

National Health Federation

BULLETIN

JANUARY, 1975

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ANNUAL WEST COAST
NHF CONVENTION
January 16-19, 1975
Anaheim, California

THE HIGH COST OF HEALTH CARE
What You Can Do About It

●
A LITTLE BIT OF CANCER

●
FROM WHENCE COMETH
OUR DIFFICULTIES WITH THE FDA

●
THE COSTS OF FLUORIDATION

●
LEGAL AND LEGISLATIVE ASPECTS
OF MEDICAL MONOPOLY

●
CAN YOUR KITCHEN PASS
THE FOOD STORAGE TEST?

Dedicated to the Protection of Health Freedoms

THE NATIONAL HEALTH FEDERATION BULLETIN

Protection of Health Freedoms

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

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The President's Annual Report

As prepared for the NHF Board of Governors
By CHARLES I. CRECELIUS
President of The National Health Federation

In grateful appreciation for your individual and collective interest in all efforts of the health freedom struggle, I submit this report. Detailed presentations will be given our membership by department heads.

This past year has seen an increasing frequency and intensity in attacks by "experts" on all who believe in things natural or holding a minority point of view in health. To illustrate, Dr. Edward Rynearson, emeritus professor of medicine, Mayo Clinic, has charged that "Americans love hogwash." His statement referred to the increasing amount of nutritional information being disseminated in popular books, newspapers, magazines and on radio and television. These have obviously poisoned a very serious threat to drugs as the only solution to our health problems. No such language is used to attack non-threatening items such as extensive use and accompanying product promotion of alcohol and tobacco — both killers. The venom in every case is saved for those who wish to pursue their own health interests. Perhaps the old saying, repeated often by NHF's founder, Mr. Fred Hart, is appropriate, "One only throws sticks at an apple tree that bears fruit." Success of a vital, on-going program, such as ours, can sometimes best be judged by the reaction of opposition forces.

From our vantage point it appears that those opposed to health freedom for the American people are engaging in a desperate all-out struggle as evidenced by their constant propaganda discrediting all opposing points of view.

In an attempt to influence "physicians, teachers, writers, and others" in opinion-molding positions, a 76-page supplement "NUTRITION MISINFORMATION AND FADDISM" has recently been released. They are feverishly promoting restrictive laws and regulations in an effort to win now. Their view seems to be that tomorrow will be too late, and we wholeheartedly agree! But when one engages in such desperate action he is more prone to let much of his case rest on falsehood, hoping that through much loud shouting the consumer will be confused and not notice or take the time to properly evaluate. The facts are proving otherwise.

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Those who would deny our freedom of choice in health matters feel a special protective covering and false sense of security when top government agencies or employees follow their lead and succumb to their lead and monopolistic pressures. Their bold efforts have been reported by NHF in its *Bulletin* as well as to convention audiences across the nation. Monopolistic efforts have been greatly hampered by a growing group of courageous and dedicated medical doctors, dentists, biochemists and others of scientific standing who have carried out their own evaluation and taken a special interest in preventive health care. One very encouraging bit of information is that the resistance to monopolistic pressures in the health field is steadily growing. The NHF has welcomed this broadening base of support for the cause of health freedom. We have joined with others in attacking restrictive measures head-on. By further perfecting the form letter technique we have carried out our most effective educational effort to date with respect to both Congress and the general public. We increase this educational effort as issues intensify. In addition to the great impact generated by over a million form letters dealing with the food supplement issue, many personal letters, personal contacts, telegrams and telephone calls were set in motion. Because of your steadfast devotion to our cause and belief in ultimate victory we have been able to carry out this unprecedented educational campaign. It speaks well for the future. One congressman who has co-sponsored the Proximore-Hosmer food supplement bill and signed the discharge petition, describes our members and friends as "you vitamin people — no, WE vitamin people, because I am one of you — are the most stubborn, unyielding, intensely dedicated and persistent constituents I have. Every time I go back to the district I have to answer the vitamin people who want to know what is going on."

What a rare tribute to a rare breed who in times of compromise and uncertainty believe deeply enough in a cause to fight a winning battle! These are the qualities that lead to victory. The admonition at this point is to keep on keeping on.

This year, in addition to our expanded effort involving food supplement legislation, food supplement legal action, legal defense of harassed individuals, and other health freedom matters, we have moved to head a national drive which will drive fluoridation from our public drinking water. We feel confident that NHF is now in a position to mount an effective campaign which will free community water supplies of this cumulative poison. Here at the national office we carry a continuing financial burden. Although we must proceed now with our action in the fluoridation matter, funds have not yet been contributed or pledged which will insure the project's continuance. Since this is a new effort, it requires additional financing beyond that needed for our regular activities. We

pray that all of our members will sense the urgency and help to meet this special need.

Our NHF staff has shown a dedication to match that of our members. They have willingly and effectively handled assignments. We feel sure you join with me in expressing our thanks and appreciation. We pledge to each of you our untiring effort. With God's ever present blessing and guidance we will press on to win the battles that are ahead. We remain grateful for Fred Hart's early vision and sacrifice which started NHF some twenty years ago and continue to this day to sustain it. We offer our prayers that his health and strength may continue on.

We look forward to the future with great confidence. In grateful appreciation for your individual and collective interest in all aspects of the health freedom struggle, I submit this report.

Annual Report Of the Business Administrator

By R. A. LAURIE
NHF Business Administrator

A year ago, we reported that again submitting my report on the 1973 was a year of progress and conduct of the business affairs of the Federation. In so doing, it is growth for the National Health with a great deal of pride and faith Federation. To make a similar report in reference to 1974 might in the purposes of the organization port in reference to 1974 might as well as with a deep sense of seem repetitious but it is a simple confidence that what has been accomplished is also joyfully shared fact of truth. But then, this is as it should be. We must make each year a year of growth and progress. What makes each year different is the fact that the momentum has increased several-fold over the previous year. Certainly 1974 has been a year in which NHF has markedly expanded its activities, gained a larger number of new members, extended its sphere of influence, attained greater stature and recognition, and achieved more than in all past years.

It is under these circumstances that I find special pleasure in once

Conventions

In almost every instance, the 1974 NHF conventions drew increased numbers of eager, enthusiastic people seeking new answers and new hope for their health problems. It was gratifying to note also that so many more people exhibited a firm dedication to the principles of health freedom with a realization that our health freedoms must be

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protected and that such protection requires at least some effort on the part of all. Our conventions have been brought to the attention of many more persons this year through the use of additional mailing lists of health-minded individuals and organizations. The programs have been expanded in many areas and we have sought to present the very best qualified speakers in all areas. Along with the increased number of registrants attending the conventions, it has been gratifying to note the increase in the number of exhibitors and this, of course, is related to the demand of an enlightened public for more and better products in the health field.

Headquarters Office

It is a continuing delight to all who work at NHF headquarters to have adequate space and proper equipment, and since settling in our new facility, all of the work procedures are carried on with greater efficiency and savings in terms of handling requests for literature, mailing the thousands of *NHF Bulletins* each month, keeping our membership files up to date, the storage of supplies, and the coordinating of all the various programs that are going on simultaneously.

By popular demand, we have again included a modest number of books on our *Reprint List*. An attempt has been made to update our reprints, and several popular articles from the *Bulletin* are now available and presumably others will be added in the future.

Don Matchan Becomes

Editor of Bulletin

With the reluctant acceptance of Ray Houser's resignation as editor of the *NHF Bulletin*, the editorial offices of the *Bulletin* are being moved from San Diego to the headquarters office in Monrovia with Don Matchan assuming the post as editor. A prolific writer, Don has been a contributing editor of *Let's Live* magazine and other health-oriented publications and has been a friend and supporter of NHF from its beginning twenty years ago. I am sure he will be well received by his new NHF readership.

