National Health Federation BULLETIN

JULY-AUGUST, 1975

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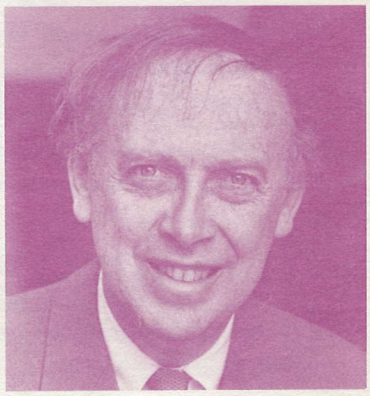
National Cancer Institute Denial of Fluoride-Cancer Link Prompts Expanded Study by Dr. Yiamouyiannis Who's Now 'Convinced' of 'Definite' Relationship

Harvard's Dr. Watson Blasts NCI for 'Deceptive' Press Releases, Says Public Being 'Sold Bill of Goods'



- Tumor-Bearing Fish Found in Illinois River
- No Way to Determine Danger Levels in Water
- UCLA Oncologist Calls Cancer 'Systemic'
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Dedicated to the Protection of Health Freedoms

THE
NATIONAL HEALTH FEDERATION
BULLETIN

Protection of Health Freedoms — Published Monthly

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The Bulletin serves its readers as a forum for the presentation 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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Given the Facts, Voters Respond

Historic Victory in Los Angeles! Fluoridation Goes Down to Defeat

Despite the editorial endorsement of fluoridation by virtually all the Los Angeles media except the *Herald-Examiner*, despite a well-financed campaign with full-page ads in the *Los Angeles Times*, bus signs, bill boards and radio/television commercials, voters of the nation's third largest city, by a vote of 213,573 to 166,549, rejected a proposal to add fluoride to the Los Angeles water supply.

Spearheading the educational campaign to alert the population to the implications of fluoridation was The National Health Federation, the Antifluoridation Coalition, and People's Lobby.

The Federation, through a few larger contributions and many smaller ones from various parts of the country, financed billboards and signs for downtown buses. It provided tens of thousands of pieces of literature which were passed to voters by scores of volunteers who themselves paid for the printing costs.

An effective part of the campaign was the appearance on radio and television programs of such staunch antifluoridationists as Gladys Caldwell, Ida Honorof, Dr. Granville Knight, Dr. John A. Yiamouyiannis, NHF science director, and NHF President Charles I. Crecelius and Dr. S. B. Manasen.

"Naturally," said Mr. Crecelius, "we are overjoyed at the outcome. We have demonstrated again that if people can but get the facts, they will make common-sense judgments. Although we were accused of using 'scare tactics,' we merely told the truth—presenting some unpleasant facts that advocates such as the Dental Association and the medical fraternity for too long have ignored. We are eternally grateful to everyone, known and unknown, who gave time, talent and/or money to the effort. Our reward is in knowing that Los Angeles residents, young and old alike, will not be saddled with the pollutant fluoride in their drinking water."

Dr. Yiamouiannis, commissioned by the NHF Executive Committee to direct the campaign, expressed the same elation and satisfaction: "It was a privilege to be a part of the organization which dealt fluoridation this justified and—we hope—lethal blow. The ramifications of the defeat of fluoridation in Los Angeles cannot be immediately assessed, but it is certain the message will be heard in Sacramento as well as in other power centers in the United States, including Washington. We hope this is the 'beginning of the end' for that unconscionable practice."

Expanded Study Convinces Dr. Yiamouyiannis

'Definite Link' Between Fluoride, Cancer Deaths

A second more detailed study covering more than a score of this country's fluoridated and nonfluoridated cities has led Dr. John A. Yiamouyiannis, Science Director of The National Health Federation, to conclude unequivocally that there exists "a definite link between fluoridation and the cancer death rate."

Whereas in the first study he drew no conclusion as to the relationship between fluoridation and cancer, information gleaned from the second study prompted him to underscore the conclusion that "Fluoride, in the amounts added to fluoridate public waters, causes cancer and/or increases the growth rates of cancer cells."

Spurred by a memo from the National Cancer Institute to HEW's Division of Dentistry challenging validity of the findings in the initial study, Dr. Yiamouyiannis expanded his research from the original eight cities, to 25 cities.

Stung by the NCI allegation that higher death rates were due to lung cancer, the NHF science director charted cancer death rates (compiled from data from "U.S. Cancer Mortality by County: 1950-1969," HEW Publication No. NIH-615, National Cancer Institute, Bethesda, Md.) and came up with this information:

THE BREAKDOWN

"About 90% of the increased cancer death rate (in fluoridated cities as compared with nonfluoridated cities) is due to cancer of the mouth and tongue, esophagus, stomach, large intestine, rectum, kidney, bladder and urinary organs, female breast, and ovary and Fallopian tube."

Below are the figures showing increase in cancer death rate due to fluoridation:

Mouth and tongue	44%
Esophagus	72%
Stomach	45%
Large intestine	40%
Rectum	80%
Gastrointestinal tract	51%

"Organs of the gastrointestinal tract," he pointed out, "are the first to be exposed to fluoride from drinking water. Correlations between fluoride intake and cancer death rate have previously been shown in humans. T. Okamura and T. Matsuhisha report a positive correlation between fluoride intake and cancer death rate from gastric cancer in Japan (1)."

Here are the data showing increase in cancer death rate due to fluoridation, in the kidney, bladder, breast, and ovaries:

Kidney	17%
Bladder, urinary organs	38%
Breast (female)	21%
Ovary (female)	19%

Continues Dr. Yiamouyiannis: "The kidney's function with respect to fluoride is to concentrate it in the urine. In this process, the kidney becomes exposed to higher concentrations of fluoride which it eventually stores in the bladder.

"Bladder and urinary organs, serving as ducts and a reservoir for urine, are constantly exposed to fluoride.

"One of the functions of the breast is to remove fluoride so the resulting mother's milk contains one-fiftieth the amount of fluoride as fluoridated drinking water (2). To do so, there must be areas in the breast in which fluoride is concentrated.

"Fluoride has been reported to accumulate in the ovary, and has been associated with mongolism (3,4), which may be mediated by its accumulation in the ovaries."

