National Health Federation
BULLETIN

NOVEMBER, 1974
35c

FDA Denies Food Labeling Petition
- Page 5 -

SENATE VOTES 81 TO 10 To Adopt Sen. Proxmire's Legislation TO NULLIFY FDA's FOOD SUPPLEMENT REGULATIONS

- Details on page 2 -

H.R. 16317: A Detailed Analysis of a Bill Potentially More Restrictive and More Dangerous Than FDA's Food Supplement Regulations
- Page 7 -

Dedicated to the Protection of Health Freedoms

THE
NATIONAL HEALTH FEDERATION BULLETIN

Protection of Health Freedoms — *Published Monthly*

Volume XX — Number 10 — November, 1974

CONTENTS

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

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

Who's Who In The Food Supplement Battle

We have never before witnessed an educational program as effective as the letter writing drive carried on by NHF members to awaken the American people to all aspects of the food supplement freedom fight. The numbers of letters which neighbors and friends were asked to sign resulted in a great awakening that no one will be able to fully measure for some time.

Unfortunately we don't move to educate our fellow citizens on vital issues until a project is at hand. Certainly the food supplement issue indicated that the moment of truth had arrived when a message of individual rights in health matters needed to be sounded from the housetops. The National Health Federation members and friends understood that it was indeed a moment for action!

When the Proxmire-Hosmer bills were proposed, it was evident that the solution to restrictive FDA food supplement regulations was available. We have never seen such dedication on the part of our members.

If we can mount this type of effort on major issues in the future we will win victories faster than we have any right to hope for. After substantial support was gained for the Hosmer bill in the House of Representatives, members from Florida and other states increased their efforts asking Rep. Paul Rogers, Chairman of the Health Subcommittee, and other Committee members to cosponsor this important legislation and schedule hearings.

Paul Rogers' staff, bowing to FDA pressure, let it be known that hearings would never be held on the Hosmer bill. Thanks to a growing dedication on the part of concerned Americans and ever-increasing pressure, hearings were scheduled. Seven of the eleven-member subcommittee by this time cosponsored the Hosmer or related bills. The requests began pouring into the Paul Rogers subcommittee to hold a mark-up session on this legislation which had gained so much public and congressional support.

Finally, a date for mark-up sessions was granted. About this time Paul Rogers and his staff proceeded with some fancy footwork. In the mark-up session it was announced that the bills which had been heard in the previously scheduled hearings would not be considered! But rather, points which the Chairman and the FDA felt should be included in a bill

(Continued on next page)

would be written up and presented in the form of a new substitute piece of legislation. This clever maneuvering to by-pass the wishes expressed by millions of Americans and only opposed by monopolistic institutions, was carefully drawn up after hours of detailed planning between Congressman Paul Rogers' staff and Peter Hutt, Chief Counsel for the FDA. Benedict Arnold would have been very proud of this achievement!

The new bill – H.R. 16317 – was then proclaimed by Paul Rogers, Chairman of the Health Subcommittee, House of Representatives, as a proper alternative to the Hosmer-Proxmire type bills. CONSUMER BEWARE!

You have read in earlier pages of the *Bulletin* the evaluations made by attorneys skilled in food and drug law and other health matters. They have sounded an alarm.

When Congressional committees refuse to hear the cry of the American people for justice, while turning to monopolistic interests for their help and guidance – IT IS TIME FOR US TO REDOUBLE OUR EFFORTS.

Our impact has been felt – We will continue to fight for what is right. Victory will be ours if we continue to hold to our reliance on truth and maintain our faith in freedom with dedication to match.

LATE BULLETIN

Senate Adopts Proxmire Bill, 81 to 10

The U.S. Senate by a vote of 81 to 10 on September 24 adopted the Proxmire bill (S. 2801) as an amendment to the health manpower bill then on the floor for a vote. The rules of the Senate permit tacking on, as an amendment to the pending bill when it is on the floor for a vote, another measure completely unrelated to the original bill. In this way, committee action may be by-passed. This type of action is not permitted in the House. Although the Senate Subcommittee on Health had held two days of hearings on S. 2801, it remained doubtful that the subcommittee would take action on the bill before the close of this session of Congress. For this reason, Senator Proxmire offered his bill as an amendment to the health manpower bill when it was brought onto the floor for vote.

This constitutes a substantial victory for the proponents of legislation which would all but nullify the pending FDA dietary supplement regulations. It is an important victory even though the Senate bill, especially with the Proxmire amendment, may not be voted on in the House this year. At the very least, the Senate action should serve as a firm notice to FDA of the attitude of Congress concerning the FDA regulations.

The Problem Of 'Proximity'

The following is a portion of the Statement of Clinton R. Miller, NHF Legislative Advocate, presented to the Senate Subcommittee on Health in connection with the subcommittee's hearings on S. 2801, the "Proxmire bill" which, in effect, would negate the pending FDA dietary supplement regulations:

As the Senate Subcommittee hearings opened, one of the first questions involved in the instant controversy was asked by Senator Kennedy of Senator Proxmire. It had to do with the problem of "PROXIMITY" of an advertisement in a magazine to a non-ad article describing the health needs and advantages of taking the product. Senator Kennedy drew attention to a copy of *Prevention* magazine which extolled the value of zinc as a nutrient and as a food supplement and then noted that an advertisement for zinc was conveniently inserted on a page in the middle of the article. No one suggested that the ad was false, fraudulent, or misleading.

We know the Federal Trade Commission and the Post Office Department have done a splendid job in this regard. In fact FDA has re-emphasized the adequacy of the FTC in regulating ads over and over in the House vitamin hearings.

What then is criminal about placing an ad for a specific product next to an article extolling the virtue of that article in general terms? If it is a crime, it is probably repeated more times in America than any other crime currently on the books. Photography magazines have glowing articles about cameras and other photographic equipment advertised in the same periodical. The same applies to travel magazines, motorcycle magazines, fashion magazines, golfing magazines, tennis magazines, boating magazines, and radio magazines, etc., etc. The real estate sections and book review section in newspapers are followed by advertisements for homes and books. Ditto for the ads and articles for movies. Most trade journals have some kind of critical or glowing articles about the products accepted or refused for advertising. The "PROXIMITY" of the ad to the article has never been even considered as a crime . . . until now. What is so ominous about a health magazine which writes articles about nutrients and takes ads for the same. Why should the close "PROXIMITY" of ads be forbidden when it is wanted and needed by consumers. Fraud, not "PROXIMITY" hurts consumers.

Proxmire on "Proximity"

Senator Proxmire had the right answer. He said the ad was prop-

(Continued on next page)

erly regulated by FTC and the article was covered by the First Amendment.

The National Health Federation deeply appreciates the candor and directness of Senator Kennedy, who, as chairman, brought this festering issue out into the open where it can be weighed openly by the Congress and consumer.

We urge that the article on zinc and the ad for it be included as part of the record.

We also offer as Exhibit X an article in the June 1974 *Prevention* magazine, p. 20, entitled, "What *Prevention* Advertising Means To You."

On page 33 of the same issue of *Prevention* (June) is a compelling article entitled "Bone Cancer and Your Children" by Harald J. Taub. The tragic death of Adelle Davis, of bone cancer, recently has caused many students of the nutritional practices she recommended to wonder if there was a relationship between any of these practices and her bone cancer. This article hints at such a relationship and talks of a substance, *alginate*, which one might consume daily to lessen the risk of long-life-strontium 90 which we are being exposed to in increasing amounts with the proliferation of nuclear power plants. Milk, which was advocated by Adelle Davis to be consumed in large quantities by adults, as well as children, is a "gatherer" of radioactive strontium which the article informs us "is the only known cause of bone cancer." The author states: . . . "There is an easily obtainable material, algin, which can be added to the diet simply by using it as a thickening agent in cooking, that will actually protect the body against radioactive strontium in the air and most threatening, sporadically, in the milk in certain high threat regions. If our children got a little in their diets every day, it would surely sharply reduce the incidence of bone cancer and conceivably might even eradicate it. Yet except for my book, *Keeping Healthy In a Polluted World*, and a few articles we have published in *Prevention*, who has told the public anything about algin?"

Advertising Serves Consumers

Who indeed? I had never read about it, until the *Prevention* article. May I add another question? Who has told the public where to buy it? I wish there had been an ad *in close proximity* to the article. After reading the article, I looked and looked hard to find an advertisement for sodium alginate or algin. I was upset that I couldn't find one! I want to know where to buy it! I believe many other consumers may, also. Yet there was no ad (or I have missed it). I finally found a health store in Washington, D.C. which has 100 tablets for $3.25. But, I want the bulk form too! It is my opinion that other consumers feel much the same as I do. They *want* the ad in *close proximity* to the news account describing it. This should be encouraged, not discouraged by government, and certainly not made a criminal offense as H.R. 16317 would allow. If there is fraud, we have laws to protect us. But where there is valuable research, good reporting, then the next step is to help the consumer buy the product.

Government Attempting To Exceed Its Functions

The government should not be concerned with things other than safety, fraud, filth, and false and misleading labels, labeling, and advertising. FDA is proposing to go a long, long, long, long way beyond these proper functions of government. They want to interfere with the decision making process of citizen consumers by adding their editorial evaluation to every article on health written in any magazine carrying advertising and then dictate who may advertise what — where.

NHF's *Bulletin* would not be affected because we don't, never have, and never will accept an ad from anyone. This leaves NHF free to defend the rights of the health magazines who do have advertising not only to accept advertisements but actively solicit them from food supplement manufacturers who sell products similar to those advocated by the magazine.