The Fluoridation Issue

Since the appointment of John Yiamouyiannis, Ph.D., as NHF Science Director, a veritable whirlwind of activity has been created by those opposing fluoridation and were determined to do something about it. And do something they did—in almost every state! The total of 21,727 "No" votes as against 4,401 "Yes" in Hilo, Hawaii, gives us great encouragement. Reports from other localities—Massachusetts, Texas, Nebraska, Washington, Montana—are equally gratifying. Much more work needs to be done in this field. In many cities and states the aroused citizenry is taking action by use of the initiative petition. This we are now doing in the City of Los Angeles after the Council voted to fluoridate the public water system. Subsequently, after much public outcry against their action, the Council has now voted to place it on the ballot. However, it is man-

datory that we continue with our petitions to insure its place and proper wording on the ballot.

All of our efforts to eradicate fluoridation in this country is taking a great deal of money and much extra work by NHF staff at headquarters. It will need to be greatly increased if we are to be successful. We are indeed grateful for all those who have supported us in this particular area and for all of the free radio, television and newspaper publicity generated in our behalf. While much opposition and misinformation is still being disseminated, it is evident that our educational efforts (backed up by an awakened scientific community and now being coordinated by Dr. Yiamouyiannis) are moving in the right direction and achieving good results.

Endowments

As in the past we are pleased to report positive activity in the area of support through estate planning. This includes wills, bequests, memorials, outright gifts of property, insurance, and inter vivos or "living trusts." This is true with respect to both the on-going programs of the Federation as well as the recently established tax deductible NHF Memorial Library. We are extremely grateful for those who have thoughtfully and generously included NHF in their estates and thus enabled the Federation to carry on its long range programs.

We would like to encourage those who believe in the goals of the Federation and who wish to

assure its continuance to contact this office for information and assistance in setting up this type of commitment.

Memorial Library Gifts

Because of his vision and generosity, we are now in the process of transferring the entire library of the late Fred D. Miller, D.D.S., (Altoona, Penn.), consisting of approximately 4,000 books, research papers and records, to the NHF Memorial Library. (See October *Bulletin*.) Others have informed us of their intentions to donate lifetime collections of valuable books, many now out of print, and thereby adding to the importance of the Library as a central depository for information relating to the philosophy as well as the practice of the various therapeutic disciplines of the past as well as present. Those contemplating gifts of this nature are invited to write for detailed information. It is to be hoped that at some time in the near future we might have the services of one skilled not only in the arts of librarianship but also to serve as a research-resource person for the benefit of our members and especially for the benefit of the present generation who are seeking, inquiring, and looking to the Federation for help in their studies in nutrition, all of the healing arts, and the production, distribution and conservation of food—most of which is lacking in our colleges today—and these students know it! The support of this kind of a library program could also be the

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source of new and more up-to-date reprints and educational materials.

Myths and Restrictions

Legislators have felt the impact of our letters and the groundswell of opposition to the FDA vitamin restrictions. As reported elsewhere our efforts in the legislative field resulted in the passage of the Proxmire bill in the Senate. However, much work at the grassroots level must be done by every individual who wishes to guard his health freedoms. Your continued support of our various funds has encouraged us to go forward in this legislative and educational endeavor.

Institutional Care

We frequently receive calls and letters from members and friends who are confined to a health care facility. The complaints are usually about the poor quality of food served, the monotony of the menus as well as the manner of preparation. Also, the lack of proper care and continuity of rehabilitative therapy. Very often the person complains about excessive noise, various disturbances caused by other patients in the same room (such as loud and continuous television), and especially about being left in the same position or location for long periods of time. We have personally gone to see some of these people, contacted the administrator of the facility, and written letters in an attempt to be of some assistance. The answer we receive in most instances is that the funds received from all the various sources are not sufficient to hire

personnel to care for the individual patient or offer him any different or better type care. Perhaps this is an area where volunteers could help out more so than at present. It is certainly a problem area that your Federation will be studying in an attempt to determine how these problems can best be resolved.

Triumphs and Tributes

Through your support of our legal defense fund we have been able to defend directly or co-counsel several cases where both individuals and business concerns have had their rights and freedoms assaulted. The advice of our attorney, Kirkpatrick Dilling, has been successful in several cases over this past year and at present several others are being handled by Mr. Dilling and/or in cooperation with local legal aid. Two of the more outstanding cases now in the courts are those involving the defense of Dr. William J. Huls of Scottsdale, Arizona, and Dr. James Privitera, Covina, California. We covet your concern for this work and please be assured that your contributions are used and accounted for in the strictest of accounting procedures and solely for the purposes for which they are given. If we are to continue defending these rights and freedoms, our efforts must be supported and our accountability assured. Those who look to the Federation for help, for information, and for guidance and strength can be reassured that we are in a place of leadership in the struggle for human rights and we must continue to maintain that position.

Charles Orlando Pratt

A Memorial Tribute To A Noble Man

On Sunday afternoon, November 3, 1974, a grand, noble, totally dedicated and honest man, Charles Orlando Pratt, passed away.

Most of the members of the National Health Federation will remember Mr. Pratt as the man who for so many years capably served as NHF's Washington General Counsel, a position from which he retired in August, 1972.

Mr. Pratt was born in Cambridge, New York, graduated from Colgate University and later received bachelor's and master's degrees in law and a doctor of jurisprudence from Georgetown University law school. Thereafter, beginning in the late 1920s, he held a number of top legal positions in agencies of the federal government including the FBI, the Department of Agriculture, the State Department, and, at one time, served in the Executive Office of the President as an executive assistant to the coordinator of inter-American affairs. Also, at one time, Mr. Pratt served as legal advisor to the Food and Drug Administration and helped write the amendment to the Pure Food and Drug Act that became the Federal Food, Drug and Cosmetic Act. Following World War II, he entered private law practice in Washington, D.C. and deservedly attained recognition as an authority on food and drug law. His many affiliations, and contributions of his time and efforts to civic and community activities deserve mention but the list is too lengthy.

Mr. Pratt surrounded his life with the dignity and propriety of a modest and humble attitude towards life. Honesty, integrity, loyalty and kindness defined his every attitude and conduct. His life was without sham or pretense. Vainglory, ambition, desire for status or authority, and lust for worldly possessions were as foreign to his personality as were envy and selfishness. In a becoming, noble manner, he displayed the "common touch" and in simple elegance, his life bore testimony that goodness of character, kindness and sincerity are, indeed, the essence of greatness.

Those who seek health freedoms have lost a valiant champion, the National Health Federation has lost a valued friend and supporter.

The following article first appeared in these pages in March, 1972. It is reprinted in honor and in memory of the man who, for so many years, served as NHF's Washington General Counsel. What he had to say in 1972 is still just as appropriate and timely today. Had Mr. Pratt had the opportunity to express some parting remarks to the members of the National Health Federation before his passing, perhaps these are the thoughts he would have chosen to leave with us.

Legal and Legislative Aspects of Medical Monopoly

By CHARLES ORLANDO PRATT

Personal experiences of millions of Americans have made them critically aware of the unwarranted and unreasonable oppression against them in health matters by federal, state and local governmental regulatory agencies which administer laws relating to health matters. These millions have found laws administered in such a manner as to foster and encourage a medical monopoly and to deny citizens of their rightful freedom of choice in matters relating to their own body and health. Scores of broad examples could be cited.

FDA Seeks to Severely Limit Sale and Use of Food Supplements

A few short years ago, the Food and Drug Administration proposed to severely limit the sale of harmless vitamin and mineral supple-

ments by banning the sale, except on prescription, of all but eleven vitamins and six minerals and these only in very limited potencies. This would have the effect of denying to millions of Americans a supply of harmless nutrient substances, or in the potencies, needed to fulfill their individualized nutritional needs. As a reason for this proposed order, the FDA stated that Americans were wasting millions of dollars buying food supplements which they did not need but this excuse was altogether too transparent. Never before had any government agency, and particularly the FDA, become so solicitous of the American pocketbook. It was only because of the forceful protest of the National Health Federation, other organizations and certain

trade groups that prevented an immediate implementation of the proposed order and forced the FDA to hold hearings on the proposals.