NO CORRELATION

Dr. Yiamouyiannis reported some types of cancer in which fluoridation "appears to play no part." He found "no correlation" between fluoridation and death rates resulting from cancer in the biliary passages and liver, larynx, uterus, prostate, skin, brain, lung, trachea, bronchus, and muscle, as well as leukemia and aleukemia, lymphosarcoma and reticulosarcoma, and Hodgkins disease.

He further found that death rates due to cancer of the lip, salivary gland, nasopharynx, testis, thyroid, other endocrines, bone, eye, connective tissue, and nose, ear, and sinuses were "so low that significant correlations could not be made."

Other studies showing carcinogenic and mutagenic effects of fluoride are cited by Dr. Yiamouyiannis: "I. H. Herskowitz and I. L. Norton of St. Louis University reported that fluoride increased tumor incidence from 12.7% to 100% in fruit flies (5). A. Taylor and N. C. Taylor of the Clayton Foundation Biochemical Institute, University of Texas, Austin, reported that 1 ppm (part per million, the same amount used to fluoridate public water systems) in the drinking water of cancer-prone mice increased tumor growth by 13% to 17% (6).

"The mutagenicity of fluoride is well known," continues the researcher. "Laboratory experiments have indicated that fluoride causes chromosomal damage in barley(7), onion(8), tomato(9,10), fruit flies (11, 12, 13, 14, 15), rats(16, 17), sheep(18), and cows(18). Since mutagenic substances are usually carcinogenic, this confirms the cancer-causing potential of fluoride."

He then concludes: "Fluoride, in the amounts added to fluoridate public waters, causes cancer and/or increases the growth rates of cancer cells."

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NHF Study Challenged by National Cancer Institute

NCI Researchers Deny Fluoride-Cancer Link

At the request of the Division of Dentistry, HEW, Drs. Robert Hoover and Thomas J. Mason of the Epidemiology Branch of the National Cancer Institute, examined the NHF preliminary study on cancer death rate and fluoridation published Jan. 6, and concluded that the data in the report by Dr. Yiamouyiannis "fail to support any suspicion of hazard associated with fluoridation. In fact, the results in themselves might rather suggest protection. The situation is obviously much more complex than this, but it can be confidently concluded that these data do not support any suspicion of carcinogenic hazard associated with fluoridation."

Referring to the study as a "one-page handout," the NCI evaluation of the statistical presentation in that study said "criticism can be broken into three parts: (1) Pointing out factual errors, (2) briefly discussing the difficulties in going from these observations to statements concerning association and causality, and (3) presenting some additional data which lead to a contrary conclusion than that offered in the handout.

"First of all, this listing (the NHF study) states that it is concerned with cities of over 1 million population. It is difficult to see how this was determined since the 1960 census does not indicate that Baltimore, Cleveland or Houston had one million or more population.

"Secondly, the cancer death rate for Houston, quoted at being 27% lower than the U. S. rate, is incorrect. The NHF evidently used the rate for Houston county, which does not contain Houston city. The rate for Harris county, Texas, which does include Houston, is in fact 8% higher than the national average for white males."

'LUNG CANCER'

"Interpretation of the data should be done bearing in mind two major points: Much of the excess in cities with high rates . . . is due to an excess of *lung cancer*. The reasons . . . are undoubtedly various parameters associated with industrialization . . . and not related to anything in the drinking water.

"The second point to keep in mind in any epidemiologic observation is that other variables of import need to be considered. For instance, in the series presented in the handout, the cities that are fluoridated are also cities that have been industrialized much longer than the nonfluoridated cities that are selected. In addition, there are social class and ethnic differences between the fluoridated and nonfluoridated areas that need to be accommodated in any critical review of an hypothesized role of fluoridation.

"With available data, some of the difficulties outlined in the above paragraph may be minimized. Specifically, if one includes all cities greater than 500,000 in 1960, the number of nonfluoridated cities available for comparison is increased. In addition, three of these nonfluoridated cities (Boston, Cincinnati, and New Orleans) are more similar to the fluoridated cities used in the study with respect to socio-economic class and duration of industrialization. In fact, these three cities have rates which are 28%, 17%, and 32% higher respectively, than for the total U. S. – all of these being in the general area of the excess rates for the fluoridated cities quoted.

"We were also able to characterize the mortality rates from cancer for these cities greater than 500,000 for each of four 5-year periods, making up the total 20-year-rate. There were 8 cities in which we could compare a rate in a nonfluoridated period with that for the total. When this is done, the average excess of mortality (compared with the total U. S. mortality) in the nonfluoridated period was equal to or greater than the excess in the entire 20-year period for 7 of the 8 cities. This methodology, comparing each city with itself, allows for at least partial control of many of the factors mentioned in the previous paragraph.

"Results of this analysis fail to support any suspicion of hazard associated with fluoridation. In fact, the results in themselves might rather suggest protection. The situation is obviously much more complex than this, but it can be confidently concluded that these data do not support any suspicion of carcinogenic hazard associated with fluoridation."

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Ohio Senator Would Stop Fluoridation 'Until We Know' If Linked to Cancer

An Associated Press dispatch from Columbus, Ohio, reported that Senator Donald E. (Buz) Lukens of Middletown "wants Ohio to stop fluoridating its public water supplies until it can be determined the practice has no link with cancer."

He has introduced a bill to prohibit addition of fluoride to water supplies—mandated by a 1969 act of the legislature – and prohibit more than 8 milligrams per liter in water that contains it naturally.

Senator Lukens said he had talked with officials in New Orleans on its drinking water problems, and became "concerned" that they involve more than suspected cancer-causing industrial pollutants found by U. S. Environmental Protection Agency researchers.

NHF Science Director Responds

Yiamouyiannis Charges NCI 'Unscientific, Erroneous'

In a step-by-step response to the NCI accusations of flaws in his original study for NHF, Dr. John Yiamouyiannis uncovered additional data which strengthens his thesis that fluoridation and cancer indeed are related. The title page of his answer to NCI carries the charge that the National Cancer Institute was "irresponsible for its unscientific and grossly erroneous evaluation of the relationship between fluoridation and the cancer death rate."

