridation since this is being pushed with our tax dollars by the U.S. Public Health Service and the American Dental Association.

Recent evidence substantiates that fluorides are one of the most serious contaminants of our ecological system. Since unwanted amounts are emitted by steel plants, cement and tile plants, fertilizer plants, gasoline cracking plants and others, it is only natural that industries would be delighted to make the fluoride ion respectable by convincing people that it is good for them and, therefore metering it into their water supply at one part per million.

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There is very important evidence that in several cities—such as Antigo, Wisconsin—that have been fluoridated for 12 years, the death rate due to vascular disease and heart disease has more than doubled. These statistics are incontrovertible.

Aside from toxic effects, which are well known and which include the fact that probably 1 per cent of those drinking fluoridated water will suffer severe illness and will never know the cause thereof, thinking people are beginning to realize that artificial fluoridation of community water supplies is completely unscientific.

The question of artificial fluoridation of community water supplies has no scientific basis whatsoever. It is purely political. Thanks again for your common sense editorial which should help to stimulate thinking, rather than a blind belief in "Big Brother."

Granville F. Knight, M.D.
Santa Monica

WE NEED INFORMATION

We are deluged with inquiries asking, "Where can I find a doctor who is nutritionally oriented and uses nutrition as a part of his treatments?" You can help us by sending in the names of such doctors you may know. If you have sent in names in the past, please do so again so that we may up-date our list. Be sure to include their full name, address, phone number, specialty and/or degree held.

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

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."

How Old Are You—*Really?*

By JAY PATRICK

The usual way of evaluating a person's age is by his years since birth, chronologically.

But this is only one way to assess you, an individual, we must remember, and sometimes the least important.

Some of the other ways are:

Biologically, the working of your body as a living, highly complicated, many faceted structure.

Pathologically, as your body has been affected, thrown out of balance (homeostasis), damaged by the diseases which have beset you through your life.

Physiologically, as your body is able to function effectively, based in part on your genetic inheritance.

Psychologically, in accordance with your mental attitude, what you believe yourself to be and, therefore, as you influence through your mind (psycho-somatically) the rest of your body to perform well, poorly, or indifferently.

Sexually, as you are both hormonally and mentally able to respond to the opposite sex and, thus, to experience the excitement, the relaxation of the body, the renewal of the whole being that is attendant to a happy union.

Emotionally, as you feel for those about you—and give yourself in the service of others. "As we give, so shall we receive."

Motivationally, as you find some significant role for yourself in society, as you have grown to experience joy and self-fulfillment in doing your best.

We read in the Old Testament of the Bible about people who lived to be 600 or 700 years old. Such longevity has not been explained. Some say that the method of counting the years must have been quite different.

In modern times, in isolated areas, there are a few people who live to the 130 or more years old.

Biochemist Irwin Stone in "The Healing Factor—Vitamin C Against Disease" points out that with the proper long term use of ascorbic acid (vitamin C), the life span of man might be extended to unimagined lengths. He also believes that ascorbic acid can prevent or alleviate many of the ills of old age.

Stone shows that homosapiens carry a defective gene for making one of the enzymes involved in transforming blood sugar into ascorbic acid. If he did not suffer from this genetic defect, he would be able to make vitamin C (ascorbic acid) in his own liver out of the glucose circulating in his blood. Thus, based on the mammalian output of this essential substance, Stone calculated that man should supplement his diet with about 3 to 10 grams of "C" daily.

The cave man usually died in

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his 20's, often much sooner, scientists tell us. Not many Romans in the time of Caesar got much beyond their 30's.

So we have made progress with the life span since the cave man, but maybe we have a lot farther to go.

Because we have drastically reduced infant mortality during this century, we seem to think we have increased general life expectancy.

In 1789, Stone reminds us, a man at age 60 could usually managed to live until he was about 74. Now, due to all our scientific advances in medicine, life expectancy at age 60 is still 74 years. Not very much progress, in over 180 years!

So there remains much more that we can do both to improve the length of life and the quality of life.

The distinguished researcher, Dr. E. Cheraskin, co-author of *New Hope for Incurable Diseases, Predictive Medicine*, and many other books, observes that generally the man who reaches an advanced age has usually enjoyed good health as well. "You can't have one without the other."

Ours is a youth-oriented society, we have been sternly told, worshipping the young face, the svelt figure, the vigor of the first few decades.

But I do not find this wholly wrong. Certainly, as a man thinks of himself as old, his body has a tendency to conform to his thoughts.