Post Office Uses Modified Form of Censorship of Health Books

Over the years, the Post Office Department has seized certain health books and have denied the publishers the use of the mails to ship the books. Basis for actions were that alleged fraudulent misrepresentations have been made in the advertising of the books. The Post Office officials freely admitted that medical consultants from the FDA had found statements not in keeping with the *consensus of medical opinion*, hence their action. In one recent case, it was admitted that it was not merely the advertising they found objectionable but the contents of the book and that even the title was objectionable to the medical consultants. This, of course smacks of censorship of the first water designed to suppress freedom of expression on matters pertaining to health.

Political Arm of AMA Exercises Dictatorial Influence On Government Agencies

Example after example could be cited and it is because of these incidents that now millions of Americans are becoming aware of the economic and political dictatorial influence exercised upon the federal and state governmental agencies by the political arm of the American Medical Association. This power unquestionably is brought to bear upon the governmental

agencies for the undisclosed purposes of increasing, or at least maintaining, the medical economic monopoly. This power, in many cases, is not exercised for the noble purpose of protecting the health and welfare of the American people.

For example, apparently because of the influence exercised by the medical and drug power structure, governmental agencies have used the courts of justice, both federal and state, to criminally prosecute non-allopathic doctors, proprietors of health food stores and even outstanding doctors of medicine who used, or attempted to use, any product, method or procedure in the treatment of a patient which is not recognized by the so-called "medical consensus."

This medical - drug monopoly power structure has exercised its selfish economic influence on the U.S. Department of Health, Education and Welfare; the Federal Food and Drug Administration; the U.S. Public Health Service; the National Institutes of Health; the Federal Trade Commission; the U.S. Post Office; and the U.S. Department of Justice and the offices of state prosecuting attorneys to institute criminal actions against those whose views and methods are not in accord with the consensus of medical opinion. These criminal actions have been instituted often times, I believe, not for the purpose of protecting the health and welfare of the American citizen but for the sinister purpose of

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maintaining and extending the power and influence of the medical-drug monopoly in this country.

No one is beyond the reach of this medical-drug monopoly. Through the influence of the political arm of a state medical society, a father of a child seven years old was successfully criminally prosecuted, because he took the advice of a non-allopathic doctor instead of that of doctors of medicine and he was blamed without justification for the death of his child.

Secret Recording Devices Used By FDA

The Federal Food and Drug Administration has, on more than one occasion in the past, admitted at congressional hearings that it used secret recording devices to gather evidence against individuals in connection with health care, the use of health products, and lectures on the use of natural food products as distinguished from drugs. This evidence has been used in state and federal courts against the individuals who were convicted of criminal acts based on the use of such evidence which, in my opinion, was obtained illegally in violation of Article V of the United States Constitution which provides, "No person... shall be compelled in any criminal case to be a witness against himself, not be deprived of life, liberty, or property, without due process of law..."

The Constitution of the United States guarantees freedom of religion, freedom of speech, freedom of the press, and freedom of assem-

bly. The Constitution does not specifically guarantee freedom of choice in health care but when the framers of our Constitution were drafting the Bill of Rights, thought was given to the inclusion of a provision for freedom of choice in health matters. Dr. Benjamin Rush, the first Surgeon-General of the Continental Army and one of the signers of the Declaration of Independence, said, "The Constitution of this Republic should make special provisions for medical freedom as well as religious freedom. To restrict the art of healing to one class of men and deny equal privileges to others will constitute the Bastille of medical science. All such laws are un-American and despotic. They are fragments of monarchy and have no place in a Republic."

Double Standard of Law Enforcement

The Federal Food and Drug Administration has for many years criminally prosecuted American citizens who are manufacturers and distributors of dietary food supplements, natural or organically grown fruits and vegetables, and foods for special dietary uses, even though none of these products was adulterated, deleterious, dangerous, toxic or had any harmful side effects.

On the other hand, the Federal Food and Drug Administration has for many years refused or failed to prosecute drug manufacturers who shipped in interstate commerce dangerous, experimental drugs, some of which killed patients and caused serious crippling side ef-

fects in others.

A few years ago, a large pharmaceutical manufacturing concern developed a new drug and then falsified experimental data in order to obtain FDA approval. The drug subsequently maimed and killed many persons because of its highly toxic nature. The FDA ultimately took action against the company. In the trial which followed, the responsible company officials, though found guilty, were given suspended imposition of sentences. At about the same time, the FDA brought action against a health-food manufacturer for making exaggerated alleged therapeutic claims for two harmless vitamin products. The matter was first settled in a civil action through a consent decree after which the FDA filed criminal charges, thus, in effect, prosecuting twice in connection with the same action. At the conclusion of the criminal case, the court sentenced the manufacturer to two years imprisonment and fined the company a total of \$22,000. Does this seem like a double standard of justice?

No One System of Therapy Holds Key to All Health Problems

It is certainly recognized by the American people that the medical profession has made great progress and is rendering a valuable service to the American people, especially in keeping them alive. The medical profession is made up, for the most part, of conscientious and truly dedicated men and women, most of whom are not in accord with the political and dictatorial policies of the American Medical Association

even though they may be members. In spite of the medical progress which has been made and the dedication of the doctors of medicine, however, there is a general realization among people that the medical profession cannot do the whole job with surgery, drugs, antibiotics, tranquilizers and sleeping pills.

According to official medical reports, the lifespan of the American people has been extended during the past fifty years. However such increase in the lifespan has not meant to millions of our citizens that they have enjoyed good health; and it is because of this natural desire to search for a means to enjoy a feeling of well-being that the American people have sought other means and procedures to improve their health, outside of the medical profession which has failed in coping with the health problems of millions of our citizens.

NHF Fights For Freedom of Individual Choice

Because of the tragic health situation that exists in this country today, the National Health Federation has become one of America's bulwarks of freedom of the individual to inquire and seek all methods of the healing arts professions. This includes the freedom to buy, sell and use all kinds of wholesome foods (natural or processed) as the individual may choose. This freedom does not mean the right to impose upon people any particular kind of health food or health care.

The National Health Federation believes that the freedom in the

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choice of health care carries with it the responsibility of obeying the letter and spirit of the constitutional laws of our land. However, this freedom does carry the philosophy that all our citizens have the right and the duty to work for good health laws and to oppose health laws which are not reasonable or which are monopolistic in nature and purpose.

Herbert Hoover, the 31st President of the United States, on the occasion of his last birthday, lauded "Freedom of Choice in the United States." He said, "In short, we have freedom of choice, and the product of our freedom is the stimulation of our energies, initiative, ingenuity and creative faculties." Mr. Hoover

climaxed his famous statement when he said, "Freedom is the open window through which pours the sunlight of the human spirit and of human dignity. With the preservation of these moral and spiritual qualities, and with God's grace, will come further greatness for our country."

The National Health Federation will continue its perennial war against the medical-drug monopoly. The National Health Federation will try to reopen the "window" through which pours the sunlight of human spirit and human dignity—which window has been closed and darkened by bias, prejudice and lack of understanding in health care.

FDA Still Silent On Court's Order To Modify Vitamin Regulations

The Food and Drug Administration has not yet intimated how it intends to modify its pending dietary supplement regulations in compliance with the order of the U.S. Court of Appeals in its opinion rendered on August 15, 1974. In rendering its opinion, the court upheld FDA's legal authority to issue the regulations and upheld a large part of the complex set of regulations. However, the court did not concur with the FDA on several major points and, accordingly, ordered FDA to appropriately modify certain sections of the regulations. The court also issued a stay of the effective date pending FDA from implementing any part of the regulations until at least July 1, 1975.