Excerpts from his reply to NCI follow:

Criticism: NCI claimed it was difficult to see how the 8 cities listed had a population of over one million when the 1960 census does not indicate that three of the cities listed (Houston, Cleveland, and Baltimore) had one million or more population.

Response: The data was taken right out of "Fluoridation Census, 1969" (published by the Division of Dental Health) p. 12. (Ed. note: Then follows a table titled "Chemical and Feeder Used in Fluoridating Water Supply Systems by Range of Population Served as of December 31, 1969). The first line says there are 6 water supply systems serving a population of one million or more. So we made a list of the largest cities in the U.S. to find out what six cities were being mentioned. (Ed. note: Then follows another table listing 9 cities with populations ranging from 7,891,957 (New York), to Washington D.C. with 76,956 population. Of the 9 cities, 7 were fluoridated (New York, Chicago, Philadelphia, Detroit, Baltimore, Cleveland and Washington), and 2 were not (Los Angeles and Houston). While we, too, were disturbed that we couldn't find 6 fluoridated cities with a population of one million and over, we did the best we could with the data at hand (after all, what can you expect from Division of Dental Health data?). We rationalized that the Division of Dental Health probably meant the greater city area, or that some of the cities supplied water to an area including one million or more people. Then again, the Division of Dental Health could have been exaggerating, as usual.

THE REASON

The reason we chose our cities in this way was:

(1) We did not want to be accused of choosing data, and

(2) We were looking for cities which dominated the counties in which they were contained so that county cancer mortality rates would be a good approximation of the cancer mortality rates in the cities.

Criticism: Cancer death rate for Houston is 8% *higher*, not 27% *lower.*

Response: This is our error and it has been corrected since March 7.

Criticism: "Much of the excess in the cities with high rates that are cited is due to an excess of lung cancer. The reasons for this are undoubtedly various parameters associated with industrialization of these cities . . ."

Response: The first sentence is entirely false, as can be seen from Table 5, also in table on this page. The second sentence we agree with. All the cities in the study, however, are highly industrialized. Indeed, as can be seen from that table, the excessively high cancer mortality rates in fluoridated areas are due to increases in death due to cancer of the gastrointestinal tract, breast, ovary and Fallopian tube, kidney, and the bladder and urinary organs, all of which is related to fluoride in the drinking water.

CITY	CANCER DEATH RATE (per 100,00) FROM*			
	all sources	lung	all sources except lung	
Baltimore	233.3	61.1	172.2	
Philadelphia	221.1	51.6	169.5	
New York	215.6	46.5	169.1	Fluoridated
Cleveland	211.9	45.8	166.1	
Detroit	209.2	47.3	161.9	
Chicago	205.9	45.4	160.5	
Houston	188.5	53.5	135.0	Nonfluoridated
Los Angeles	174.8	41.0	133.8	
National Average	174.01	37.98	136.03	

CITY	% INCREASE IN CANCER DEATH RATE FROM*		
	all sources	all sources except lung	
Baltimore	34%	27%	
Philadelphia	27%	25%	
New York	24%	24%	Fluoridated
Cleveland	22%	22%	
Detroit	20%	19%	
Chicago	18%	18%	
Houston	8%	-1%	Nonfluoridated
Los Angeles	0%	-2%	

* mortality data for white males

Criticism: Socio-economic class is an important variable which has been neglected.

Response: Socio-economic class (as reflected by data comparing whites and nonwhites) appears to play little, if any part in cancer death rate. (Ed. note: Then follows a table comparing death rates of whites and nonwhites, male and

(Please turn the page)

Rockland County (N.Y.) Board of Health Turns Down Fluoridation

By a vote of 4 to 2, the Rockland (N.Y.) County Board of Health on April 16 rejected a proposal (Apr. 1975 *Bulletin*) to fluoridate the county's water supply. This is the board headed by Dr. Marvin Thalenberg who, after supporting fluoridation for many years, changed his mind when confronted with "the increasing presence of fluoridated water . . . in processed foods . . . and "the increase in fluoride in the atmosphere." He recommends a reduction of sugar in children's diets.

The Rockland County Board of Health turned down the appeals of the County Dental Society for fluoridation, according to its secretary, County Health Commissioner Dr. Boris Vanadzin, because "it would have failed to permit residents individual choice," and "90% of the fluoride would be wasted because its target is only children up to the age of 13. The rest (of the fluoridated water) is used for swimming, car-washing, and drinking by people over that age." The issue had been debated for nine months.

DR. GIL WATKINS DIES

A heart seizure has taken the life of Dr. Gil Watkins, Madeira Beach, Fla. President of the local NHF chapter, Dr. Watkins had been active in the cause of health freedom many years. According to NHF Board Chairman Kurt Donsbach, Mrs. Watkins requests that memorial gifts be in the form of a contribution to The National Health Federation.

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female, in the 8 cities used in the first NHF study. The full report, with all tables, is available at $1 from NHF headquarters, Monrovia).

'DATA-PICKING'

Criticism: There are nonfluoridated cities (Boston, Cincinnati, and New Orleans) which also have higher cancer death rates.

Response: This is true, but it is interesting to note at this point that the U.S. NCI has reduced itself to data-picking, a biasing process that should destroy any credibility of these people as statisticians. Indeed, the data on these three cities are aberrant (see Tables 1 and 2, pages 9 and 10).

Concluding his answer to the NCI criticism, Dr. Yiamouyiannis said: "No further comment is necessary at this point. If NCI has further studies that are germane, NHF would appreciate having them. After NCI's erroneous analysis of lung cancer rate being *the* factor in making the cancer death rate higher in fluoridated cities, and after NCI's inexcusable data-picking, we must wait for their report breaking the 20-year death rate into 5-year periods. Hopefully we can expect an honest report, but we will be watching NCI carefully for internal inconsistencies."

APPENDIX

TABLE 1. CANCER DEATH RATE OF WHITE MALES AS COMPARED TO NATIONAL AVERAGE.
(Dates refer to the year in which that city was fluoridated.)