FDA Denies Food Labeling Petition

The Food and Drug Administration has denied a petition requesting that FDA require warning labels on packaged foods that do not list all ingredients.

Last December, 37 members of Congress and nine consumer groups petitioned FDA to order food processors to include a label statement reading, "Warning: Unlabeled ingredients contained in this product." FDA Commissioner Alexander M. Schmidt, in denying the petition stated that such a warning would "confuse and mislead consumers." He did not explain how giving only a partial list of ingredients (assumed to be a complete list by the consumer) could do other than mislead consumers, if not constitute an outright deception.

The petition said such a label warning, in the absence of a complete listing of ingredients, is needed by "millions of Americans with allergies, high cholesteral levels, dietary problems and certain religious beliefs." It cited the case of a boy known to have an allergy to peanuts who died in 1972 after eating ice cream containing peanuts. The peanuts were not listed as an ingredient.

Schmidt said also that it is doubtful that most buyers "even read the relatively simple statement of ingredients available today." This undoubtedly is true but in no way lessens the need for a complete listing of ingredients or the warning statement for those consumers who have a specific need to know the ingredients.

NHF Files Amicus Curiae Brief In Vitamins A and D Case

The National Health Federation has filed a brief as Amicus Curiae (friend of the court) in the action initiated by the National Nutritional Foods Association and Solgar, Co., Inc. vs. the Food and Drug Administration, challenging the vitamins A and D regulations made effective October 2, 1973.

The action was first filed by NNFA, and subsequently heard, in the U.S. District Court for the Southern District of New York. The decision ruled in favor of the FDA and was otherwise unsatisfactory to the plaintiffs and thus the NNFA and the Solgar, Co., Inc. filed an appeal in the U.S. Court of Appeals for the Second Circuit where it now awaits action. It was at this point that NHF filed its Amicus Curiae brief with the appeals court. This is the same court which, on August 15, 1974, rendered its decision concluding its review of the pending dietary supplement regulations.

The NHF brief concentrates on two points, namely, (1) The regulations under consideration are arbitrary, capricious, and unreasonable, and (2) FDA exceeded its legal authority in issuing the regulations under consideration. The brief points out that the regulations were made final without a public hearing and that in the text accompanying the regulations, the Commissioner (of FDA) concludes that an over-consumption of Vitamin A and Vitamin D can result in toxicity, but nowhere in the final order does the Commissioner give any finding as to what amounts of Vitamin A or Vitamin D are toxic, dangerous or unsafe and that, therefore, the Commissioner's action was completely arbitrary when he established 10,000 I.U. and 400 I.U. as the respective upper limits at which these vitamins may be procured without a prescription. Accordingly, NHF submits that the agency's action in the matter was in excess of any authority granted by Congress.

Hospital Diets Lead To Malnutrition Says Doctor

The rate of starvation in American hospitals is higher than even the most impoverished ghettos in the United States.

So claims Dr. G. L. Blackburn of the Harvard Medical School, who told a meeting of the American College of Surgeons that hospital diets lack body-building proteins for patients who have undergone surgery or for the critically ill. Sugar and water diets are used extensively. "When they can eat again, they get gelatin and fruit juice," he said. "As a matter of fact, if we looked at hospital patients, their rate of malnutrition would not be much better than that of underdeveloped countries."

H.R. 16317: A Detailed Analysis

During the current session of Congress, 234 members (a majority) of the House of Representatives have introduced, or cosponsored, bills which, in effect, would negate the pending FDA dietary supplement regulations. The original bill was introduced by Rep. Craig Hosmer and cosponsored by scores of his colleagues. Other congressmen introduced similar bills, differing only in minor details. All the bills were short, concise and understandable, and sought only to establish a legal definition of *dietary supplement* and *foods for special dietary use* (using verbatim FDA's own definition established by regulation in 1955) and to prevent the FDA from imposing regulations which would limit the number, combination or potency of ingredients in dietary supplements except where harmful to health.

The enactment of the Hosmer or any of the related bills would have thus insured the freedom of choice to purchase safe food supplement products, honestly labeled, without bureaucratic dictation as to their nutritional composition. None of the bills introduced would have altered FDA's present authority to remove harmful or fraudulently labeled products from the market place.

It is especially noteworthy that during the current session of Congress alone, members of Congress have received approximately one million letters urging their support of the type of bill introduced by Rep. Hosmer, and later, by Senator Proxmire in the Senate. In response to this unprecedented grass roots support for such legislation, 234 members of the House, including eight of the eleven members of the House Subcommittee on Public Health and Environment, sponsored or cosponsored a Hosmer-type bill. Under these circumstances, it would be reasonable to expect the subcommittee to consider such overwhelming support as a mandate to report out a bill essentially identical to the Hosmer or related bills. Such expectation does not seem unreasonable in a nation under a system of government purportedly *by* the people and *for* the people.

What actually happened however, is enough to shake one's faith in our democratic system of government. Instead of reporting out a bill introduced by more than a majority of the House members, the subcommittee permitted its staff members, who are basically hostile to the Hosmer-type bills, to work in conjunction with the FDA in drafting an entirely new bill bearing only slight resemblance to the Hosmer-type bills, and fails to accomplish the objective of the Hosmer and related bills. Contrarily, the "substitute" bill (H.R. 16317) would greatly add to the power of FDA to regulate dietary supplements.

H.R. 16317 has been cleverly drafted to "sound good" to the

(Continued on next page)

casual reader who is unable to relate it to the entire Food, Drug and Cosmetic Act. The bill must be studied in context with the entire Act, for only then do the "Hazards" of the bill become apparent. It has been presented as a "compromise" bill, yet three attorneys who specialize in food and drug law have warned that enactment of the bill into law would do more to destroy the health food industry than would the FDA's pending regulations.

Unfortunately, many in the health food industry have not yet realized all the implications inherent in H.R. 16317 and although they realize the bill is not perfect, they appear ready to support it as being better than no bill at all. Undoubtedly this is precisely what FDA had hoped for. NHF has not fallen for this sophistry, however, and does not accept the concept that a bad bill is better than no bill at all. If the NHF leadership were to support H.R. 16317 in its present form, without the bill being drastically amended, NHF would not be worthy of the trust placed in the organization by the thousands who have supported, financially and otherwise, NHF's fight for the enactment of a fair and just bill which would preserve their freedom to purchase and use safe dietary supplements of their choice.

Clinton R. Miller, NHF's legislative advocate, working in conjunction with Kirkpatrick W. Dilling, NHF's counsel in the food supplement matter, has prepared a detailed analysis of H.R. 16317 in a letter for distribution to members of Congress. That letter, along with a reprint of H.R. 16317, follows:

Dear Congressman:

H.R. 16317, if enacted, could prove worse than the oppressive Food and Drug Administration's vitamin regulations it is intended to correct!

The National Health Federation strongly opposes H.R. 16317, and redoubles its support for the Proxmire-Hosmer type bills for the following reasons:

1. H.R. 16317 would wrongfully permit FDA to classify, then regulate, combinations and potencies of vitamins and other food supplements as "dangerous" prescription-only drugs. (See lines 7 and 37-40 inclusive of the bill.)

2. H.R. 16317 discriminatorily would permit continued sales of nutritionless "junk foods" in all forms, such as powders, flakes, crystals, liquid beverages, creams, pastes, wafers, biscuits, chips, etc., while nutritious food supplements would be covered by the bill only in tablets, capsules, or liquid drop form! (See lines 8-10, 13-25, 27-28, and 77-80 of the bill.) Dr. Linus Pauling and other authorities have noted that dietary supplements in crystals, powders, and other bulk forms, in addition to being more economical, are better for the individual than tablet or capsule forms because they eliminate unnecessary additive binders, fillers, and coatings otherwise needed to keep tablets intact, and which may also interfere with the assimilation of the contents.

3. H.R. 16317 would give FDA power it now lacks to classify vitamins and minerals as prescription-only drugs based primarily on potency and would needlessly give FDA power to bar vitamin or other food supplements now available for use by children or pregnant or lactating women. (See lines 11-19, 37-38, and 41-44 of the bill.)

4. H.R. 16317 substantially abrogates FDA's own long-standing (since 1955) definition of "food for special dietaary use" (and which is a key provision of all the "Proxmire-Hosmer" type bills), substituting a "watered-down" version which would make possible barring special dietary foods for the aged, for nutrition-related pathological conditions, and nutrition-related disease situations, among others. (See lines 55-66 of the bill.)

5. H.R. 16317 would make possible classification of vitamins and minerals as "food additives," although they are and always have been foods. Various products could thus be banned as "unapproved" food additives. (See lines 33-36 of the bill.)

6. In effect, the scope of H.R. 16317 is limited to vitamins and minerals, thus excluding other essential nutrients such as protein, various amino acids, unsaturated fatty acids, and the like. This arbitrary exclusion of nutrients would even negate the recent (August 15, 1974) judicial ruling of the U.S. Court of Appeals for the Second Circuit, wherein the Court specified that a dietary supplement could include *all essential nntrients.* (See lines 8-10 of the bill.)

7. H.R. 61317 would facilitate discrimination against various natural dietary supplements currently available to the consumer, by unnecessarily requiring labeling and advertising to preclude prominence or emphasis to any unique qualities of ingredients. Thus a true statement as to the superiority of a natural factor could be barred, for example. (See lines 24-32 of the bill.)