We don't yet know much about why the body ages. It is a very personal matter, though, varying enormously with each individual in accordance with his genetic inheritance, his environment, and the aspects of aging discussed.

Some day scientists will find most if not all the secrets of longevity. When they do, many people should be able to live several hundred years, barring war and increased pollution.

But we already know a few of the secrets of long life.

Women are rediculed for the many hours they spend at the beauty shop, trying to keep themselves looking young. (But women usually outlive men!)

I think we need beauty shops—and that men should have some spots that go a little farther than the average barber shop. But I also believe we should concentrate more on feeling young, rather than on painting ourselves young.

Of course some of us have taken the recommendation for longevity of the late Dr. Oliver Wendell Holmes: "Choose ancestors who lived to an old age."

As to our environment: There is often in our early years not much that can be done about it. Later: It's possible. (I find my own life renewal in the comparatively clear air of the desert, away each week as quickly as possible from smog laden Los Angeles.)

So, based on our genetic inheritance and our environment, we are what we eat, what we do, and what we think. — And the chronological age is only one way of evaluating the whole person.

Protein Vs. Protein

By IDA HONOROF
Consumer Advocate

For years most of us blindly accepted the fixed cultural attitude that non-meat protein sources were inferior. The fact remains that eating from the earth would maximize the earth's potential, minimize the disruption of the earth, meet man's nutritional needs and be able to sustain us all.

Between ⅓ to ½ of the continental land surface is used for grazing. An acre of cereal can produce 5 times more protein than an acre devoted to meat production. Legumes (peas, beans, lentils) can produce 10 times more, while leafy vegetables produce 15 times more. Spinach produces 26 times more protein per acre than beef.

More so than any other nation on earth, the United States is endowed with all the complex requirements for high agricultural production. One-half of the harvested agricultural land in the United States is planted with feed-crops and 78% of our grains is fed to grazing animals, the largest percentage of any country in the world. The Soviet Union feeds only 28% of its grains to animals. In developing countries, the percentage ranges from 10 to 0.

In her book, *Diet For A Small Planet*, Frances Moore Lappe reports that in 1968, U.S. livestock (minus dairy cows) were fed 20 million tons of protein primarily from sources that could be eaten directly by man. This 20 million tons does not include alfalfa, hay and low-grade by-products feeds. It does not include the wheat germ that is "left over" after making white flour. It does not include 950,000 tons of fish-product fed to our livestock in 1968. It only includes the protein from most of our domestically used grain. 89% of our corn; 98% of our grain sorghum crop; 95% of our unexported soybean crop; 87% of our oat crops; 64% of our barley and a goodly amount of the wheat and rye harvest.

The protein production ratio for beef and veal in North America is 21 to 1. A cow is fed 21 pounds of protein in order to produce 1 pound of protein for human consumption.

Excluding dairy cows, the average ration for protein conversion by livestock in North America is 10-1-. Applying this ratio to the 20 million tons of protein fed to livestock in 1968 (in U.S.) we find that only 10% or 2 million tons was actually retrieved as protein for human consumption. In one single year based on this consumption pattern, 18 million tons of protein becomes inaccessible to man. This would then account for 90% of the yearly world protein deficit, enough protein to provide 12 grams per day for every person in the world.

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Roy M. Kottman, Dean of Agriculture (Ohio State University), estimates that 40% of world livestock production is derived from vegetable sources suitable for human food. If this were made directly available to man, the world food supply would therefore be increased by 35%.

Former U.S. Assistant Secretary of Agriculture states that, "Just reducing our livestock population by ½ would release about 100 million tons of grains for human consumption." In the USDA's booklet: "War On Hunger," the following: "One billion people in the developed countries use practically as much cereals for feed, to produce animal protein, as the 2 billion people of the developing countries use directly as food."

The Pesticide Monitoring Journal informs us that "Foods of animal origin continue to be the major source of chlorinated organic pesticidal residues in the diet," in spite of the fact that food categories like dairy products, meat, fish and poultry received little if any direct application of pesticides during the period the monitoring was done. The precautions taken to avoid beef contamination with pesticide residues have proven to be ecologically meaningless. Meat, fish and poultry contain more chlorinated pesticides than do dairy products, and about 13 times more than grains, cereals, potatoes, leafy vegetables, legumes, root vegetables and fruits. The pesticides used generally on agricultural products (specifically the organo-chlorine variety) find their way into the body fat of higher organisms.