TEN LARGEST FLUORIDATED CITIES			TEN LARGEST NONFLUORIDATED CITIES	
1. New York	1965	24% HIGHER	1. Los Angeles	0% AVERAGE
2. Chicago	1956	18% HIGHER	2. Houston	8% HIGHER
3. Philadelphia	1954	27% HIGHER	3. Boston	28% HIGHER*
4. Detroit	1967	20% HIGHER	4. New Orleans	32% HIGHER*
5. Baltimore	1952	34% HIGHER	5. San Antonio	3% LOWER
6. Cleveland	1956	22% HIGHER	6. San Diego	6% LOWER
7. Washington, D.C.	1952	17% HIGHER	7. Seattle	4% HIGHER
8. St. Louis	1955	26% HIGHER	8. Cincinnati	17% HIGHER*
9. Milwaukee	1953	17% HIGHER	9. Memphis	8% HIGHER
10. San Francisco	1952	22% HIGHER	10. Atlanta	7% HIGHER
AVERAGE		23% HIGHER	AVERAGE	10% HIGHER

13% HIGHER CANCER DEATH RATE IN FLUORIDATED CITIES

TABLE 2.

TEN LARGEST CITIES FLUORIDATED BEFORE 1960			TEN LARGEST NONFLUORIDATED CITIES EXCLUDING ABERRANT CITIES (*)	
1. Chicago	1956	18% HIGHER	1. Los Angeles	0% AVERAGE
2. Philadelphia	1954	27% HIGHER	2. Houston	8% HIGHER
3. Baltimore	1952	34% HIGHER	3. San Antonio	3% LOWER
4. Cleveland	1956	22% HIGHER	4. San Diego	6% LOWER
5. Washington, D.C.	1952	17% HIGHER	5. Seattle	4% HIGHER
6. St. Louis	1955	26% HIGHER	6. Memphis	8% HIGHER
7. Milwaukee	1953	17% HIGHER	7. Atlanta	7% HIGHER
8. San Francisco	1952	22% HIGHER	8. Kansas City	4% HIGHER
9. Pittsburg	1953-8	16% HIGHER	9. Columbus	7% HIGHER
10. Buffalo	1955	19% HIGHER	10. Phoenix	8% LOWER
AVERAGE		22% HIGHER	AVERAGE	2% HIGHER

20% HIGHER CANCER DEATH RATE IN FLUORIDATED CITIES

TABLE 3. GASTROINTESTINAL TRACT CANCER DEATH RATE.

	Cancer Death Rate (per 100,000).			
CANCER DEATH RATE DUE TO CANCER OF THE:	NATIONAL AVERAGE	NONFLUORIDATED CITIES	FLUORIDATED CITIES	% INCREASE FLUORIDATED CITIES / NONFLUORIDATED CITIES
Tongue and mouth	4.21	5.26	7.59	44%
Esophagus	4.10	4.18	7.19	72%
Stomach	15.22	12.61	18.39	45%
Large Intestine	16.54	15.30	21.43	40%
Rectum	7.65	6.09	10.98	80%
TOTAL (Gastro-intestinal Tract)	47.72	43.44	65.58	51%

Table 3 shows that most (about 65%) of the increase in cancer death rate from fluoridation is due to an increase in gastrointestinal cancer death rate. The differences are highly significant (see Appendix).

TABLE 4. OTHER ORGAN CANCER DEATH RATES WHICH CAN BE ASCRIBED TO FLUORIDATION.

CANCER DEATH RATE DUE TO CANCER OF THE:	Cancer Death Rate (per 100,000). NATIONAL AVERAGE	NONFLUORIDATED CITIES	FLUORIDATED CITIES	% INCREASE FLUORIDATED CITIES / NONFLUORIDATED CITIES
Breast*	25.51	25.18	30.56	21%
Ovary, Fallopian tube*	8.57	8.42	10.04	19%
Kidney	3.86	3.88	4.53	17%
Bladder and Urinary Organs	6.78	6.56	9.07	38%
TOTAL	44.72	44.04	54.20	23%

* rate from 'white females'.

TABLE 5. CANCER DEATH RATE (per 100,000)

CITY	DEATH FROM CANCER OF: Tongue & Mouth Parts	Esophagus	Stomach	Large Intestine	Rectum	Breast	Ovary & Fallopian Tube	Kidney	Bladder & Urinary organs	
Phoenix	3.3	2.7	11.4	12.3	5.7	21.0	6.8	3.7	5.9	04013
Los Angeles	4.7	3.6	14.8	15.2	7.6	27.7	9.2	4.0	7.5	06037
San Diego	3.9	3.1	12.3	13.9	6.2	25.8	9.4	4.0	7.0	06073
San Francisco	8.6	7.5	20.3	18.9	10.6	30.2	10.7	4.5	8.6	06075
Washington, D.C.	8.9	7.2	12.7	20.5	9.2	31.0	9.8	4.7	9.1	11001
Atlanta	6.7	4.6	9.9	14.3	4.7	26.8	8.4	3.5	6.9	13121
Chicago	6.5	7.2	20.3	21.6	11.0	30.8	10.4	4.7	8.5	17031
Baltimore	7.5	7.0	16.2	21.9	9.6	31.6	9.8	4.7	10.0	24510
Kansas City	5.5	4.6	11.4	18.2	6.9	25.3	9.0	4.0	4.6	29095
St. Louis	9.6	6.9	15.5	21.3	11.7	28.7	10.9	4.7	10.0	29510
Buffalo	6.8	6.7	18.8	20.5	12.0	32.3	10.1	4.6	9.9	36029
Cleveland	6.7	7.5	20.7	22.3	10.9	30.7	10.3	4.4	8.4	39035
Columbus	5.4	5.1	12.3	21.0	7.7	28.8	8.9	3.9	6.7	39049
Pittsburg	7.0	6.3	19.6	21.3	10.4	27.9	8.1	3.9	7.6	42003
Philadelphia	7.2	7.1	19.5	25.1	11.6	31.1	9.5	4.2	9.3	42101
Memphis	6.4	5.2	10.8	14.9	4.4	24.1	7.7	3.5	6.4	47157
San Antonio	6.3	4.8	14.1	13.5	5.4	22.3	7.7	4.5	5.6	48029
Houston	5.7	4.0	12.1	14.2	4.7	22.7	8.2	3.7	7.4	48201
Seattle	4.7	4.1	17.0	15.5	7.6	27.3	8.9	4.0	7.6	53033
Milwaukee	7.1	8.5	20.3	20.9	12.8	31.3	10.8	4.9	9.3	55079
NATIONAL AVERAGE	4.2	4.1	15.2	16.5	7.7	25.5	8.6	3.9	6.8	

With the Editor . . .