One of the several petitions to the court, which prompted the court's review of the regulations, charged bias and procedural errors in the hearings on the then proposed regulations. The court concurred at least in part with this charge when it noted that the hearing examiner wrongfully refused to permit Dr. Miles Robinson, NHF's representative at the hearings, to cross-examine one witness in particular, a Dr. Sebrell, whose testimony strongly supported the FDA position. Accordingly, the court commanded the FDA to reopen the hearings to permit Dr. Robinson to cross-examine Dr. Sebrell. To date (December 1st), FDA has not indicated plans to comply with the court's order.

From Whence Cometh Our Difficulties With the FDA

By JAY PATRICK

"An inadequate Vitamin B-6 state has been implicated," says the 1974 report of the National Academy of Sciences, "in an extraordinary number of seemingly unrelated conditions involving large numbers of individuals."

Coming from the federal organization that supplies the guidelines for most of what the FDA tries to do to us in restricting the use of vitamins, this and a number of other statements in the most recent report of this group is especially interesting. Indeed, it's news!

"Although a number of methods have been devised for determination of the forms of Vitamin B-6," the report continues, "data on the Vitamin B-6 content of foods are insufficient, and information on the availability of Vitamin B-6 is lacking."

"Concern has been expressed over the possible increase of Vitamin B-6 requirements of women during pregnancy and while taking steroid contraceptive pills."

This information comes from the book *Recommended Daily Allowances*, 8th Edition, 1974, just re-

leased by the National Academy of Sciences in Washington. Indeed, it includes on its last page the Recommended Daily Allowances (RDAs) which are now followed by the FDA.

This is a rather interesting book containing much valuable information. However, it manages to stop just short of showing a good understanding of our nutritional needs.

"The RDAs," it states, "are the levels of intake of essential nutrients considered . . . to be adequate to meet the known nutritional needs of practically all healthy persons."

The problem here seems to arise from the basic attitude of the group in assuming that a person is healthy if he has no *obvious, clinical* symptoms of illness and can manage to get around.

A more advanced concept can be taken from the words of Noble laureate Dr. Albert Szent-Gyorgyi: "Full health is the state in which we feel best, work best, and have the greatest resistance to disease."

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"No one knows what full health is," Szent-Gyorgyi adds, "and when he may achieve it, he may not even then know how far he has progressed." However, this is a dynamic approach that can lead man to bettering his state rather than just getting by as he has for countless centuries past.

Consider the attitude of the council toward Vitamin C.

"Although many species of animals are able to synthesize ascorbic acid and therefore do not require it in the diet, man and other primates, and the guinea pig—deprived of a dietary source of Vitamin C for a sufficient length of time—develop scurvy, a potentially fatal disease characterized by weakening of collagenous structures."

Remarkably, the group is just barely aware that man does suffer from a genetic disease, his inability to manufacture ascorbic acid in his own liver, as can more than 99% of other animals. However, these men fail to recognize that the quantities of ascorbic acid produced by this predominant majority of animals is far in excess of any that can reasonably be obtained in man's diet. In fact, Biochemist Irwin Stone reports that the goat can daily produce about 13,300 mg. of ascorbic acid, based on the weight of a 154 pound man.

The second error of this body is in following the old criteria that the presence or the absence of scurvy is the basis on which we should equate man's need for ascorbic acid. There again, Dr. Szent-

Gyorgyi emphasizes that "scurvy is a pre-mortal syndrome. It means that you are about to die—and this is no way to equate full health."

"The functions of Vitamin C," the authors state, "are not completely elucidated. It is known that Vitamin C plays a role in the synthesis of collagen . . . in the metabolic reactions of amino acids, and in the synthesis of epinephrine and anti-inflammatory steroids, e.g., hydrocortisone, by the adrenal gland. In addition, ascorbic acid deficiency is associated with impaired wound healing."

As to wound healing, the doctors may be interested to know that the latest research shows that three grams of ascorbic acid daily speeds wound healing time about 60%. Here we are talking about 3,000 or more milligrams of C, whereas maybe only 10 milligrams are daily necessary to prevent death from scurvy.

The report does grant that "under certain conditions of continued stress and drug therapy there may be an increased need for the vitamin." But perhaps 90% of our population is in one way or another under continued stress and, treated by the average drug-oriented doctor, suffering from the drug therapy that requires more and more of the protective agent, ascorbic acid.

On page two of the book we encounter this refreshing bit of candor: "We are well aware that present knowledge of nutritional needs is incomplete. Requirements of man

for many nutrients have not been established. The essentiality of several nutrients has been established only within the past few years. Also, research continues to provide new information about the relationship between nutrition and resistance to infection and stress, to cite just two problems under active investigation . . . thus, losses of nutrients that occur during the processing and preparation of food should be taken into consideration in planning diets based on tables of food composition."

Space does not here permit a thorough review of this publication. Perhaps additional reviews can be included in future issues of *The Bulletin*.

Indeed, in our democratic society, the booklet seems to be mistitled in that the word *allowances* is used both as a title and covering the data followed by the FDA. By my dictionary the word allowance pertains to something that is granted, almost as a favor, by someone else; perhaps, in this case, by Our Great White Father in Washington. Maybe it is this thinking that has confused the FDA into believing that they must decide what to allow.

Thus I suggest a new title for this advice, which should scarcely be made a part of our law: "Recommended Dietary Intake."

This might help the FDA and our legislators to understand that it is scarcely the business of our government to tell us what we must eat or how much we must eat, especially when no one really

knows with certainty the exact nutritional requirements for excellent health of any given individual, which each of us surely is.

Anyway, under the misnomer *Recommended Dietary Allowances*, the book is available from: Printing and Publishing Office, National Academy of Sciences, 2101 Constitution Avenue, Washington, D.C. 20418. It contains some very good advice. — And some that isn't so good.

BEQUESTS and GIFTS

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

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

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

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

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

The High Cost Of Health Care

—What You Can Do About It!

By WILLIAMSON GOOD
Reprinted with permission from FREEDOM

On the face of it you would think there is not too much an individual can do to keep down the spiraling costs of medical care.

After all, if you get sick—especially if it is an emergency—who wants to start shopping for the cheapest hospital or a cut-rate surgeon. On the contrary, if you get sick, you want the best care you can get. And once in the hospital, you get—and pay for—what the doctor orders.

Paying for what the doctor orders these days is itself enough to make you sick. Although all costs have been going up, hospital costs have risen at least 100% and doctors' fees 50% faster than the cost of living. Some experts even predict that the cost of a hospital room—now running at better than \$100 a day in major cities—will soar to \$400-\$600 by the end of the decade.

There are a number of reasons for this skyrocketing of health costs. One is the availability of new—and very expensive—technology not available even five years ago. Another reason is that salaries of hospital support personnel—orderlies, nurses, domestic staff, etc.—were finally brought into line with other salaries in the economy.

But there are other reasons as well.

For example, we are now paying the price for something that happened over 30 years ago. In the thirties, the American Medical Association convinced medical schools that there was a surplus of doctors and that they should reduce the size of medical school classes. This the medical schools dutifully did, and it was not until 1951 that this policy was officially reversed. As a result, there are a lot less doctors today than are needed. And as the old, familiar law of supply and demand states, where an item or service is in short supply, the price will be higher than it otherwise would.

UNNEEDED SURGERY

All this is very interesting, but of what use is it to a man worrying about how he is going to pay for his kid's tonsillectomy? Not much.

But wait a minute. Suppose the kid really didn't need that tonsillectomy in the first place? Suppose it was unnecessary? If the parents could find that out and then not have to pay for the operation, that would be a considerable saving.

Strange as it may sound, not having unneeded operations is one important thing people can do to reduce their medical bills and increase their health as well. For it is a sad fact, that unnecessary operations do occur—and frequently.

Charges of unnecessary surgery being performed have been commonplace in the press for at least two years. Most recently, Dr. Francis D. Moore, a member of an American College of Surgeons committee investigating the number and use of surgeons in the country warned that there is evidence that unnecessary surgery is being performed just so that some surgeons can remain busy.

It was the same American College of Surgeons which released a study in December of 1971 showing that 1749 surgeons—11% of those responding to a survey—reported that "operations of questionable value" take place in their hospitals "once a week or more." At a minimum, that adds up to 90,948 "questionable" operations a year.