8. H.R. 16317 would give FDA, for the first time in history, control over advertising of food supplements while continuing Federal Trade Commission powers over the same subject matter. The bill would bring about absolute criminal liability as to advertising without intent as a factor. Seizure and injunctive powers would also be vested in FDA as to advertising of dietary supplements. On the one hand, advertising of over-the-counter drugs and thousands of foods would be exempt from these FDA powers. (See lines 27-33 and 72-91 of the bill.)

Please oppose H.R. 16317 and give your support for immediate enactment of a "Proxmire-Hosmer" type bill (S. 2801 or H.R. 10095).

Sincerely yours,
The National Health Federation

H.R. 16317

A BILL

To amend the Federal Food, Drug, and Cosmetic Act to establish certain limitations respecting the authority of the Secretary of Health, Education, and Welfare to regulate certain foods for special dietary use under that Act, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Section 1. (a) Chapter IV of the Federal Food, Drug, and Cosmetic Act is amended by adding after section 409 (21 U.S.C. 348) the following new section:

VITAMINS AND MINERALS

Sec. 410. (a) (1) Except as provided in subsection (b)—

(A) the Secretary may not establish maximum limits on the potency of any synthetic or natural vitamin or mineral within a food for special dietary use which is intended for ingestion in tablet. capsule, or liquid form;

(B) the Secretary may not classify any vitamin or mineral as a drug solely on the basis of the potency of the vitamin or mineral; and

(C) the Secretary may not limit the combination or number of any synthetic or natural—

(i) vitamin,

(ii) mineral, or

(iii) other ingredient of food,

within a food for special dietary use which is intended for ingestion in capsule, tablet, or liquid form

For purposes of this subsection and section 403, a food for special dietary use shall be considered as intended for ingestion in liquid form only if it is formulated in a fluid carrier and it is intended for ingestion in daily quantities measured in drops or similar small units of measure.

(2) A food for special dietary use which is intended for ingestion in tablet, capsule, or liquid form shall not be deemed under section 403 to be misbranded solely because its label bears, in accordance with section 403 (i) (2), all the ingredients in the food. The labeling and advertising for any food for special dietary use which is intended for ingestion in tablet, capsule, or liquid form may not (A) list its ingredients which are not vitamins or minerals unless such ingredients (i) are listed in a list of all the ingredients of such food, or (ii) are subject to a regulation promulgated under section 403 (j), or (B) give prominence or emphasize the list of ingredients.

(b) (1) Subsection (a) (1) shall not apply in the case of a vitamin, mineral, or other ingredient of food which is (A) deemed adulterated under section 402, or (B) represented for a use with respect to which the vitamin, mineral, or other ingredient is an unsafe food additive under section 409.

(2) Subsection (a) (1) (B) or (a) (1) (C) shall not apply in the case of a vitamin, mineral, or other ingredient of food which—

(A) the Secretary requires by regulations promulgated under section 503 (b) (1) to be dispensed only upon prescription, or

(B) the Secretary determines is represented for use by children or pregnant or lactating women.

For purposes of subparagraph (B), the term 'children' means individuals who are under the age of twelve years.

(c) (1) Vitamins, minerals, and other ingredients of food shall be subject to all other provisions of this Act according to their terms, except as specifically provided by this section.

(2) A food for special dietary use which under section 201 (g) is also a drug shall be subject to the provisions of chapter V according to its terms.

(3) Subsection (a) (1) (A) shall not be construed to limit the authority of the Secretary to establish maximum limits on the potency of a synthetic or natural vitamin or mineral if such limits are prescribed in a regulation promulgated under section 503 (b) (1) requiring the vitamin or mineral to be dispensed only upon a prescription.

(d) For purposes of this section, the term 'special dietary use' as applied to food used by man means a particular use for which a food purports or is represented to be used, including but not limited to the following:

(1) Supplying a special dietary need that exists by reason of a physical, physiological, or other condition, including but not limited to the conditions convalescence, pregnancy, lactation, infancy, allergic hypersensitivity to food, underweight, overweight, diabetes mellitus, or the need to control the intake of sodium.

(2) Supplying a vitamin, mineral, or other ingredient for use by man to supplement his diet by increasing the total dietary intake.

(3) Supplying a special dietary need by reason of being a food for use as the sole item of the diet.

(b) The Secretary of Health, Education, and Welfare shall amend any regulation promulgated under the Federal Food, Drug, and Cosmetic Act which is inconsistent with section 410 of such Act (as added by subsection (a)) and such amendments shall be promulgated in accordance with section 553 or title 5, United States Code.

Sec. 2. (a) (1) Section 403 (a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 343 (a)) is amended by inserting before the period at the end the following: "or, in the case of a food for special dietary use (as defined in section 410 (d) which is intended for ingestion in tablet, capsule, or liquid form, its advertising is false or misleading in any particular."

(2) Section 403 (j) of such Act is amended by inserting after "label" the following: "(or in the case of a food for special dietary use (as defined in section 410 (d)) which is intended for ingestion in tablet, capsule, or liquid form, its advertising)".

(b) Chapter VII of such Act is amended by adding after section 706 (21 U.S.C. 376) the following new section:

ADVERTISING OF A FOOD FOR SPECIAL DIETARY USE

Sec. 707. Before initiating any action under chapter III with respect to any food for special dietary use which is deemed to be misbranded under section 403 (a) or 403 (j) because of its advertising the Secretary shall consult with the Federal Trade Commission and, for the purpose of avoiding unnecessary duplication, coordinate such action with any action taken or proposed to be taken by the Commission under the Federal Trade Commission Act.

(c) The amendments made by subsection (a) shall take effect one hundred and eighty days after the date of the enactment of this Act.

The National Health Federation Memorial Library

By FRED J. HART

At long last we are able to report to you, our members, that the National Health Federation Memorial Library, incorporated as a not-for-profit organization, has been completed and is now in operation. The purpose of the NHF Memorial Library is to act as a repository for valuable books, either orthodox or unorthodox, that have to do with the healing of the human body and with health freedom. In addition, the library will house legal briefs and other records having to do with significant food and drug and health rights cases, transcribed testimony before legislative hearings, records of FDA regulatory actions, and an extensive collection of tape recordings of outstanding addresses delivered at NHF conventions. There are many valuable small and large libraries throughout the country owned by researchers in this field and which, when the owners pass away, will become lost to future generations. It is our hope that many of these libraries will be willed or given to the NHF Memorial Library to be preserved for future generations and for researchers. It will not be the function of this library to loan or rent books. However, the books, records, etc. will be available for study in the library by researchers, attorneys, students, and all others who are sincerely interested.

We are very happy to announce that the NHF Memorial Library has already received a great many valuable books and the promise of a number of large and valuable libraries from certain individuals. For example, Charles Orlando Pratt is leaving his extensive library covering legal matters relating to Food and Drug activities over the last thirty years. This library will be housed in a walled-off section of the NHF Memorial Library and will have a plaque over the entrance, as follows: The Charles Orlando Pratt Memorial Legal Library. Other sections will be added to this section as libraries are willed to the Federation. For example, we are assured of receiving one of the most outstanding, privately-owned libraries on nutrition that we know of.

As the National Health Federation Memorial Library is a not-for-profit institution, it enjoys tax exemption on gifts of property or funds. It is not our intention to make any drive for funds, trusting that sufficient money will be donated to carry the expenses of day to day cataloging of books.

If a donor does not have enough books in his collection to warrant a special room, it is our purpose to dedicate shelves of books to the memory of the donor with a proper plaque showing in whose memory the books were donated.

We do not know of any such library in the country, and we are very hopeful that our members will appreciate its value to present and future generations. Many of the books that we will receive, and have received, are very valuable and are out of print. Without such a library as this as a perpetual repository for these rare books, they would be lost to future generations. Please give this matter your prayerful thought. We would appreciate any suggestions that you think might improve this project.

How To Prevent Your Baby From Getting An Overdose Of Fluoride From Baby Formulas

By JOHN YIAMOUYIANNIS, Ph.D.

Aside from breast-feeding your newborn child, the following methods may be used to give your child formula without subjecting him or her to a fluoride overdose.

1. Select an infant baby formula that was made in an unfluoridated area. The only unfluoridated infant formula that has been observed as having a wide distribution is SOYALAC made by Loma Linda of Mt. Vernon, Ohio. (The author himself played a role in defeating fluoridation in Mt. Vernon.) The level of fluoride in SOYALAC should be between 0.1 and 0.3 ppm (parts per million) fluoride. This range is about 10 times the fluoride level found in mother's milk and should lead to a dose rate of 0.015 to 0.045 milligrams per kilogram of body weight, which is apparently within a safe range. The disadvantage with this lies in the fact that SOYALAC is made from soybean protein, and parents demanding that their child be fed a milk protein-based formula will be unable to use this product.

2. Select a dry baby powder and if you live in a fluoridated area, dilute it with a low-fluoride spring water. The powder will add about 0.3 ppm to the concentration of fluoride in the spring water (which should be between 0.1 to 0.3 ppm) giving a final diluted concentration of 0.4 to 0.6 ppm fluoride, about 20 times that found in mother's milk. This will yield a dose rate of 0.06 to 0.09 mg/kg, which is a slight overdose but *probably* safe. If you live in an unfluoridated area with water containing a low fluoride content, just use tap water to dilute the powder.

3. Take action to rid your towns of fluoridation and help The National Health Federation to get fluoride out of the cities of Columbus, Ohio; Evansville, Indiana; Philadelphia, Pennsylvania, and Palo Alto, California (these are the locations of the major formula makers), by contributing to the NHF Fluoridation Fund.