Objectivity—What's That?

Is the National Cancer Institute assuming the role of "fixer" for other government agencies and bureaus? Among the definitions of "fix" is this one: ". . . to influence the actions, outcome, or effect of by improper or illegal methods . . ."

As noted elsewhere in this issue of *The Bulletin,* NCI was quick to provide the Division of Dental Health with the words those officials wanted to hear: That the data on which the Yiamouyiannis preliminary report was based "do not support any suspicion of carcinogenic hazard associated with fluoridation."

Last March *The Wall Street Journal* reported that the Food and Drug Administration had turned over to NCI its data on cyclamates, and had informed Abbott Laboratories that no further "time-consuming tests for safety" would be required – the NCI findings would be accepted as final. The company told the newspaper, "We think it likely the cancer institute will find cyclamates are not carcinogenic." (The chemical has been banned since 1969 because it produced cancer in animals.)

Time will tell whether Abbott's predictions materialize. Whatever the outcome, NCI's claim to "objectivity" is tarnished by the prejudicial statement in its reply to the Yiamouyiannis preliminary report that results of that study ". . . might suggest protection by fluoride."

This undisguised bias leaves substantial doubt as to whether NCI can be relied upon for objectivity.

Godspeed, Mr. Moss!

The winds of change have been blowing in musty Congressional nooks and crannies, and for those who believe in National Health Federation principles and goals, the change of command in the powerful Commerce Committee's Investigations Subcommittee holds new potentials.

In a closely-contested battle for the chairmanship during organization of the 94th Congress, California Congressman John E. Moss of Sacramento edged out Representative Harley O. Staggers of West Virginia.

Los Angeles Times Washington Staff Writer Paul Houston reported that "The aggressive Moss, who in the past has launched productive probes of former Vice President Spiro T. Agnew, the Federal Power Commission, and foreign aid boondoggles, promised investigations of the Federal Energy Administration, the Food and Drug Administration, the Federal Power Commission, and other regulatory agencies . . ."

Those familiar with the operations of key Food and Drug Administration personnel will be "tickled pink" to learn that Congressman Moss intends to focus on the FDA. We wish him well!

Dr. Ellis Hatches Prolific Idea!

'Each One Get One' Could Zoom NHF Membership Fantastically

William A. Ellis, D.O., Tarentum, Pa., a member of its Board of Governors and ardent supporter of the principles of the National Health Federation, has come up with a potent idea to expand membership and influence:

"Each member can/should be responsible for signing up a new member each month," he suggests.

Sounds simple, doesn't it? So simple, in fact, that one is constrained to say, "Why didn't I think of that?!"

But simple as it appears, it carries a potential for expansion that truly "boggles the imagination."

If each member thought enough of the purposes of NHF to sponsor one new member during fiscal 1975, that would double the membership. If each member sponsored a new member TWICE during the year – we'd quadruple it. Now that's only TWO new members a year. The possibilities are infinite, actually. Virtually overnight we could give birth to a membership that would reach into every community of every one of the Union's fifty states.

If we "worked wonders" in Washington (in the vitamin fight) with present membership, what could be accomplished at the legislative level with the mass organization created by the simple formula of "each one get one"? Doing it, not once, but several times within a 12-month?

It's a nugget, folks! It doesn't take much thought to realize the growth-potential. The only ingredients: Decision – will – implementation: a first order of business!

For that eight dollars per annum membership, one becomes a part of the "fightingest" health-freedom-oriented body of people in the world.

We don't have to repeat the time-worn phrase, "Without health, one has nothing." Only the suicidally-inclined would argue that point – and if those poor souls had total health – they'd forget about "ending it all" and start living – for themselves, for others, for the sheer joy of creating!

Okay – the seed has been planted. Fertilize it with a bucketful of resolve, tossing off any misgivings about approaching friends (many will thank you for it). Then "set the clock" for zero hour – and DO IT! It's everyone's ballgame. The harvest can be unlimited.

Public Being 'Sold Bill of Goods' About Cancer

Harvard's Watson Blasts NCI Deceptive Press Releases

Speaking at a symposium on cancer research at the Massachusetts Institute of Technology, Nobel Prize-winning biologist James D. Watson labeled the nation's cancer program "a total sham."

An Associated Press dispatch from Cambridge quoted the Harvard professor of molecular biology as declaring that despite the millions being spent on rapid development of cancer treatment centers, "the result may be only a facade, with little increase in understanding cancer or knowing how to treat it.

"The American public is being sold a nasty bill of goods about cancer," Watson asserted. "While they're being told about cancer cures, the cure-rate has improved only about 1%. The grim cancer statistics are about as bad as ever. Today the press releases coming out of the National Cancer Institute have all the honesty of the Pentagon's."

The key problem, he continued, is that the country's best universities have failed to come up with major plans for attacking cancer. Calling the $600 million national cancer plan "a total sham," he questioned the effectiveness of the 16 institutions set up as comprehensive cancer centers.

Since 1968 Dr. Watson has directed the independent Cold Spring Harbor Laboratory on Long Island. In 1962 he was awarded the Nobel Prize for Medicine for elucidating the structure of DNA (deoxyribonucleic acid), the genetic molecule whose dysfunction probably is the cause of cancer. The model he proposed for DNA structure (now accepted throughout the scientific community) bears his name—the Watson-Crick structure.

His remarks at MIT were countered by Dr. Emil Frei, director of Boston's Sidney Farber Cancer Center, a regional center under the program. Dr. Frei said Dr. Watson has been a longtime critic of the cancer plan and "has a thorough blind spot" regarding basic and clinical research in the centers.