Dr. Lawrence P. Williams, the pseudonym of the West Coast surgeon who wrote *How To Avoid Unnecessary Surgery*, estimates that at least a fifth of the surgery performed each year is unnecessary. Some operations have even a higher percentage of "uselessness." According to Williams, 50% of tonsillectomies and 30% of the hysterectomies are of benefit only to the surgeon that performs them. One doctor even referred to such operations as "remunerectomies."

Other evidence indicates that the rate of unnecessary surgery may even be higher than Dr. Williams estimated. About two years ago, administrators of a United Mine Workers medical insurance program began receiving what they considered to be an exorbitant

number of surgical bills, so they demanded that their members see a second doctor before submitting to surgery. As a result, the number of hysterectomies dropped by 75%, appendectomies by 60% and hemorrhoidectomies by 35%.

So—how can someone avoid having something cut out that doesn't need to be cut out?

There are two basic ways.

One of them is to follow the advice of Herbert J. Denenberg, the controversial Insurance Commissioner of the State of Pennsylvania. Denenberg published a pamphlet, "A Shopper's Guide to Surgery." (Excerpts from Denenberg's 14 rules are printed as an insert in this article.)

The next time a doctor says to you, "I recommend that we operate," go dig out Denenberg's rules, follow them, and you might find you don't need an operation after all.

PREPAID PLAN

The other way to avoid unnecessary surgery—and get quite a bit more medical care for your dollar—is to belong to one of the growing number of prepaid group medical plans now spreading all over the country.

The basic idea of prepaid care is quite simple and quite different from regular medical insurance.

In a prepaid system, you pay a monthly fee to a medical group. This group of doctors provides you with the care you need. While there are other details, such as a mini-

(Continued on page 19)

HOW TO AVOID UNNEEDED SURGERY

To help consumers combat a wave of unnecessary surgery, Herbert Denenberg, Pennsylvania Insurance Commissioner, prepared "A Shopper's Guide to Surgery: Fourteen Rules on How To Avoid Unnecessary Surgery." Denenberg's "Rules," in checklist form, follow:

1. Don't go directly to a surgeon for medical treatment. Go to your regular family doctor—a general practitioner or internist—for any initial diagnosis.
2. Make sure any surgeon that is to perform surgery on you is Board certified. This means his competence as a surgeon has been certified by one of the American Specialty Boards, after a vigorous oral, written and clinical examination.
3. Make sure the surgeon you are to use is a fellow of the American College of Surgeons.
4. Even if your family doctor and surgeon agree that surgery is necessary, consider getting an independent consultation or opinion before subjecting yourself to surgery.
5. Make sure any surgery is performed in an accredited hospital and, if possible, select a hospital that gives staff privileges (i.e., the right to practice in the hospital) to both your doctor and surgeon.
6. Don't push a doctor to perform surgery on you. If you insist on surgery, even if it is unnecessary, you are likely to find a surgeon willing to perform it.
7. Make sure your doctor and surgeon explain both the alternatives to surgery and the possible benefits and complications of surgery.
8. Frankly discuss the fee for surgery with your doctor.
9. Check the surgeon out with those who know him or have used him. This includes other patients as well as associates of the surgeon.
10. Make sure the surgeon knows and is willing to work with your general practitioner or internist. If they can't work as a team, you may be the loser.
11. Consider a surgeon who is a part of a group practice and preferably a group that includes internists, surgeons and other specialists. With a group practice, you are more likely to have a doctor available at all times who is familiar with your case and you have the built-in benefits of consultation.
12. Select a surgeon who is not too busy to give patients enough time and attention.
13. Be especially on guard if some of the operations that are most often unnecessarily performed are proposed for you. These include hysterectomies, hemorrhoidectomies and tonsillectomies.
14. The patient, not the doctor or surgeon, is supposed to, and is entitled to, make the decision on whether to have surgery. Listen to the experts. But remember, it's still your decision.

mum charge for office visits, this is basically all there is to it.

By way of contrast, insurance carriers, such as Blue Cross, are not themselves the providers of medical care. Generally, they cover only certain kinds of care.

When a subscriber to one of these plans gets sick, he goes to the hospital and gets operated on or treated. The insurance carrier then pays at least part of the bill.

Under such a system, which is known as "fee for service," there is actually a financial incentive for a doctor to operate. Quite simply, the surgeon doesn't get paid unless he does.

But under the prepaid plan, there is a financial incentive for doctors to keep the patient well.

This can be seen quite clearly in the structure of the largest and most successful of the prepaid group plans, the Kaiser-Permanente Medical Care Program which is headquartered in Oakland, California.

The Kaiser plan works this way: Each year Kaiser doctors negotiate a contract with the Plan for a fixed sum of money. For that sum, they agree to deliver complete medical care, excluding dental, to all members of the Plan. Any money left over at the end of the year is divided among the doctors as a bonus in addition to their regular salaries.

So under this system, there is an incentive to keep costs down . . . and quality up. Sloppy medical care can result in complications and long and expensive hospitalization.

At Kaiser, and other group plans as well, a doctor's work is under constant scrutiny by his peers. Incompetent doctors are shown the door.

The results of the Kaiser system are impressive. Kaiser members have only about half as many operations as people subscribing to comparable plans such as Blue Cross. And at about 25% less than the going market rate.

Currently, the U.S. is undergoing an expansion in the number of prepaid group practices. Kaiser alone has over 2.5 million members and employs 2600 physicians in five states.

People interested in this mode of medical care can find out about the different group practices by calling their local medical society.

NEW LIFE AND PERPETUAL MEMBERS

Perpetual
Toner Distributing
Life

Mrs. Alice B. Samuel
Stella De Counte
Agnes Carlson
Mr. and Mrs. Norm Drew
Robert A. Wonder
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John and Dorothy Harter
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Linblads, Inc.
Stephen E. Galya

(Received mid-October thru mid-November)

The Costs Of Fluoridation

By LEE HARDY

No. 16 In A Series

Fluoridation has been represented as an economical matter. For only a few cents per year, communities have been told, their children can have the benefits of protection against dental caries. Some of the communities which have tried fluoridation tell a different story. St. Maries, Idaho, discontinued fluoridation only two months after starting it. Water Chairman C. W. Blake stated in the St. Maries *Gazette-Record*, "The sodium fluoride that we have used . . . has cost the city twenty times as much as the Council was led to believe it would cost . . . Look up our record in the City Hall."¹ In Mount Dora, Florida, the annual cost estimated in 1950 at \$400 actually amounted to \$2,400 per year. In Des Moines, Iowa, instead of the advertised \$6,550, the actual cost was \$16,654.94.

These statistics are from earlier years of fluoridation. Installation and other costs have increased since that time. The cost of fluoride has more than doubled. As demands for fluorides have increased fluoridation has developed from a waste disposal operation to a full-fledged business. New and even more harmful fluoride preparations are being prepared by chemical companies for use in fluoridation.

Not only has fluoridation been considerably more expensive than

Health Service and its local extensions in thousands of communities for the purpose of promoting fluoridation in this country, and also in other countries. Citizens of each and every community who oppose fluoridation must raise funds in their attempts to keep their water pure, and legal actions taken are costly. Further, there are instances in which community governments have had to defend themselves against damage suits, real or imaginary, brought by citizens who claim harm. As Jonathan Forman, M.D., has stated, "Every city contains a large segment of neurotics who will develop symptoms as soon as they learn that 'rat poison has been put in the water.' From this group a great many claims will arise. Even if not won, there will still be the cost of litigation to be borne by the taxpayer."³

One source of expense in regard to the use of fluoride is the fact that it is one of the most corrosive substances known to science. In Schenectady, New York, after a total of approximately fourteen weeks of operation over a two-year period, an unsuccessful attempt was made to end fluoridation. The trouble was in corrosion of metal parts. An expenditure of \$25,000 to \$30,000 was necessary for repairs to machinery. In the Sheridan (Wyoming) Press (October 1, 1953) Commissioner Tony Pelesky reported that ". . . fluoride had eaten out pipes connected to equipment at the water intake in a period of three weeks." Admittedly, the pipes may have been old. However, At-

torney J. F. Raper reported an epidemic of burst water pipes, burst hot water tanks and an unusual number of auto radiators eaten out by "some chemical."