NHF Petitions FDA To Require Baby Formula Manufacturers To Use Defluoridated Water

NHF has petitioned the Food and Drug Administration to require manufacturers of infants formulas to defluoridate the water they use in making the formulas so that the water contains no more than .3 parts per million of fluorides. The petition was filed by Dr. John Yiamouyiannis, NHF's Science Director, acting on behalf of the National Health Federation.

The petition specifically named Ross Laboratories (makers of *Similac, Advance* and *Isomil*), Mead-Johnson (makers of *Enfamil, Prosobee* and *Probana*), Wyeth Laboratories (makers of *Nursoy* and *SMA*), and Syntex (makers of *Neo-Mull-Soy*) as the largest manufacturers of infant formulas, all of which are located in fluoridated areas. Dr. Yiamouyiannis pointed out in the petition that infants brought up on formulas made with fluoridated water will invariably be drinking a formula with 1 ppm, or more, fluoride. He further emphasized that some formulas are made from a concentrate of water and solids which is then spray-dried to a powder and that in this process the fluoride content is concentrated. Also, he noted that the *Physician's Desk Reference,* a popular reference manual used by physicians, recommends adding a 1 mg. fluoride tablet to each quart of formula. He said that if this practice was followed when using any of the above named formulas, this would elevate the fluoride content of the formula to at least 2 parts per million—certainly an overdose particularly when the *Physician's Desk Reference* recites a list of symptoms which might occur when the recommended dose of 1 ppm is exceeded. Even if the fluoride tablet was not used, an overdose might occur when a powdered formula was diluted with fluoridated water.

The petition also points out that the fluoride content of mother's milk is 0.025 ppm and reminds FDA that since the agency has relied (and correctly so) on mother's milk as a guideline to recommend dietary levels of vitamins and other minerals to be given to infants, it appears reasonable to assume that infant formulas containing 50 to 100 times the amount of fluoride appearing in mother's milk must contain excessive fluoride, especially since a study conducted in 1971 showed no significant differences in the tooth decay rate in the breast-fed and the formula-fed babies.

In addition to requesting the FDA to require baby formula manufacturers to defluoridate their water, the petition further asks that FDA inform physicians that prescription of fluoride supplements to infants may lead to an excessive dose rate for fluoride.

MEGASCORBICS

In Health, Longevity and Therapy

NHF Convention Address

By IRWIN STONE

This paper will discuss some new concepts in medical genetics and orthomolecular medicine as relating to ascorbate (vitamin C). It will also discuss the 60-year-old vitamin C hypothesis and show the need for modernizing this outdated theory in relation to the etiology of scurvy and the daily need for ascorbate.

Some new terms are introduced in the discussion which I would like to define. The term "Megascorbics" is derived from the Greek word "megas" meaning great or large, and refers to the use of ascorbic acid or sodium ascorbate, both orally and intravenously, in preventive medicine and therapy at levels much beyond the daily range deemed adequate by the theoreticians of the vitamin C hypothesis. "Orthomolecular Medicine" is a new branch of medicine being developed by Linus Pauling and associates and he defines it as follows: "Orthomolecular Medicine" is the preservation of good health and the treatment of disease by varying the concentrations in the human body of substances which are normally present in the body and are required for health.[1] So you see that "Megascorbics" is merely a branch of the new science of "Orthomolecular Medicine."

Scurvy is the rapidly fatal disease that we humans acquire when our bodies are depleted of ascorbate. I say "we humans" because most other mammals are not normally susceptible to the acute fatal form of this disease. Up until 1907, scurvy was considered solely a disease of humans because no other animal was known to be susceptible to it. In that year, two Norwegians, Holst and Froehlich,[2] who were investigating ship beri-beri, a nerve disease, for the Norwegian fishing fleet, wanted to substitute a small mammal for the pigeons they were using as a test animal. They fortunately selected guinea pigs as their test mammal and much to their surprise, these animals developed scurvy as well as beri-beri when fed the beri-beri inducing diet which, unknown then, was deficient also in vitamin C. This was one of the few fortunate accidents in the long frustrating history of scurvy, because if they had used rats, mice, dogs or cats as their test mammals, these animals would have behaved like the pigeon and developed only beri-beri and the old anthropocentric idea would have prevailed.

The reason for this is that rats, mice, dogs, cats and pigeons, unlike

(Continued on next page)

the guinea pig and man, all make ascorbate within their own bodies and make large amounts of it each day. This lucky piece of serendipity gave us a test animal and for the first time in history we could do all sorts of laboratory experiments on scurvy. This was the first major advance in scurvy in 2 centuries.

Now let us briefly discuss the vitamin C hypothesis on the cause of scurvy. In 1912 Casimir Funk[3] summarized the nutritional knowledge of the late 19th century and the early 20th century and came up with the new idea that certain diseases could be caused by some unknown essential biochemical substances being omitted in our foodstuffs, the so-called "Deficiency Diseases." He outlined 3 types of diseases and called the unknown missing substances in the foods, "vitamines" from "vital" and "amines." He erroneously believed that these unknown missing substances were basic, nitrogen-containing biochemicals called "amines." When they were found not to be amines in later biochemical research, the final "e" of "vitamine" was dropped and the word became "vitamin." He described 3 types of deficiency diseases, designating each missing unknown chemical with a letter; vitamine A for the unknown chemical whose absence causes an eye disease, vitamine B for the unknown missing substance causing a nerve disease and vitamine C for the unknown missing antiscorbutic material causing the very ancient disease, scurvy.

This theory was proposed over 60 years ago at a time when our knowledge of the human physiology of these diseases was quite primitive and our knowledge of the biochemistry, the enzymology and the medical genetics of scurvy was completely absent. Later work corrected some of the mistaken conclusions in the original postulates, e.g., that Funk's "vitamine B" was a whole series of different "B" vitamins whose absence causes a variety of different diseases. All in all, Funk's basic postulates concerning the dietary deficiency diseases caused by lack of vitamins A and B have stood the test of time better than his ideas on vitamin C and scurvy. Actually he knew very little more about scurvy in 1912 than was contained in Dr. James Lind's medical classic, *A Treatise of the Scurvy* published 159 years earlier in 1753. Knowledge never progressed very rapidly in this 60-million-year-old disease.

Later research work has shown that the vitamin C hypothesis as regards the etiology of scurvy, is a gross oversimplification of presently known biochemical, enzymatic and genetic facts. Any oversimplification can lead to misorientations, misjudgements and wrong conclusions and this is what happened over the past 40 years. I have no complaint with Funk's original work, as he did an outstanding job with the few facts available to him 60 years ago, but I am disturbed that the present sciences of nutrition and of medicine have made essentially no effort, in the past several decades, to bring their thinking about vitamin C and scurvy up to date. Research has shown that scurvy is more a problem of medical genetics than of simple nutrition.[4]

All hypotheses have a built-in obsolescence, dependent on the results of future research and must be periodically reviewed and brought up to date. When the postulates of a hypothesis become irrevocable dogma, then the practitioners of this dogma are no longer scientists. The tenets of the vitamin C hypothesis have not kept up with modern research and are in great need of review and revision to bring them in line with presently known facts.

Twenty years after the vitamin C hypothesis was proposed, ascorbic acid was discovered, isolated, synthesized and shown to be Funk's unknown antiscorbutic substance "vitamin C." Further biochemical research showed that nearly all mammals are capable of making this ascorbic acid, or more correctly ascorbate, in abundant amounts in their livers from blood glucose by a stepwise procedure involving 4 liver enzymes.[5] It was further found that the biochemical lesion causing scurvy in man[6] was the absence of the 4th enzyme, L-gulonolactone oxidase, in the human liver. The first 3 enzymes are present but the 4th is not. The absence of this enzyme in the human liver completely prevents man from manufacturing his daily needed ascorbic acid within his own body, thus depriving him of this important mammalian protective mechanism against stress and making it necessary for him to get outside sources of ascorbic acid or ascorbate in order to survive.

A mutation occurring about 60 million years ago in an early primate ancestor of man destroyed the gene for the synthesis of this 4th enzyme.[7] After all these millions of years, man still carries this defective gene and this inherited defect has been passed on from one generation to the next ever since man, as we know him, has been on this earth.

A defective gene for an enzyme such as this, produces a genetic biochemical disease in the carrier. This is known as an "inborn error of metabolism" or as in the case of scurvy, a genetic liver-enzyme disease which has been named *hypoascorbemia.*[8]

When a doctor speaks of "scurvy" he refers to the classical symptoms of acute frank clinical scurvy. These terminal signs are caused by nearly complete depletion of the body's ascorbate combined with stress and indicate that death is imminent unless substantial increases in ascorbate intake are made.

The appearance of these premortal signs of frank clinical scurvy can be staved off by the "minimum daily requirement" of ascorbate which amounts to less than about 10 milligrams a day of ascorbate. It is no wonder that "scurvy" is considered, by the vitamin C theoreticians, as a relatively rare disease

(Continued on page 27)

Who Supports Fluoridation?

By LEE HARDY

No. 14 In A Series

"Seven years ago I was in favor of it, but that was before I knew anything about the subject." This, in the 1950's, was the statement of his position in regard to fluoridation by Joe D. Nichols, M.D., who heads his own medical clinic at Atlanta, Texas. Dr. Nichols had read in a medical magazine that fluoridation would decrease dental decay in children and he, as any responsible citizen, was in favor of any practical means which would free children from the curse of dental caries. However, Dr. Nichols was not willing to accept without adequate evidence such a statement regarding a known deadly poison such as sodium fluoride. After making a thorough study of the matter he became unalterably opposed to fluoridation, and published a statement setting forth eleven points on which his opposition is based.[1]

In Part 5 of this series we have outlined the non-commital position taken in 1951 by the American Medical Association on the matter of fluoridation. However, some doctors of medicine, particularly those on local public health boards, possibly as a result of the influence of the U.S. Public Health Service, have taken a stand in favor of it. They are active in promoting the adoption of fluoridation in their local communities.