Little Change in Cancer Death Rate Despite Spending

During the 1960s when $200 million a year was being spent in combined public and private funds for cancer research, the victim's chances of survival "improved little," a statistical analysis of cancer survival rates by Associated Press revealed.

Expenditures for cancer research have trebled since the sixties—now total $600 million a year—and officials at National Cancer Institute predict "longer lives for victims by 1980." AP reported that most of the progress in lengthening survival of victims of the nation's No. 2 killer disease came in the 1940s and 1950s before massive spending on research started. The survey showed a three-year survival rate for victims of 48 kinds of cancer in the period 1940-69.

Cancer Care Cost May Reach 5 Billion Dollars in 1975

The cost of treating Americans for cancer will account for 4% to 5% of the nation's entire health budget this year, a report by Dr. Sidney J. Cutler and Dr. Lester Breslow, dean of the UCLA School of Public Health, told a science writers' seminar in San Diego.

They estimate a total of $4 billion to $5 billion will be spent for cancer care this year. In 1974, the national bill for all health care was $100 billion.

Writers also were told by Dr. Cutler and Joseph Scotto of the National Cancer Institute that within two years after diagnosis, the average cancer patient spends 26 days in the hospital, while one in eight patients spends 50 days.

It is estimated that 1.3 million Americans are hospitalized for cancer each year. Length of the average hospital stay for these patients has not changed since 1962.

Noted Surgeon Cites Values of Immunotherapy

Cancer 'Systemic Disease' Says UCLA Oncology Chief

"We must treat every patient from the very earliest as if he has a systemic disease."

This quote came—not from Ernst Krebs, Jr., of San Francisco, not from Hans Nieper, M.D., of Hannover, not from Dean Burk, Ph.D., of Bethesda, Md., nor from California M.D.s John A. Richardson, Stewart M. Jones, and Donald R. Privitera—but from the chief of the Division of Oncology, University of California Medical Center, Los Angeles.

Speaking with a panel of specialists dealing with immunotherapy as the "fourth dimension" of cancer treatment (supplementing surgery, irradiation and chemotherapy), Dr. Donald M. Morton, noted surgeon, told research colleagues and medical writers at a science writers' seminar sponsored by the American Cancer Society in San Diego that surgery alone in the treatment of some kinds of cancer—particularly melanoma – no longer is acceptable.

"Surgery in the treatment of cancer has not changed much in

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High Cancer Death Rate in Aurora Studied

Illinois River Habitat for Virus, Tumor-Bearing Fish

Every sixth fish swimming in the Fox River in Illinois has a malignant tumor, and many carry polio viruses in tissue and organs.

This information comes from Dr. Eric Brown, chairman of the Department of Microbiology, Chicago Medical School, and his research assistant, Dr. William Dolowy who spent six months proving for the first time that fish can carry human viruses.

The story, revealed in a series by Casey Bukro in the *Chicago Tribune*, points out that 850,000 persons live along the Fox River, and 1½ million use it for water sports during summer.

Dr. Brown's interest was aroused six years ago when he took his children fishing near Aurora, and of the six catfish caught, three carried tumors. With funds from Chicago's Leukemia Research Foundation, he bought boats and nets, caught fish and examined them throughout 1969 and 1970. By 1972 he was able to report that of more than 3,000 fish caught in the Fox River, every sixth one had a malignant tumor. Forty kinds of cancer were discovered.

The river is polluted with sewage and industrial wastes, with human wastes from sewage treatment plant overflows. Dr. Brown says a waterway contaminated with human wastes also can become contaminated with disease viruses known to inhabit human intestines, including polio and infectious hepatitis. His discovery of polio viruses in the river proves the point.

Not only are the viruses being picked up by the fish, but they continue through the Fox River as it flows into the Illinois River, used by Peoria and other downstream communities for drinking water.

Dr. Brown said he believes there is "some connection" between his discovery of tumor-ridden fish in the Fox River, and Aurora's high rate of death from cancer. "If fish can carry human viruses, you have a potential for a serious problem. The next big step is to find out if human viruses multiply in the fish and are shed in the waterway. Is it a swimming virus factory?"

Viruses, hardier than bacteria, seldom are affected by chlorination, he said. The lack of a reliable test-proven method for detecting viruses in drinking water is considered the biggest gap in drinking-water technology.

While Dr. Brown's studies are aimed only at tumors in Fox River fish, they have provided a clue to another "medical sleuth," Dr. Robert Alexander, chief pathologist at Copley Memorial Hospital in Aurora.

He is investigating an unusually high rate of cancer deaths in Aurora and will look at drinking water as a possible carrier of cancer-causing agents. While Aurora gets its drinking water from 12 wells, there is concern that water from the river could be seeping into some wells.

Since 1967 Dr. Alexander has been plotting cancer deaths in Aurora on a map dotted with pins marking the homes of 110 cancer victims. He is trying to reconstruct the origins and movements of 78 of the victims who died of leukemia and lymphoma, two types of cancer deaths which occurred in unexplained clusters. His interest in cancer dates back to 1967 when as chief surgical pathologist at Presbyterian-St. Luke's Hospital in Chicago he "recognized there were an awful lot of people from the Fox River Valley with lymphoma and leukemia, much more than from Chicago. We know now there is a lot of lymphoma in fish in the Fox River."

Although the medical profession and water purification industry in the last 50 years have single-mindedly devoted efforts to guarding against germ-borne infectious diseases, most of the diseases killing Americans today are chronic diseases that have nothing to do with germs, says Dr. Bertram Carnow, professor of occupational and environmental health, and director of the Illinois Environmental Health Resource Center.

"The problem with these diseases is that they take 30 years to incubate," he said. "You can't wait until people get sick. You've got to prevent them from getting sick by finding the cause and eliminating it."

Dr. Carnow said 60% to 90% of the cancers killing 300,000 persons a year are believed to be environmentally related, with drinking water suspected of being one of the pathways by which people come in contact with cancer-producing agents.

"In most places we haven't been measuring things that need to be measured—chemicals, metals, and viruses. I don't know why."

With 500 new chemicals devel-

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40 years," said Dr. Morton. "I am speaking of the common tumors, the things people die from. By surgery alone the chances of survival are very little different from what they were 30 or 40 years ago.