We all recognize importance of protein and how it relates to the body physiology. Protein is the substance from which the body makes or replaces actual body structures. Your blood is protein, your tissues, organs, skin, hair, nails, your bones are protein which support the minerals that give them strength. The fluids you secrete are protein, so are your hormones and enzymes. Your nerves and brains are also made of protein. After you have eaten protein, the digestive juices of the stomach and intestines go to work and break it down into amino acids. Your body's digestive juices, the enzymes and hormones, have the function of combining and putting the amino acids together to form parts of your body. Some go into making your fingernails, some will go to the brain, some will be transferred to a gland which forms the hormones.

Dr. Roger Williams, author of *Nutrition Against Disease,* suggests that we develop "BODY WISDOM" which involves more than just being aware of how you feel . . . your energy level . . . general health and temperament. It involves being a wise observer of your body's condition. Your nails, hair and skin, which requires newly synthesized protein for growth and health, are generally a good indication of whether or not you are getting sufficient protein. If you have abrasions which do not heal quickly, you are definitely lacking protein in your diet.

Frances Moore Lappe points out that since there is a great deal of mythology surrounding protein sources, you must first think straight about the useful distinctions. Those who insist on the superiority and indispensability of meat, base their arguments on both the large quantity and high quality of meat-protein, and see plant protein as inferior on both counts, and think of animal and vegetable protein as composing two separate categories. This is a grave error.

The Protein Quality Scale (NPU or Net Protein Utilization values) range from 40 to 94%. Animal protein occupies the highest scale, but MEAT IS NOT AT THE TOP. It places slightly above the middle with an average NPU of 67. Eggs are at the top—NPU-94 and milk with an NPU of 82. The NPU of plant-proteins generally range lower, between 40 and 70. However, protein quality in soybeans and whole grain rice approach, and even overlap the NPU values for meat. The general distribution of animal protein (high on the NPU scale) and plant protein (lower on the scale) tells us that the proportions of essential amino acids found in most animal protein, more nearly match human requirements, than proportions commonly found in plants, which means that you need to eat proportionately less meat-protein than plant-protein to be assured of essential amino acid requirements.

High quality protein dairy products provide better NPU values than meat, but this alternative might be gastronomically dull. Combining different plant sources in the same meal might be the solution, eating a variety of protein sources increases the protein value of the meal. (Wheat and beans together increases by 33% the protein actually usable by the body, bearing out the concept that the whole is greater than the sum of its parts.)

Frances Moore Lappe in *Diet For A Small Planet* strives to provide a realistic view of the wide variety of nutritious food sources which can replace the culturally fixed idea of the absolute supremacy of meat. "You can minimize the amount of ecologically concentrated pesticides and heavy metals by eating low on the food chain. Even if this concept is erroneous, and no real health hazards accrue from this period of environmental pesticide saturation, then no harm has been done. If time shows that accumulated pesticide residues do produce damage to humans, (which we may not fully know for another 10 or 20 years) then you may be grateful you heeded this cautionary note."

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Book Reviews

BORN TO LIVE – T. C. Mann, D.O. and Joseph Gabrielsen (New York: Exposition Press, Inc., 1973; 120 pp.) $5.50

Born To Live is a good introductory book on health as related to diet. The statements and examples of the authors concerning dangers of improperly grown food (and hence poorly fed animals and undernourished people) are simple and easy to grasp.

*

BODY POLLUTION – Gary Null and Staff (New York: Arco Publishing Co., Inc., 1973) Biblio. & Index. $5.95

Body Pollution differs from most books on nutrition and related subjects by virtue of its variety of topics and its suggestions on how to try to best live with some of the pollution which is almost inescapable to all of us. After covering the topics of additives, carcinogens, synthetics and substitutes, drugs, etc., this book not only makes recommendations for proper diet, but also for ways to cleanse the system. For such a short book (214 pp.), it is surprisingly comprehensive. The only defect might be its lack of emphasis on the fact that in the chapter on fasting, there is little said that there can be serious dangers in fasting, and that it is probably unwise to attempt a fast without supervision.

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THIS IS THE NATIONAL HEALTH FEDERATION

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

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

Dorothy B. Hart — Treasurer

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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.

COMING NHF CONVENTIONS

Phoenix — Ramada Inn East ..... **March 16-17**
Honolulu — Princess Kaiulani ..... **April 27-28**
New Orleans — Braniff Place ..... **April 27-28**
San Diego — El Cortez Hotel ..... **May 18-19**
Houston — Mariott Hotel ..... **May 25-26**

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