On the other hand there are doctors of medicine who find it difficult to understand how any physician can support fluoridation, since it is in direct conflict with the Hippocratic Oath. A physician who knows the deadly properties of sodium fluoride would certainly not favor the idea of subjecting a community to it in such an uncontrolled manner. It is contrary to medical principles. It is true that physicians may prescribe poisonous drugs, but they are administered under the closest supervision and observation. They are never prescribed for the use of persons whom the physician has never seen and whose condition he does not know. And no physician would prescribe the unlimited use of a poison for all the people of a community for the rest of their lives simply because one or a few of his patients might benefit from it.

In the fluoridation of public water supplies all these principles are violated. F. B. Exner, M.D., sums it up by saying, "No doctor in his right mind hands out a potent drug, such as fluoride, and says: 'Take as much as you like. You are sure to get the right amount.' No drug is that safe."[2] Further, a citizen has no recourse when he is harmed by fluoridation. If a physician treats a patient in a way which causes harm he may be sued for malpractice, but promoters of fluoridation assume no responsibility for any harm which may result from it.

When fluoridation first became a growing threat a group of doctors and dentists, with Jonathan Forman, M.D., of Columbus, Ohio, as chairman and A. Allen London, D.D.S., of Boonton, New Jersey, as secretary, constituted themselves a committee to study the subject of fluoridation. On April 25, 1957, the report of the Medical-Dental Committee on Evaluation of Fluoridation was published in the *North Side News,* Atlanta, Georgia, over the signatures of approximately 500 doctors and dentists. Following a limited circulation the sponsorship increased to 1500. The report states and analyzes nine reasons why fluoridation was unacceptable to the committee and their supporters.[3]

Further evidence that the U.S. Public Health Service does not speak for all in the medical profession lies in a resolution adopted April 12, 1958, by the Association of American Physicians and Surgeons, which "condemns the addition of any substance to public water supplies for the purpose of affecting the bodies or the bodily or mental functions of the consumers."[4]

The water-supply groups have on many occasions recoiled from the idea of serving up to their public a daily portion of sodium fluoride, clinging to the tenet that their obligation is to deliver pure, safe water to their communities. In a public letter issued in April 1965 Arthur C. Ford, then Commissioner of the Department of Water Supply, New York City, stated: "Whatever the merits of fluoridation, it would not concern us, as a department, if the question of water supply safety were not involved. But we are concerned, and our concern is primarily with the safety of each and every individual of our entire population."[5]

The New York City Water Department had extensive laboratories staffed by reputable scientists, with a library containing more than 5,000 references on fluoride alone. At that time they had been studying the matter of fluoride toxicity for over twenty years. Even though the American Water Works Association in 1949 accepted a resolution to the effect that water departments and companies might participate in a fluoridation program "in communities where a strong public demand had developed"[6] water department administrators, as a rule, knew too much about the dangers of fluorides to participate willingly.

The "permissive endorsement" given by the American Water Works Association was brought about through the efforts of H. Trendley Dean, known as the "father of fluoridation," and A. P. Black, Professor of Chemistry at the University of Florida. Dr. Black, at that time president of the Association, acknowledged that members of his family were officers of a company which sold fluoridation equipment.[7]

Fluoridation was a boon not only to the aluminum industry and other

(Continued on next page)

industries which had formerly had an insurmountable problem in disposing of their waste sodium fluoride. It became a matter of interest also to chemical manufacturers and to those who produced equipment for the insertion of fluoride into the water systems. As *Chemical Week* magazine noted in its July 7, 1951, issue, "The potential market has fluoride producers goggle eyed... standing to benefit from the boom are chemical companies and equipment firms. It adds up to a nice piece of business on all sides."

An early endorser of fluoridation was the Sugar Research Foundation, the division of research and promotion of the sugar industry. Sugar had long been under suspicion as a cause of dental caries. If tooth decay could be blamed on some other cause there would be less pressure on the industry, and hopefully refined sugar consumption, at that time 100 pounds per person in the U.S., and now some 10% higher, could be further increased. In "The Sugar Molecule," October 1949, the official publication of the Foundation, Dr. Robert G. Hockett, the Foundation's scientific director, admitted that the purpose of their research on dental decay was "to find out how tooth decay could be controlled effectively without restriction of sugar intake."[8]

Frequently articles for the promotion of fluoridation appear in newspapers and magazines. On the other hand, it is difficult to get articles published opposing fluoridation. This does not necessarily mean that the management of these publications favor fluoridation. It is easy to understand the reluctance of such publications which depend upon advertising for a goodly share of their income to antagonize a profitable group of their clients. Radio and television fall somewhat under the same influence. Hence the means of mass communication provide a more ready vehicle for those who support fluoridation than for those who oppose it.

In spite of such handicaps the general trend of the public has been to shun fluoridation. During the five years, 1966-70, fluoridation was rejected in 250 U.S. communities, a few through government action but a great majority through referendums. In 1969 the Ohio legislature voted mandatory fluoridation for cities of 5,000 population or more by January 1, 1971, unless communities voted against it. Before the law was ruled unconstitutional (January 18, 1971), 92% (34 of 37) of the cities holding referendums voted against fluoridation. As both sides of the proposition have become known many communities which had adopted fluoridation have abandoned it.

The Scientific Council of the International Society for Research on Nutrition and Vital Substances, a body comprising noted scientists from scientifically advanced countries throughout the world, in their twelfth international convention (1966) passed a resolution that "all governments, state parliaments, and city councils concerned with the problem of fluoridation of drinking water and protection against dental caries, should refrain from fluoridation of drinking water, which is actually medication, as long as the scientific aspects of this problem are not satisfactorily clarified."[9] No clarification justifying fluoridation has been reported since that time.

Other countries around the globe have heeded scientific warnings to a greater extent than has ours. Many European nations have declared fluoridation illegal. When on June 22, 1973, the Supreme Court of The Netherlands officially banned fluoridation the number rose to thirteen. Others are Austria, Denmark, France, Greece, Italy, Luxembourg, Norway, Spain, Sweden, Switzerland, West Germany, and Yugoslavia.

---

1. Nichols, J. D. *A Statement on Fluoridation.* Natl. Food Asso., Box 210, Atlanta, Tex.
2. Exner, F. B., *Behind Fluoridation — The Real Issue,* Natl. Food & Farm., Sept. 1962.
3. Medical-Dental Committee on Evaluation of Fluoridation, *A Statement on the Fluoridation of Public Water Supplies.* A. Allen London, 433 Old Boonton Rd., Boonton, N.J.
4. Resolution by Assn. of Amer. Physicians and Surgeons, Inc., cited by F. B. Exner, in Natural Food and Farming, Sept. 1962, PP. 36-38.
5. Ford, A. C., Public Letter, cited in Natural Food and Farming, Feb. 1962, PP. 45-46.
6. Exner, F. B., Waldbott, G. L., *The American Fluoridation Experiment,* Devin-Adair, N.Y., 1961, P. 198.
7. Tampa Sunday Tribune, Dec. 16, 1951.
8. Rorty, J., *The American Fluoridation Experiment,* Devin-Adair, N.Y., P. 8.
9. National Fluoridation News, Sept.-Oct. 1967, P. 4.

The manipulated workings of the "vitamin hearings" held in 1968-1970, out of which came the currently pending dietary supplement regulations, are set forth in a Brief submitted to the U.S. Court of Appeals by Karl B. Lutz, et al. Copies of this Brief are available from NHF Headquarters for $2.00 per copy, postpaid. California residents add 12c sales tax.

BEQUESTS and GIFTS

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

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

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

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

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

THE FAMILY CIRCLE

By FRED J. HART
Chairman of the Board of Governors

It has been some time since I have contacted you through the Family Circle. My failure to do so has been due to severe illness during which time my life was in jeopardy due to heart failure. My doctors were surprised that I survived, and I am now able to be up and around. I informed them that I could not help but get well because so many thousands of you good folks were praying for my recovery! For these prayers and good wishes I want to thank you. It is a great honor to be associated with the many fine and wonderful people that make up the Federation.

Upon my return to the office, I find that during my year and a half illness, the donations to the work of the Federation have failed to keep pace with our expenditures so that we have been working on a deficit basis—a situation which must be corrected. This has been brought about by our being forced to very rapidly expand the program of the Federation due to impending, serious encroachments on our liberty by the bureaucrats in Washington. In particular, has been the extremely high cost of conducting our all-out legislative and legal battles to oppose the pending FDA food supplement regulations.