J. S. Johnson, Jr., Mayor of Fulton, New York, stated (June 18, 1956): "During three years of fluoridation we had a great increase in repairs; brass rods which support the gears in the water meters were eaten away. According to our water superintendent this occurred in water meters of varying ages, eliminating the possibility that meters were breaking down at the same time because they were purchased at the same time."

In Miami, Florida, the president of a water heater company stated (February 22, 1957) that he was forced to replace approximately 5,000 heaters in the Dade County area during four years of fluoridation. During the same period previous to fluoridation only 100 tanks had to be replaced. On January 14, 1957, J. W. Jarvis, Sr., Refrigerator Service, of Astoria, Oregon, reported excessive corrosive action on bronze filtering screens of refrigerators. He stated, "Corrosive action is due to fluoride rather than other chemicals, because not a single service call of this nature came from Long Beach, Washington, or Seaside, Oregon, where there is no fluoride in the water."

Unless alterations or more recent interpretations of the Food and Drug Law have mitigated penalties, certain industries have problems caused by the addition of (Continued on next page)

fluorides to public water supplies. In 1961 James Rorty wrote in the introduction to the book, *The American Fluoridation Experiment*, by Frederick B. Exner, M.D., and George L. Waldbott, M.D. (Devin-Adair Company, New York), "Under the Food and Drug Law, fluorine is classed as a poison, the use of which in processed foods in any quantity is prohibited. In 1945 the Commonwealth Brewing Company was convicted and fined \$5,000 for adulterating its product with fluorine . . . In Rochester, N.Y., the Beech Nut Packing Company is defluoridating expensively the fluoridated city water it uses in the processing of its food products."⁴ Rorty calls attention to the fact that the use of fluoridated water in various foods and beverages, including baby foods, would

be likely to exceed limits considered safe.

No estimate can be made of expenditures for illnesses or the number of deaths caused by ingestion of fluorides from fluoridated water, or the loss of productivity because of ill health due to their action. However, such costs are certain to have been great. Refer to No. 13 of this series for increases in mortality rates in various communities following the beginning of fluoridation.

1. Blake, C. W., St. Maries (Idaho) Gazette-Record, Feb. 25, 1956.
2. Exner, F. B., *Behind Fluoridation—the Real Issue*, Natural Food and Farming, Sept. 1962, P. 32.
3. Forman, J., *A Statement on Fluoridation*, Natural Food and Farming, Sept. 1962, P. 8.
4. Rorty, J., Introduction to *The American Fluoridation Experiment*, P. 20.

EVERYBODY—(well, almost everybody) will be attending

The Annual NHF West Coast Convention

January 16, 17, 18 and 19 at the

Anaheim Convention Center (adjacent to Disneyland)
Anaheim, California

WOW! What a program we've planned for this convention. Four days jam-packed with noted speakers sharing their information on current health legislation, nutrition, cancer, fluoridation, pollution, health-related legal battles, new therapeutic breakthroughs, etc. In addition, as usual, there will be approximately 175 exhibits to show what's new in the field of health products. Many excellent motels near the Convention Center for your convenience. See you there!

Can Your Kitchen Pass The Food Storage Test?

The proper storage of foods in the home is essential for food safety. Can your kitchen pass this food storage test?

By JANE HEENAN
Reprinted from FDA CONSUMER

It'll never happen, but if the Food and Drug Administration were to inspect every family kitchen in the United States for proper storage of foods — most of them probably would flunk.

It takes a concerted effort by homemakers and good planning in the kitchen to avoid many food storage pitfalls. Proper storage of food is essential to assure the products' safety and quality.

Prove it to yourself. Be your own inspector. Check out the "family food firm" in your own kitchen and see what needs to be improved. Make a list of changes that are needed, and then make them.

Checkpoint One

The first step is a check of cabinets underneath the kitchen sink, or any cabinets through which water pipes, drain pipes, or heating pipes pass. Any food stored there? Sacks of onions or potatoes, or perishes some liquids or canned goods?

If so, count yourself already in violation of good storage practices.

Foods should never be stored in these cabinets, because they will attract insects and possibly rodents

through openings that are almost impossible to seal adequately. Also, possible leakage from the pipes can damage the food products, causing cans, for example, to become overheated or rusty.

It is always a mistake to store anything you may eat alongside potent household chemicals. Bottles of cleaning chemicals could easily be mistaken for bottles of soda or another food. Imagine a salad dressing of vinegar and denatured alcohol!

Next, take a look at the open surfaces in your kitchen. Any food sitting out? Meat thawing at room temperature? A carton of milk you'll put away "in a minute"?

Foods that should be refrigerated or frozen should be handled always with special care. Bacteria in such foods can multiply rapidly under certain conditions—that is, outside the refrigerator or freezer. Always remember to keep cold foods cold.

Take a look at your breadbox. While bread normally keeps fresher longer at room temperatures than in the refrigerator, in hot humid weather bread is better protected

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against mold in the refrigerator.

Next, look at storage areas near heat sources, such as the stove. Foods should not be kept in cabinets above the stove. Even dry mixes, which may be held at room temperature, will not keep well in that area.

Checking the Stock

Now take a look at foods being held at room temperatures.

The first place to check is the canned goods. Reach all the way to the back of the least accessible shelf. Any dust on the cans? If so, you'd better make some adjustments in your kitchen.

Cans should always be kept clean and dust-free. Any foreign matter on the tops of cans will be pressed into the food itself during opening.

Pick up each can on the shelf. Does it stick slightly? This could be a sign of leakage, and the can should be returned to the store. Weak seams in the cans can allow gases to build up and force fluid out. This can be a dangerous situation, as toxins (poisons) can be forming.

If you have cans on your shelf that leak, bulge, or are otherwise unusual, be very careful! Notify FDA. At the very least, return the can to the store and notify the manufacturer.

By alerting the store, the manufacturer, and FDA, you could be helping protect other consumers. Necessary measures can be taken to locate and remove other cans with the same code number that may also be contaminated.

Resist any temptation to taste food that doesn't seem right. You don't even have to swallow the food to be poisoned by the toxins produced by certain types of bacteria. In some cases, even the food's taste is no indicator of safety.

While you're checking through the pantry, reread some of the labels to see if some of the goods should have been refrigerated. Don't assume that all boxed or canned goods may be held at room temperature. For example, canned cheeses such as Brie and Camembert should be kept under refrigeration even before opening.

And a double-check with every purchase of grated Parmesan cheese is necessary; some containers call for refrigeration after opening and others don't. If you've made a mistake and failed to refrigerate something that should be, throw the product away.

You may also find honey and syrup that's been opened but remains in your pantry. Syrups are better protected from mold in your refrigerator. If crystals form in refrigerated honey or syrup, simply place the containers in hot water before use.

Peanut butter also belongs in the refrigerator after opening, and it can stand at room temperature for a short while to soften before use.

Before your pantry inspection is complete, check on storage of nuts. Unshelled nuts held at room temperature up to about 6 months are no problem in your kitchen. But other nuts, because of their high fat content, should be stored in air-

tight containers in the refrigerator or freezer to delay rancidity. If they have become moldy, throw them out.

Your Biggest Problem

Now for the toughest part of your inspection—the refrigerator. You'll probably find more problems here than in any other area. Why? Because you've expected it to do things it was never meant to do.

You may have thought the refrigerator would destroy most harmful bacteria in food. Wrong. Refrigeration will retard the growth of the bacteria found in food, and keep them from multiplying. Their ability to spread or produce a poison is greatly inhibited by refrigeration, but bacteria or poison present in a food may still be there even after refrigeration.