"We must treat every patient from the very earliest as if he has a systemic disease. Evidence acquired in the past few years has shown us that manipulation of the body's own immune system can have a favorable effect on the clinical course of patients."

One agent which Dr. Morton said enhances the natural defense mechanisms of the body is BCG (mycobacterium bovis), a preparation used for immunization against tuberculosis.

Although describing BCG as "a very worthwhile immunotherapy agent," he said it "is somewhat of a horse-and-buggy technique, really quite crude—you might say it is the Geritol of the immune system. We expect more sophisticated immunotherapy in the next few years. That's where we have to go."

'No Methodology to Determine Safe Levels'

Cancer-Causing Chemicals in Water Is Nationwide Problem

"Measurable amounts of chemical substances that might cause cancer" were found in all 79 of the nation's drinking water systems tested by the U.S. Environmental Protection Agency, EPA Administrator Russel Train has revealed.

Among the systems were six in California: Los Angeles, San Diego, San Francisco, Coalinga, Concord and Dos Palos.

Mr. Train said "our basic conclusion from the survey results is that the problem of organic chemicals in public water supply systems exists throughout the country." (Ed. note: And still the U.S. Public Health Service wants to add fluoride to water not yet so treated!)

EPA cannot provide guidance to officials of the country's 240,000 drinking water systems because "no one knows how much of each of the substances discovered can be ingested by humans before becoming dangerous."

Dr. Umberto Saffiotti, associate director for carcinogenics at the National Cancer Institute told a reporter, "our present position is that we have no methodology we can rely on to determine safe levels" of carcinogens.

oped each year, some of which are dumped into waterways without awareness of whether they are dangerous or can be removed through conventional filtration processes, the comment of Russell Peterson, chairman of the Council on Environmental Quality, is relevant: "Chemicals are on trial in the United States, and they cannot be considered innocent of being health hazards until more is known. There is an urgent need to screen new chemicals before they go into commercial use."

One of the complaints about today's water-purification industry is that it still is using turn-of-the-century technology, virtually ignoring the explosive growth of the petrochemical industry.

There are 1,620 drinking water systems in Illinois, and records of the Illinois Environmental Protection Agency show 976 instances in which safe drinking water standards set when the federal Safe Drinking Water Act became law in November, 1974 are being exceeded. Some communities are violating two or three of the standards adopted by the Illinois Pollution Control Board. The state has no radiation standards for drinking water, and 321 communities, mostly in the northern third of the state, are pumping water that exceeds the radiation level recommended as safe by the National Academy of Sciences.

Other EPA findings: Three hundred sixty-seven Illinois communities exceed the limits on iron in drinking water; 200 exceed the limit for manganese; 61 the fluoride limit; 21 go beyond limits for barium; 5 for nitrates, and 1 for copper.

And Still They Want Us to Add Fluoride!

Commenting on implications of the EPA findings, NHF President Charles I. Crecelius said: "The National Health Federation has opposed fluoridation for many years, and our concern as to safety is being confirmed and reconfirmed by government studies.

"The Safe Drinking Water Act which became law last Dec. 16 provides: 'No national primary drinking water regulation may require the addition of any substance for preventive health care purposes unrelated to contamination of drinking water.'

"NHF Science Director John Yiamouyiannis has shown that cities with fluoridated water systems have a substantially higher cancer death rate than do nonfluoridated cities.

"Now Dr. Saffiotti of the National Cancer Institute reveals there is no reliable methodology to determine safe levels of carcinogens.

"Fluoride is a deadly poison. Does it make sense to add it to water already polluted with other cancer-inducing compounds? How can any reasonable person answer anything but 'no'?"

Chloroform, a possible carcinogen, was found in every system in amounts ranging from .1 to 311 parts per billion. The tests were made following discovery in a privately conducted study last year of 66 chemicals, including known carcinogens, in the New Orleans water supply.

Chlorine, used to protect against typhoid and cholera, contributes to formation of four of the six organic compounds checked, Mr. Train said, "but we continue to believe the benefits of chlorine in preventing immediate, acute biological diseases far outweigh the potential health risks from chlorine-derived organic compounds." Chlorine itself is not considered carcinogenic. It is in combination with other chemicals that have found their way into the nation's rivers and groundwater networks that cause the concern. The other chemicals may be coming from sewage treatment and water treatment processes, industrial discharges, and rural and urban runoff, the EPA chief said.

EPA has funded a study by the National Academy of Sciences that will include a review of proposed drinking water standards and "an assessment of occurrence and health effects of the chemicals covered in this new report."

In addition to the 79 water systems checked only for six toxic compounds, extensive testing has been done in Philadelphia, Miami, Cincinnati, Seattle and Ottumwa, Iowa, with results similar to those found in New Orleans. Thirty-six

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Cancer Specialists Argue in Vain

Arizona Senate Kills Cancer Anti-Quack Bill by 22-7 Vote

A month after three cancer specialists had urged passage of a so-called anti-quack cancer bill – one of them telling the Senate Health Committee that Arizona is the only southwestern state which now "allows quacks and their black boxes to prey on victims" – the Senate voted 22-7 to kill the legislation.

The measure would have established an advisory council set up by the director of the State Health Services Department to screen all types of cancer treatment. On the council would be "cancer specialists" in X-ray, chemotherapy and surgery.

Dr. Sydney Salmon, University of Arizona oncologist, said the "danger of quackery is especially serious" in states bordering Mexico, and that California, Nevada, Colorado and Utah have "excellent laws to prevent the peddling of phony cures."

Dr. Salmon and Dr. James J. Corrigan, chief of the UA division dealing with cancer in children, said parents "fall victim to the claims of quacks" in treating leukemia. They said 40% to 50% of children with acute leukemia "are long-term survivors of four to five years," but that "ineffective treatment makes any effective treatment impossible later."

A third witness, Dr. William Trier, UA plastic surgeon, told the committee "Arizona is surrounded by states with good anti-quackery laws," and that it is the only southwestern state which "allows quacks with their black boxes to prey on victims."