The Federation can take justifiable pride in its active legislative branch as well as its solidly established legal action program. The latter program has two distinct phases, namely, (1) the legal actions seeking to negate the FDA dietary supplement regulations and supported by the Food Supplement Legal Action Fund, and (2) the legal assistance made available by NHF in those cases in which there appears to be infringement upon health freedoms—this program being supported by the Legal Defense Fund. The establishment of the Legal Defense Fund has proved to be one of our most popular projects to date, and because of generous contributions to the fund, we have been able to have our attorney, Kirkpatrick W. Dilling, assist in some forty cases in which health freedoms were an issue. We are happy to report that in these cases, we have ben able to either work out a compromise settlement that allowed the firm or company affected to continue in business, or we have won a court decision favorable to the person or firm involved. We cannot afford to let these activities fail for lack of finances. As readers of the **Bulletin** you are familiar with the fact that we have, through our attorney, Mr. Dilling, recently received a favorable decision from the U.S. Court of Appeals in New York. The total cost of the preparation and execution of this action has exceeded $50,000, and while the Court action or judgment on the case did not give us all that we asked for, it did give us some substantial victories while at the same time it gave the Food and Drug Administration some victories. We have also, in cooperation with the National Nutritional Foods Association, appealed the case which had to do with vitamins A and D regulations which are now in effect but which we believe to be unconstitutional. Our petition in this case will be through the means of Amicus Curiae and will help substantiate the case of the National Nutritional Foods Association. We are very happy to announce, in connection with our legal battles as well as our bills in Congress, that we have had the fine cooperation of the attorneys representing the N.N.F.A., namely, Bass and Ullman, and attorney David S. King.

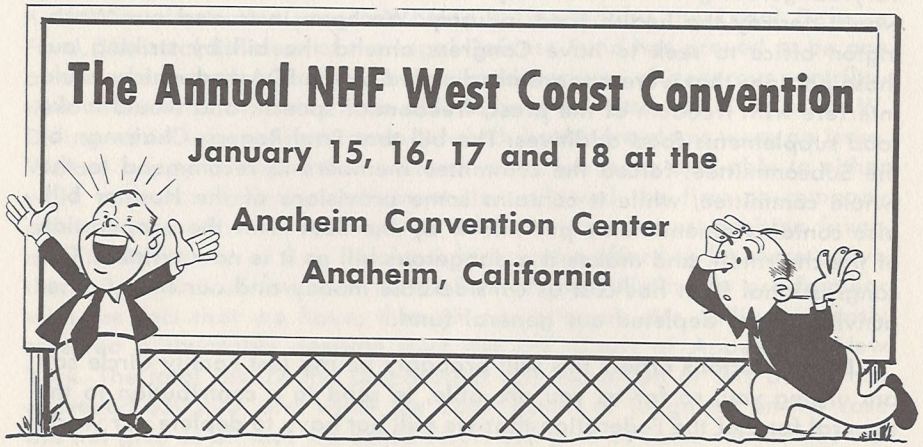
On the legislative front our Washington office, under the leadership of Clinton Miller, has been able to persuade over one-half of the members of the House of Representatives to sponsor or cosponsor a bill to block FDA's supplement regulations. In addition, he has been able to get 43 Senators to cosponsor the Proxmire bill in the Senate. We are very sorry to report that our system of government as it relates to Congress, is handicapped by what is known as the seniority rule which places legislators at the head of committees regardless of their capability and based only on the limit of time they have been in Congress. Thus, in spite of our being able to secure sponsorship by more than one-half of the members of Congress, our bill for months lay idle in the hands of the Subcommittee Chairman, Rep. Paul Rogers, who is 100% behind the FDA and as Chairman of the subcommittee has been the one individual in Congress who has defeated our food supplement bill. His procedure was first of all to delay hearings until this congressional session was more than half over. Then after the hearings of the subcommittee were over, he delayed the final report for another lengthy period, and finally brought out of the committee a re-written bill which was not our bill at all and contained very dangerous grants of authority to the FDA which, if enacted into law, would destroy the health food industry. We have instructed our Washington office to seek to have Congress amend the bill by striking out those portions that were apparently dictated by the FDA and which would interfere with freedom of the press, freedom of speech, and would make food supplements food additives. The bill that Paul Rogers, Chairman of the Subcommittee, forced the committee members to recommend to the whole committee, while it contains some provisions of the Hosmer bill, also contains amendments put into it by the FDA with the cooperation of the chairman, and makes it a dangerous bill as it is now written. This congressional fight has cost us considerable money and our many other activities have depleted our general fund.

Due to doctor's orders this will probably be my last Family Circle so I am urging you, so far as you are able, to send in a contribution to the general fund of the Federation that we will not have to deplete our work-

ing capital. Each month, in the future, the Family Circle will be written by Charles Crecelius, President and Executive Director of the Federation. I have the utmost confidence in Charles as he is one of the ablest men I know and is dedicated to the health freedom cause. The foregoing does not mean that I will not be working with and for the Federation, but it does mean that I can no longer be as active in the physical activities of the work as I have been for the past 19 years.

It is with deep regret that I have to announce that the February issue of the **Bulletin** will be the last edited by Raymond H. Houser. Ray is a wonderful man, has been with the Federation since the beginning and has sacrificed much for it. Due to circumstances within his family and in consideration of his own state of health, he has asked to be relieved of his demanding position as editor of the **Bulletin.** His resignation was accepted with deep regret by the Executive Committee. It is our hope and expectation that soon Ray will be able to resume active participation in the affairs of the Federation and that the Board of Governors of the National Health Federation Memorial Library will install him as Chief Librarian. He is eminently qualified for this position.

We are very happy to announce that the new Editor of the **Bulletin** will be Don Matchan who has worked closely with the Federation since 1957 and has served in many capacities. Don is a former newspaper editor and owner, a gifted writer, and has a close relationship with the news media which will mean that more of our activities will appear in local newspapers as well as in the **Bulletin.** The March issue will be the first bulletin to be produced with Don as Editor, and inasmuch as Don will be working out of the Monrovia office, future issues under his editorship will contain many more short items (of news) on the many activities of the Federation.



THE
NATIONAL
HEALTH FEDERATION

Box 688, Monrovia, California 91016

This special note of appeal would seem ludicrous if it were not generated by altruistic motive. On a personal basis I want to appeal to you and ask your careful consideration and quiet reflection.

18 years ago I joined this organization realizing a great potential. That potential, if realized, would benefit all mankind and uphold the finest traditions of our wonderful heritage. At no time during my tenure have I felt that my effort was for naught. Truly, the National Health Federation has assumed a personal importance to me and is no longer simply an impersonal organization with which I—and thousands of others—are affiliated. It is my sincere hope you can appreciate this feeling yourself in due time.

This office and my personal services are available to you. If you take time to avail yourself of the opportunity to visit with us, you will observe a daily accomplishment for the good of man in the health fields and a significant offering which assures our basic freedoms. The only restriction stifling our tremendous ability is working capital.

On the wall of our headquarters building is a bronze plaque. The discreet art work includes a bust of our founder and an "everlasting torch." below are the names of some of our members who have gone on and some who are still with us. Those Perpetual Members attest to a belief in basic good and the work and principles of our organization.

As a result of their support, we have been able to go ahead. I know personally that you ascribe to the ideals of NHF, which fact has led to this appeal for your Perpetual Membership.

The cost is one thousand dollars. The name cast on the plaque may be any you choose. The cost may be paid in installments. You may or may not receive recognition in our publications, as you desire. Will you join us?

Sincerely,

CHARLES I. CRECELIUS
President

NEW LIFE AND PERPETUAL MEMERS

Perpetual

Fultonia Health Food Center
Lecta Fay Kinney, D.O.

Life

Blanche A. Leonard
Roy and Clara M. Darr
Herbert G. Steger
Mr. and Mrs. Gilbert Brenner
Bertha's Nutrition Shoppes, Inc.
Con-Stan Industries, Inc.
Harriet F. Lewis
C. A. Svec
Alfonso Licata
Mrs. William Cart
Miss Emily Horn
Martha S. Lazare
Robert H. Kent, Sr.
James F. Oehmke
Mrs. E. Virginia Kemper

(Received mid-August through mid-September)

FTC Urges Advertising Of Prescription Prices

The staff of the Federal Trade Commission in Washington has proposed clearing away state obstacles which prohibit drug stores from advertising their prescription prices.

At stake, according to a report by the drug industry task force of the Commission, is up to $1,000,000,000 a year prescription users could save if afforded the benefiits of competitive price advertising.

Such advertising now is prohibited in about 20 states. The barriers have been crumbling bit by bit under pressure from consumer groups and federal agencies, but the proposed FTC action could clear the rest in one sweep.

Under the staff proposal the commission would invoke its power to ban unfair practices and declare price advertising bans to be unfair.

As things stand now, the staff said, "consumers do not know that the price of the same products varies substantially from store to store."

— Heartland News

The Golden Rule is of no use to you whatever unless you realize that it is your move.

— Dr. Frank Crane

MEMORIAL CONTRIBUTIONS

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

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

Megascorbics . . .

Continued from page 17

in the developed countries, because all they are looking for are these terminal symptoms. Their big mistake, as pointed out by Albert Szent-Gyorgyi, the discoverer of ascorbic acid,[13] is to equate the mere lack of these premortal symptoms with good health. Small daily amounts of ascorbate are capable of preventing these terminal signs of the disease but they are not near the optimal intakes required to fulfill the many bodily functions of ascorbate. These low daily intakes of ascorbate, while preventing the terminal premortal signs of the disease, will leave the subject with a severe case of chronic subclinical scurvy.