The same is true for freezing. Freezing does not kill bacteria in food, it simply stops their spreading. The bacteria will become active and again continue to spread as the food is thawed. Such foods should be prepared as soon as possible after thawing.

But with many foods you will still have rapid deterioration even in the refrigerator. Broths, gravies, stuffings, chicken salad, potato salad, poultry, fish, liver, kidneys, brains, and giblets are some of the foods that should be used within 1 or 2 days of home storage.

So your first check is to see that foods aren't being held too long. Look inside covered dishes, sniff beverages, open bags and bins. Throw out questionable items as well as products you really don't plan to use.

With the most obvious part of your refrigerator survey out of the way, you still have several points to check before further considerations about the stored items themselves.

Do you have an accurate thermometer in your refrigerator and freezer? Chances are there's no thermometer at all—probably only a regulator allowing for general setting of "colder" or "warmer." Good thermometers made especially for refrigerator and freezer use may be purchased and should be used.

In the normal home refrigerator, a temperature of 45 degrees Fahrenheit may be adequate to hold food 3 to 4 days; but if items are to be kept longer, they should be refrigerated at 40 degrees or lower. In the freezer compartment, foods to be held for long periods should be kept at zero degrees, but you'll probably find this not maintained throughout the compartment. A thermometer is really your safety map of the refrigerator. Without it, you're missing an important part of quality control for your kitchen, and, in strictest terms, you don't pass inspection.

Next, check around the motor and refrigerating unit. Lint and dirt on these parts cut off the air supply, overwork your refrigerator, and reduce efficiency.

Look at the gaskets (the rubber insulation) around the doors. They should be flexible. Stiff, cracked, and damaged insulation allows air seepage. Make a test with a dollar bill. Hold it halfway in the door, shut the door, and see if you can

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easily pull the bill out. If so, the gasket is allowing air to escape and should be repaired.

Next, check your freezer. Frost buildup of one-fourth inch or more actually serves as insulation AGAINST keeping foods frozen well.

And one final, simple check for the refrigerator itself. Is it clean? Enough said!

Inspect for Good Management

How you manage foods in cold storage — how you wrap them, where you place them, when you use them — is important for the safety and quality of every item. Your check list of things to change after this inspection could very well include management techniques.

First, check for these procedures on wrapping:

Fresh meat should be wrapped loosely, just enough to allow air to circulate but not enough to let the product dry out.

The rule is reversed for leftovers: they should be covered tightly.

Raw poultry should be unwrapped, placed on a dish and covered. Giblets must be wrapped and stored separately. Also, stuffing must never remain in meat and poultry; warm dark cavities are ideal areas for growth of dangerous toxins.

All containers should be closed or covered.

Leftover egg yolks should be covered with cold water and refrigerated with a cover. (They should be used within 2 to 4 days.) Whites don't need the water.

For freezing, all items should be wrapped tightly in moisture-resistant materials, such as freezer paper or foil.

Where you put the food is important for three reasons: 1) Some should be kept colder than others; 2) Food placement affects air circulation and efficiency of the refrigerator; 3) Foods that should be used quickly need to be in full view so they're not easily forgotten.

The coldest part of the refrigerator is the area nearest the freezing compartment. Milk, meats, and most leftovers should be in that area.

Foods should not be stacked, and refrigerator shelves should never be covered with foil or any material that keeps down air circulation.

Produce should be held in the lower compartments to prevent crystallization.

Food should also be arranged, both in the freezer and the refrigerator, so that the oldest is used first. This is important for safety as well as flavor, texture, and nutrition.

How Did You Do?

You may have found several areas where you've used improper storage methods. And you may say to yourself, "It can't be so bad, because what I've done hasn't killed me yet!"

But this response is a cop-out.

How many times have you or members of your family said, "I don't feel very good. It must have been something I ate.???"

A Little Bit Of Cancer

By IDA HONOROF

On June 11, 1974, Jack Anderson revealed that a very important portion of a National Academy of Science, (NAS) report had been deliberately deleted. (Sounds like another Watergate.) A warning that oil pollution in seafood may encourage cancer, birth defects, and other medical horrors. This warning had been censored — deleted from the scientific study on oil hazards!

The study was stamped "Privileged Information" "Not for Publication" "Do Not Quote or Cite." Anderson obtained this confidential volume, including the censored cancer warning. The part you weren't supposed to know, read like this. "There is evidence that oil pollution, found in seafoods, causes tumors in mice even at low concentrations, and may be significant agents in human cancers." The dangers of charcoal-broiled steaks received wide publicity, but the suppressed section tells of far higher concentrations of cancer-causing oil chemicals in codfish, sardines, crustaceans, and mussels. The suppressed passage cautiously notes that "the mechanism by which chemicals cause the induction of cancer is almost totally unknown, and the situation is even worse with respect to the chemical induction of birth defects . . ." Another portion that had been deleted

stated, "It can be postulated that any significant increase in the amount of ingested P.A.H. (a cancer-causing substance in oil) may increase cancer risk. P.A.H. is also a suspected carcinogen in cigarette smoke, burning refuse, power plant emissions, coke smoke, and from motor exhaust fumes. These sources blow more P.A.H. into the environment than comes from oil pollution."

This report that was never officially released to the public, stated, "Even if the probability of cancer induction of an individual is very small, a society must not accept the risk." The research suggesting "oil pollution could cause cancer" was omitted without explanation and in its place was a powder puff statement that "the effect of oil spills on human health appears to be negligible." Jack Anderson writes, "It may be only a coincidence that scientists from Shell and Chevron oil companies helped prepare the report."

In the *Los Angeles Times* (August 29, 1974) appeared a very important news item, only it was conveniently buried at the bottom of page 27 overshadowed by a ½-page advertisement. The firms of Allied Chemical and Dow Chemical Company had reported that the inorganic arsenics have caused high

(Continued on next page)

cancer rates among their employees. They reported this to OSHA (Occupational Safety and Health Administration). In July both these companies voluntarily shut back or stopped their use of arsenics, but there are many other industries that still process them and use them in other products. One important area where arsenic is used is in chicken feed, in order to increase the hen's egg-laying capability. Only last year the FDA found excessive residues of arsenic in chicken livers, and all they said was, "we'll have to be more careful in the future - won't we?" They didn't ban the use of arsenic! Could it be that Dow and Allied voluntarily reported to OSHA because of the vinyl chloride incident. Is it possible that they are trying to save having all of their products containing arsenic from being removed from the market, as is the theoretical case with vinyl chloride.

Early in 1971, B. F. Goodrich became aware that three of their employees had died from angiosarcoma, but they didn't broadcast the information. Neither did they announce the fact that for over a year, chemical firms in the United States and Europe had withheld significant scientific findings, linking liver cancer with vinyl chloride. All of the firms were bound by an agreement not to reveal the information that had been obtained from animal tests being run in Italy. EPA and FDA have now begun to recall all sprays that use vinyl chloride as the propellant in the product (hair sprays, antiperspirants, de-

odorants, spray paints, etc.) but this is being done very, very slowly. The EPA has only recently begun to gather information as to which industries pollute our air with vinyl chloride. In the meantime, vinyl chloride is being allowed to pollute the entire environment, since there are no air pollution control standards for vinyl chloride. Why had these toxic chemicals been allowed without proper testing and why did the EPA and FDA wait so long to act?

Consider the recent incidence with Dieltrin, a product of the Shell Chemical Co. The EPA has overwhelming evidence that aldrin and dieltrin cause cancer. They've known it for too many years. According to laboratory studies of animals, it has been projected that if these chlorinated hydrocarbons are used for an additional year to 18 months, as many as 230,000 additional Americans will develop cancer. Residues of dieltrin have been found in 96% of all meat, fish and poultry sampled; 83% of all dairy products; and 88% of all garden fruits. Animals absorb and retain, in their fatty tissues, the dieltrin from animals and plants below them in the food chain, so that Americans, because of their heavy consumption of meat, ingest particularly large quantities of the chemical. Dieltrin has been proven to be carcinogenic!