In the research work of the past 40 years, you will find many tests for establishing this "minimum daily requirement" for ascorbate but not a single large scale, long term, human test where ascorbate was given in the daily large amounts normally produced each day in the livers of our close relatives, the mammals. The intakes of these large daily amounts would be considered as adequate for correcting the effects of our mutated defective gene. The amount of ascorbate synthesized daily in the livers of different mammals are summarized in Table 1. The figures are based on the tests of various investigators and are calculated to a 70 kilogram (154 pound) basis. It is seen that a goat, for instance, produces 13,300 milligrams of ascorbate each day in its liver, and the other, non-primate, mammals are in a similar high multigram daily range of 1,800 to 19,250 milligrams. Many years ago it was estimated that a gorilla in the wild state consumes about 4,500 milligrams of ascorbate a day.[14]

As can be seen from the table, the liver production of ascorbate in man is zero. The Recommended Daily Allowance (RDA) for an adult man as seen in the footnotes of Table 1 is 60 milligrams a day. This is based on the figures in the 7th Edition, 1968, of Recommended Dietary Allowances, published by the National Academy of Sciences.[15] In the new 8th Edition of this publication, just released in June 1974, I understand, they have reduced the RDA to 45 milligrams of ascorbate a day as being adequate to supply all the needs of human adults. The physiology of our close mammalian relatives cannot be that much different from man's, so that a mammal requires so much and humans so little. A goat, for instance, normally produces 13,300 milligrams a day while man, they say, only needs 45 milligrams of ascorbate a day to fulfill all his needs. We are talking about a 300-fold discrepancy. This is too much to ask us to believe.

Even the recommendations of different divisions within the National Academy of Sciences can't agree and also show this large discrepancy. Their 1968[15] and 1974 RDA's for adult humans are less than 1 milligram ascorbate per kilo-

(Continued on next page)

gram of body weight. And yet in their publication[16] suggesting diets for maintaining laboratory monkeys in good health throughout their lifetime, the diet contains 55 milligrams per kilogram body weight, over 55 times more than they recommend for humans. This would amount to at least 3,850 milligrams of ascorbate per day based on an adult human body weight which is within our suggested range. Apparently the Committee on Animal Nutrition of the National Academy of Sciences takes better care of its monkeys than the Food and Nutrition board cares for humans.

At intakes of 45 milligrams a day, there will be no premortal signs of frank clinical scurvy but this is far from enough to fully correct our genetic liver-enzyme disease, *hypoascorbemia.* Anyone ingesting these low daily amounts will be suffering from the more insidious, relatively asymptomatic, difficult to recognize, chronic subclinical scurvy. Chronic subclinical scurvy is our most widespread disease at present, afflicting nearly our entire population[17] and yet it is never seen in any medical statistics.

Any RDA for ascorbate that doesn't involve a correction for the daily variation in the incidence of stresses is unscientific. In mammalian physiology, the daily liver production of ascorbate is regulated by a feedback mechanism so that more ascorbate is produced with increased stresses. The additional ascorbate is needed to combat the biochemical effects of the stress and maintain biochemical homeostasis. The daily RDA for ascorbate should comprise a base level for the unstressed condition plus a correctional factor for increasing the intake dependent upon the severity of the incident stresses. Because of the high efficiency of our kidneys in removing ascorbate from the blood stream, the RDA should contain the note that the daily intake should be in several spaced doses, in order to maintain continual effective blood levels.

TABLE I

BIOSYNTHESIS OF ASCORBATE IN MAMMALIAN LIVERS

Mammal	Ascorbate Produced*	Reference
Rat (unstressed)	1.800	9
Rat (unstressed)	4,900	10
Rat (stressed)	15,200	11
Mouse	19,250	12
Rabbit	15,820	12
Goat	13,300	12
Dog	2,800	12
Cat	2,800	12
Humans	0	6

*Milligrams per day per 70 Kg (154 lbs.) body weight.

Recommended Daily Allowance of ascorbate for human adult (15)—60 milligrams (reduced to 45 mg in 1974).

Optimal daily intake for humans, based on data of Linus Pauling (18)—2,230 to 9,500 milligrams of ascorbate.

Dietary intake for monkeys (16)—3,850 milligrams ascorbate per day per 70 Kg body weight.

For the past three decades, billions of dollars have been poured into research by private foundations and various government supported Institutes of Health on Heart Disease, Cancer, Leukemia, Arthritis, Kidney Disease, Diabetes, Aging and many others. After all this research time and money, the incidence and morbidity of these diseases have not shown any substantial decrease and no notable discoveries or cures for these diseases have been reported. The human life expectancy at age 60 has not shown an increase. During this time, the large scale research on all these diseases has made no attempt to very simply correct the genetic disease, *hypoascorbemia,* in their programs. They have completely ignored the fact that all their subjects were suffering from chronic subclinical scurvy throughout their lives and all throughout their treatments. This is the common thread that runs through all these clinical research programs and, I believe, is the reason that so little progress has been made in conquering all these diseases. When the clinical researchers include, in their programs and protocols, the means for correcting our genetic disease by giving the large needed daily doses of ascorbate, then we shall be well on our way to solving these current serious medical problems and slowing down the aging process. This entire subject has recently been reviewed in detail in a book, *The Healing Factor,* with a large medical bibliography.[4]

There are many other serious human genetic diseases but they are of rare incidence in the adult population but the genetic liver-enzyme disease, *hypoascorbemia,* afflicts everyone. It is the only potentially fatal genetic disease that Medicine treats so casually, recommending 1% or less of the daily ascorbate needed for its full correction. When medical science discards the outdated tenets of the vitamin C hypothesis and realizes it is dealing with a problem in medical genetics and uses ascorbate properly both in preventive medicine and in therapy, then we can expect great improvements in public health and the life span lengthened. When Medicine fully corrects this long-standing genetic defect, as the first step in therapy, by prescribing the required high daily intakes of ascorbate, then not only will the therapy be more successful, but the survival of the patients will be much greater and the present high and rising medical costs will be substantially reduced. What are they waiting for?

1. Pauling, L. *Vitamin C and The Common Cold.* Bantam Books, New York, 1971.

2. Holst, A. and Frohlich, T. *Experimental Studies Relating To Ship Beriberi and Scurvy.* J. Hyg., 7:632-671, 1907.

3. Funk, C. *The Etiology of the Deficiency Diseases,* J. State Med., 20:341-368, 1912.

4. Stone, I. *The Healing Factor. "Vitamin C" Against Disease,* Grosset & Dunlap, Inc. New York, 1972.

(Continued on next page)

5. Chatterjee, I. B. et al. *Aspects of Ascorbic Acid Biosynthesis in Animals.* Ann. N.Y. Acad. Sci. 92: Art. I: 36-58, 1961.

6. Burns, J. J. *Biosynthesis of L-Ascorbic Acid, Basic Defect in Scurvy.* Amer. J. Med., 20:321-368, 1959.

7. Stone, I. *The Natural History of Ascorbic Acid in the Evolution of the Mammals and Primates and Its Significance for Present-day Man.* J. Orthomolecular Psych., 1: Nos. 2-3: 82-89, 1972.

8. Stone, I. *On the Genetic Etiology of Scurvy.* Aceta Genet. Med. et Gemell., 15:325-350, 1966.

9. Burns, J. J. et al. *Ascorbic Acid Synthesis in Normal and Drug-Treated Rats.* J. Biol. Chem., 207:679-687, 1952.

10. Salomon, L. L. et al. *Some Aspects of the Metabolism of Ascorbic Acid in Rats.* Ann. N.Y. Acad. Sci., 92: Art. 1: 128-140, 1961

11. A. H. Conney, et al. *Metabolic Interactions Between L-Ascorbic Acid and Drugs.* Ann. N.Y. Acad. Sci., 92: Art. 1:115-127, 1961

12. Chatterjee, I. B. *Evolution and the Biosynthesis of Ascorbic Acid,* Science, 182:1271-1272 (1973).

13. Szent-Gyorgyi, Albert. Foreword in Reference 4.

14. Bourne, G. H. *Vitamin C and Immunity,* Brit. J. Nutrit., 2:341, 1949.

15. Food and Nutrition Board, National Research Council. Recommended Daily Allowances. Publication No. 1694 — Nat. Acad. of Sciences, Washington, D.C. 1968.

16. Committee on Animal Nutrition, National Research Council. *Nutrient Requirements of Laboratory Animals.* Publication 990. Nat. Acad. of Sciences, Washington, D.C. 1962.

17. Stone, I. *Hypoascorbemia, Our Most Widespread Disease.* Bull. Nat. Health Fed., 18: No. 10:6-9, Nov. 1972.

18. Pauling, L. *Evolution and the Need For Ascorbic Acid.* Proc. Nat. Acad. Sci., 67:1643-1648, 1970.

Your Invitation To Join
THE NATIONAL HEALTH FEDERATION

Name (Print).....

Street.....

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

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

☐ New subscription. ☐ Renewal subscription.

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

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

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

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

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

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

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

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

NHF REPRINTS

The following is a list of NHF reprint available from NHF by writing Box 688, Monrovia, California 91016. The price includes handling and postage. California residents, please add 5% sales tax. Allow three (3) weeks for delivery unless first-class postage is sent with order. Build your own library from these excellent reprints. Revised list as of November 1, 1974 — PLEASE DISREGARD ALL OTHER REPRINT LISTS. PLEASE INCLUDE NAME AND NUMBER OF REPRINT.

		1st Copy	Each Additional Copy
NHF PROMOTIONAL MATERIAL			
1A	15-page pamphlet that tells about NHF		no charge
2A	NHF postage-paid envelopes with membership application		no charge
3A	Story of NHF		no charge
4A	NHF Freedom Crusade leaflets		no charge
IMMUNIZATION AND SHOTS			
1B	Your Right ot Refuse Immunization in Travel	.25	.15
2B	Polio Immunization Certificate	.25	.10
BEAUTY			
1C	Help Yourself to Beauty—Jheri Redding, M.A.	.25	.10
EYES			
1D	Cataract Cure without Operation—Irving A. Kruinsky	.25	.15
2D	I Threw My Glasses Away	.25	.15
PESTICIDES			
1E	What Are Pesticides Doing?—Granville Knight, M.D.	.25	.25
2E	Public Health & New Pesticides—Morton Biskind, M.D.	.25	.20
DRUGS AND VITAMINS			
1F	Time to Lift the Lid for a Clear Look—Clinton R. Miller	.30	.20
2F	Humans Used as Guinea Pigs—Los Angeles Times	.25	.10
3F	The Concept of Safe Tolerance Dosage—J. Baldwin Bruce	.25	.10
4F	What the Proposed FDA Vitamin Regulations Will Mean—Miles H. Robinson, M.D.	.25	.10
5F	Rep. Froehlich asks Linus Pauling for opinion on Vitamin Regulations — reprinted from July/August 1973 NHF BULLETIN	.25	.10
FOOD AND NUTRITION			
1G	What is Wrong With White Bread?	.40	.35
2G	The Role of Nutrition in the Healing Arts—Myrna Schultz, D.C.	.25	.15
3G	Kelp—G. L. Seifert, M.D. and H. C. Wood, Jr., M.D.	.25	.15
4G	Pros and Cons of Salt—Howard F. Lewis	.25	.10
5G	Sources of Fundamental Nutrition—Louis Bromfield	.25	.15
6G	Enzymes the Miracle Health Builders—Delfi Monteagudo, D.C.	.25	.10
7G	Peril on Your Food Shelf—Congressman James J. Delaney	.25	.15
8G	Arthritis and nutrition — Emory W. Thurston, Ph.D., Sc.D.	.40	.35
9G	Are We Eating a Diseased Diet?—Wm. A. Ellis, D.O.	.50	.35
10G	What's in the Ice Cream you Buy?	.25	.10
11G	And Then the Real Fight—Harvey W. Wiley, FDA	.60	.55
12G	Sugar	.25	.10
13G	A Statement on Aging—Karl Lutz, L.L.B.	.25	.20
14G	Let Food Be Your Medicine—Doris Grant	.25	.20
15G	Are We Starving to Death?—Neil M. Clark	.25	.15
16G	Chemicals in Food—Dr. Harvey W. Wiley	.40	.35
17G	Bleaching of Flour—N. Dakota Agricultural College	.60	.30
18G	Nutrition in Everyday Life—Canadian Medical Association	.35	.20
19G	Hypoglycemia: Shortage of Body Fuel—William Cole	.25	.15
20G	Hypoglycemia—Alan H. Nittler, M.D.	.25	.25
21G	Mineral Nutrition—George P. Larrick, Commissioner FDA	.25	.15
22G	The Human Need for Hydrochloric Acid—Dr. E. Hugh Tuckey	.25	.15
23G	Can we forestall heart attack, stroke, and senility? — Jay Patrick	.25	.20
24G	Food—Green Grow the Profits	.50	3/1.00
25G	History Of A Crime—Dr. Harvey W. Wiley	2.50	

(continued on next page)

CANCER

1H	Should the Pill be Given to Teenagers	.25	.15
2H	Carcinogens in Our Human Environment—W. Heuper, M.D.	1.25	1.25
3H	Cancer Reprint (Directory for Treatment and Services)	.25	.10
4H	What's in the Hoxsey Treatment?—E. Edgar Bond, M.D.	.25	.20
5H	Cancer Organizations that Need Investigating—Senator Wm. Langer	.30	.25
6H	Trials and Tribulations of a New Remedy—Joseph W. Wilson, M.D.	.25	.15
7H	Sarcoma and Glucose Indictment—Japanese Jnl. of Cancer	.25	.15
8H	Twelve Questions on Cancer Treatments	.25	.15
9H	Who Murdered This Girl?—Olga Schaeffer	.25	.10
10H	Television and X-ray Radiation—Virginia Veltrano, B.S., D.C.	.25	.10
11H	Laetrile Problem Explained In Detail—Dean Burk	.40	.25
12H	Laetrile—Don C. Matcham	.25	.10

MEDICAL MONOPOLY AND MEDICAL QUACKERY

1J	The Role of Vitamin A—Umberto Saffiotti	.25	.10
2J	Monopoly as an Approach to Quackery—David Dobreer, D.O.	.25	.20
3J	Scientific vs Smear Tactics—George Crane, M.D.	.25	.20
4J	Misuse of our Pure Food Law—Royal Lee, D.D.S.	.25	.20
5J	Death Food Propaganda—Royal Lee, D.D.S.	.35	.30
6J	Medical Monopoly—Charles Orlando Pratt	.25	.20
7J	Medical Monopoly & Chiropractic—Leonard Savage, D.C.	.50	.25
8J	Medical Myths about Chiropractic—C. W. Weiant, D.C.	.25	.15
9J	Freedom and Truth—Charles I. Crecelius, B.S.	.50	.30
10J	The Seven Myths Exploded	.25	.15
11J	Autocrat at the Breakfast Table—Lowell B. Mason	.50	.35
12J	Four Food Traps—R. Dean Conrad, B.A., M.A.	.25	.15
13J	Government Subsidizes Malnutrition—Royal Lee	.50	.35
14J	Are We Masters or Slaves?—John J. Miller, Ph.D.	.30	.25
15J	Regulation vs. Regimentation—Milton A. Bass	.30	.25
16J	Grandfather Clause—George F. Townes	.25	.15

RAW MILK

1K	How to Stop a Ban of Certified Raw Milk—Louise D. McCann	.30	.25
2K	Certified vs. Pasteurized Milk	.25	.15

FLUORIDATION

1L	Fluoridation (NHF compiled book—best reference in U.S.)	3.50	3.50
2L	A Hoax from Harvard—F. B. Erner, M.D.	.25	.15
3L	Fluoridation and Dental Caries—A. Burgstahler, Ph.D.	.25	.15
4L	Medical Reasons Against Fluoridation— J. B. Bruce, M.D.	.25	.15
5L	Fluoridation vs. Freedom—F. B. Exner, M.D.	.25	.15
6L	How to Fight Fluoridation in your Area	.25	.15
7L	Another Fluoriidation Bombshell—Betty Gyneth T. Franklin	.25	.15
8L	Suggested Letter to Officials in Opposition to Fluoride	.25	.15
9L	Perilous Credulity About "Scientific Progress"—Russell Kirk	.25	.10
10L	Fresh Facts About Fluoridation—James Kilpatrick	.25	.10
11L	Dental & Medical Aspects Against Fluoridation—Albert Burgstahler	.40	.25
12L	Effects of Fluorides—H. Burkhart, D.D.S.	.25	.15
13L	Congressional Record—Extension of Remarks—J. Kilpatrick & J. Lear	.25	.15
14L	Nip It In The Bud—Don Matchan	.25	.10
15L	Farmers Crippled, Crops Burned—Dunnville, Ontario Incident	.25	.10
16L	Air is Fluoridated—Ned Groth	.25	.15
17L	Government "Not Doing Job" in Fluoridation Research—Ralph Nader	.25	.10
18L	Fluoride Kills Ponderosa Pines—Herald Dispatch by Gladys Caldwell	.25	.10
19L	Ralph Nader Discusses Fluoridation—Let's Live	.25	.10
20L	Fluoridation in the Light of Recent Evidence—Albert Burgstahler	.25	.15
21L	Scientists and Fluoridation—Albert Burgstahler	.30	.20

MISCELLANEOUS

1M	The Truth About This Man, Fred. J. Hart—A sketch of our Founder	1.00	.60
2M	George Kennedy & Chiropractic—Burt Prelutsky in West Magazine	.10	.05
3M	Aluminum	.25	.15
8M	The Dictocrats—Our Unelected Rulers—Omar V. Garrison	1.25	
9M	The Chemical Feast—James S. Turner	1.25	

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

Charles I. Crecelius — President and Executive Head of the Federation.

Address: P.O. Box 688, Monrovia, California 91016

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

Betty Lee Morales — Secretary

Dorothy B. Hart — Treasurer

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

Address: P.O. Box 688, Monrovia, California 91016

V. Earl Irons — Vice Chairman of the Board of Governors

PAID FEDERATION STAFF AND THEIR FIELDS OF ACTIVITY

Clinton R. Miller — Vice President in charge of the Washington Office, which includes Legislation and Regulations.

Address: 4620 Lee Highway
Arlington, Virginia 22207
Phone: (703) 525-3014

R. A. Laurye—Business Administrator

Address: P.O. Box 688, Monrovia, California 91016. Phone: (213) 358-1155

Convention Bureau — Plans and coordinates all convention activities.

Address: P.O. Box 688, Monrovia, California 91016
Phone: (213) 358-1155

Raymond H. Houser — Editor of the **NHF Bulletin.**

Address: 5366 Auburn Drive, San Diego, California 92105

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

NATIONAL HEALTH FEDERATION
P.O. Box 688
212 West Foothill Boulevard
MONROVIA, CALIFORNIA 91016

Entered as Second-class Matter
$5.00 Membership (includes **Bulletin** subscription)
PRICE FOR ADDITIONAL COPIES OF THIS ISSUE
35¢ each—5 for $1.00—30 for $5.00—50 for $7.50—100 for $14.00

Second Class
Postage Paid
Monrovia, Calif.

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.

IMPORTANT NOTICE

If the last numbers in the code apearing under your name in the address above read 12-74 (or any earlier date), it means your membership renewal will be due January 1, 1975. Sending in your renewal now, in advance, will save your Federation the time an expense of billing you.

COMING NHF CONVENTIONS

New York — Statler-Hilton Hotel ..... Nov. 16-17
Annual West Coast NHF Convention
Anaheim Convention Center.....January 15-18

HELP SAVE OUR HEALTH FREEDOMS