Samples of human fat obtained during surgery and at autopsy showed that in 1971, the most recent year for which data was available, 99.5% of Americans tested had

dieltrin in their fat—an increase of 3% from the previous year. Infants are thought to take in disproportionately large quantities of the pesticide because so much of their diet is milk. Experiments with mice and rats indicate that even at low dietary levels, for periods of as short as several weeks, dieltrin causes cancer of the liver, lungs, lymphoid tissue, thyroid, uterus and mammary glands. Studies by independent scientists in Florida, Hawaii and New Zealand show a

strong correlation between lung cancer and high levels of dieltrin in the body. Dieltrin has been in use for 20 years.

There is absolutely no safe dose of a carcinogen.

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Chiropractors Rate High In Doctor-Patient Communications

How poorly physicians may communicate with their patients or enlighten them about their illness and treatment is underscored in a study at the University of Utah Medical School.

Researchers in the Department of Family and Community Health interviewed workmen treated by chiropractors and others treated by physicians for problems as a result of injuries on the job. They found that the chiropractors were at least as effective as the physician in relieving pain, restoring function and satisfying the patient.

Dr. Robert L. Kane of the University of Utah says there are some valuable lessons for the medical profession here. "It appears," he says, "the chiropractor may be more attuned to the total needs of the patient than is his medical counterpart."

"The chiropractor uses language patients can understand. He gives them sympathy and does not take a superior attitude."

Physicians, in general, used medication, heat, braces or casts, physical therapy and braces with the more disabled patients.

Chiropractors used manipulation, heat, braces or casts and exercise. With the more disabled patients, they were more likely to use heat and braces. They used medication for only about one out of 20 patients.

The facts revealed in the study, says Kane, emphasize the powerful influence of a good doctor-patient relationship, whether in chiropractic practice or traditional medicine.

— Arthur J. Snider in
the San Francisco Examiner

Book Reviews

THE HEALTH ANTHOLOGY OF MEDICAL FACTS AND FALLACIES — edited by Harold Pallatz (Ideal World Publishing Company, P.O. Box 1237 EG, Melbourne, Florida 32935; 172 pages; hard cover; \$6.50).

As implied in the title, this book consists of reprints of sixty or more articles which have appeared originally in newspapers and magazines. Primarily, these are news accounts relating to new scientific findings or observations relating to human health or life. In perusing the articles, it is possible that the reader may recall seeing a few of these reports when they were originally published, but this fact does not lessen the worthiness of the book because the editor has used exceptionally good judgement in selecting articles for reprinting in this volume and, as a result, the reader will find the book filled with fascinating reading — articles with strong human interest, articles conveying information relative to significant scientific discoveries, articles concerning new therapeutic methods from all parts of the world, etc. In fact, being armed with the information contained in this volume is almost sure to make you a fascinating conversationalist.

Some of the topics covered in the book include a Russian fasting

cure; arthritis remedies include acupuncture and a new cheap drug, DMSO; a new British discovery is effective against bronchitis and ear infections; acupuncture in China today; life in outer space; FDA reports on ineffective drugs; how to avoid psychosomatic illnesses; how Vitamin E treats liver ills; mercury contamination to last 100 years; the primitive tribe that has no toothaches; and many, many more interesting subjects.

In addition to the articles having just plain human interest, a large number of the chapters are reprints of articles providing useful, and perhaps valuable, information on specific health problems. Included in this category are articles dealing with drug actions and adverse reactions, foot care, headaches and a number of other common disorders. In any event, whether or not the articles have any personal value, you'll find a lot of interesting reading in this volume.

* * * * *
VITAMIN-MINERAL THERAPY BOOK LOCATOR by Harold Pallatz (Ideal World Publishing Company, P.O. Box 1237 EG, Melbourne, Florida 32935; 8 newspaper-size pages; \$1.00)

The *Book Locator* is a unique publication.

The first three pages list 180 common ailments, the typical nutritional factors which might be used in treating them, and a list of reference books which give in detail the many important factors involved. For example, *Allergy*. Eight specific supplements are enumerated.

ated which have been found to be useful in allergic conditions, according to the 12 different sources Mr. Pallatz has quoted for this category.

The fourth page of this newspaper-size reference chart helps you locate books on food therapy. It lists 71 diseases, along with the common foods that have been used for centuries to relieve each condition. Again reference books for detailed reading are cited.

The fifth page is a *Nutritional Food Selector* which gives all the important nutrients, good food sources and special notes about how each is utilized by the body. Dosages are also included, which were obtained from a number of reference books and are intended for the so-called "average" (in terms of health) person.

The next section is entitled "How Much Vitamins Should I Take?" — a frequently asked question. This chart lists important nutrients, the Recommended Daily Allowance for men, the RDA for women, and comparative dosages recommended by Carlton Fredericks, Adelle Davis and J. I. Rodale.

Page seven is a guide to medicinal plants, detailing 150 of the most useful healing plants known. The English and botanical names are given for each, as well as a description of the herb, the methods of preparation, and appropriate reference books.

The final page deals with herbal remedies, with a hundred diseases listed first and the typical herbal remedy adjacent.

This is an extraordinary and invaluable reference manual. The amount of time that must have gone into its compilation is staggering.

— From *Let's Live*

* * *

PSYCHODIETETICS: Food As the Key To Emotional Health by E. Cheraskin, M.D., D.M.D. and W. A. Ringsdorf, Jr., D.M.D., M.S. with Arline Brecher (Stein and Day, New York; 227 pages; \$7.95)

A new word has just been introduced into our language. It is *Psychodietetics*, and it is also the name of a new book authored by its creator, Dr. E. Cheraskin and his long-time associate, Dr. W. M. Ringsdorf, Jr.

Never before has anyone so skillfully traced the relationship of mental health to what we eat, often erroneously called food.

"Is something eating you, or can it be something you're eating?" the doctors ask. And: "Can a sweet tooth lead to a sour disposition?"

Here's a book in which the famous Cheraskin wit, which often sets his lecture audiences rolling in the aisles, really comes through as never before.

It's "From Food to Mood," in which we're told—and reminded—that "the shortage of a single essential vitamin, mineral element, amino acid, or fatty acid will create a shock wave that spreads to affect the utilization and/or function of every other essential nutrient."

"Let's take niacin," suggest the

(Continued on next page)

authors, "that nutrient recognized as highly important in the prevention and treatment of mental illness." . . . Now, the Food and Nutrition Board suggests that male Americans need about 14 to 20 milligrams of niacin every day, including the niacin formed within the body from one essential amino acid. Yet a recent analysis of male doctors' diets revealed that 12%, or one out of eight, were subsisting on less than the *minimal* niacin recommendations. "Is it surprising that one out of every ten adults is a likely prospect for mental illness?" they ask.

A chapter that will be of enormous interest to countless millions who want to be slimmer is titled "The Dieting Craze: It Can Drive

You Crazy!" One can't drastically cut calories without depriving the body of essential nutrients which can cause substantial mental and physical harm, it is emphasized. And, thus, "A diet that works by severely limiting varieties of food will live up to its promise: you will lose weight for a time. You will also lose your serenity."

The authors give all the ingredients of The Optimal Diet. Many short quizzes are included to enable the reader to evaluate to some extent the state of his mental health and the value of his daily diet.

The book is a great forward leap in the field of health—and will surely be a best seller in its field.

— Jay Patrick

Your Invitation To Join THE NATIONAL HEALTH FEDERATION

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 NATIONAL HEALTH FEDERATION BULLETIN

THIS IS THE

NATIONAL HEALTH FEDERATION

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

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

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

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

Will you join us in this worthy effort?

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

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

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

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

IMPORTANT NOTICE

If the last numbers in the code appearing 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 and expense of billing you.

HELP SAVE OUR HEALTH FREEDOMS