Penalties in the proposed bill would have treated the first two offenses as a misdemeanor, and the third conviction as a felony with five years' imprisonment.

The law the Arizona Senate refused to enact is the type of legislation pioneered in California in 1957 when it appeared Harry Hoxsey of Dallas might establish a clinic on the west coast. The law is designed to prevent cancer patients, terminal or otherwise, from using such substances as Laetrile, the Koch method, and other approaches, available in Mexico.

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substances were found in Cincinnati and Philadelphia water, 35 in Miami's system. In Philadelphia and Miami, minute amounts of dieldrin, a proven carcinogen in humans, and vinyl chloride, proven cancer-inducer in animals and highly suspect for humans, were found. Philadelphia's water comes from the Delaware River, Miami's from wells.

BLUFFTON CHAPTER MEETING

A natural dinner and film talk on "The Bees" will feature the July 21 meeting of the Natural Health Chapter, NHF, Bluffton, Ohio. The group will meet for a seminar in the Bluffton High Auditorium August 8-9.

Nicholas Von Hoffmann's Barbs at 'Cancer Effort'

Prevention Is the Way—But 'We're Not Ready for That'

By NICHOLAS VON HOFFMANN

The operations last fall on Mrs. Ford and Mrs. Rockefeller set off a mass-media avalanche that must have been at once frightening and comforting to many women. Along with the worrisome adjurations to give one's self frequent breast examinations, women were repeatedly told that early detection almost certainly means that things will work out all right.

Unhappily, the prospects for recovery aren't quite that good. Only 64 per cent of the women diagnosed as having breast cancer live five years or longer. This is a four per cent improvement over the rate 15 years ago and is much better than for cancer of the cervix uteri, a disease for which expectations for survival have actually worsened in the same period of time.

These figures are drawn from an analysis of cancer statistics and how they are presented to the public in the January-February issue of the *Columbia Review of Journalism*. The author is Daniel S. Greenberg, perhaps our finest science journalist, and the conclusion he comes to is that the war against cancer has turned into a medical Vietnam.

Greenberg says that not only have there been none of the breakthroughs we're always being promised, but that there really has been little if any progress in cancer treatment since the mid-1950s. He did find considerable improvement in the death rates between 1940 and 1955, attributable not to cancer cures, however, but to patients "surviving cancer operations that previously killed them."

Greenberg suggests that when the American Cancer Society announces that, "Cancer is one of the most curable diseases in this country," it's basing its assertion on suspect statistics which are then presented to the public in a context of misleading optimism. No doubt this helps keep the collection plate full, just as it probably encourages Congress to continue kicking in $600 million for cancer research every year.

Nevertheless, the cupidity, bureaucracy and entrenched obtuseness of the cancer industry can't entirely explain how this branch of medicine goes on failing with such unquestioning public support. Greenberg isn't the first person to say the cancer effort has deadended, but the objections do no good.

What they do hold out hope for is cancer prevention. The greatest promise lies not in curing the disease, but in making sure people don't get it. Instead of big X-ray guns we should be looking at cigarettes, drinking water, food addi-

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As Attorney Dilling Sees It

Rogers 'Compromise' Vitamin Bill Nullifies Proxmire Bill Intent

The bill providing for Food and Drug Administration regulation of vitamins and minerals, authored by Congressman Paul Rogers as a "compromise" to the Proxmire-Schweiker Senate bill, is "a bad piece of proposed legislation and would not accomplish the purposes of the Proxmire bill."

This is the judgment of Attorney Kirkpatrick W. Dilling who prepared an analysis of the Rogers bill for the National Health Federation.

The Federation has prepared letters for Senators and Congressmen, available from the Monrovia office at $1 per 100 plus postage, urging rejection of the Rogers compromise bill.

In a memorandum to Legislative Advocate Clinton R. Miller, Attorney Dilling commented:

"The objective of the Proxmire and related bills is to enact legislation which would preempt the Federal Food and Drug Administration from interfering with the composition of so-called 'special dietary foods,' either as to potencies or combinations of nutrients, in the absence of any considerations of safety, and there being any safety considerations, FDA would exercise full control over such products, as heretofore. The Proxmire and related bills are simple, to the point, and wholly lacking in any complicating factors which could interfere with the objectives aforesaid."

ENHANCES FDA AUTHORITY

"The so-called 'compromise' bill, conversely, would not accomplish these objectives, but in some respects would *add to the authority of FDA* in this field, enhancing its ability to interfere with products of the vitamin industry, rather than clarifying and limiting it.

"By way of specific observation:

"1. Inexplicably, the bill would limit the scope of the legislation to 'synthetic or natural vitamins or minerals,' thus omitting other essential nutrients such as protein, the amino acids of protein, and essential fatty acids, among others.

"2. The bill would incorporate, as applying to foods for special dietary use, a definition now appearing in the underlying Act of what are 'drugs,' whereas traditionally foods for the management of disease conditions (e.g., low sodium diets for heart patients) never have been considered as 'drugs' when so employed. Additionally, this provision would be in direct conflict with the definition in the 'compromise' bill which applies to 'special dietary use' as applied to food."

DESPITE COURT RULINGS

"3. The bill would apply the 'prescription drug' provisions of Section 503 (b) (1) of the Act to foods for special dietary use, *even though two Federal Court decisions have indicated the total inapplicability of such a rationale.*

"4. The bill would permit a 'loophole' whereby, purporting to act under Section 409 of the Act, FDA could limit dietary products under purported 'food additive' authority.

"5. The bill would permit FDA control of advertising, even though no such authority is exercised as to billions of dollars of 'empty calorie' and processed foods sold to the public, or 'over the counter' drugs.

"6. No ingredient of a food for special dietary use, such as bioflavonoids or rutin, could be listed on a product label unless 'listed in accordance with an applicable "regulation".' Thus, simply by enacting no regulations, FDA could preclude designation to the consumer of these ingredients, frequently desired by the public, as is indicated by the salability of such products presently."

'LEGAL BAFFLEGAB'

"7. The terminology employed in such bill is a masterpiece of 'legal bafflegab,' and even a food and drug attorney with many years of experience in the field (such as the undersigned) has difficulty understanding the meanings of the compromise bill. There would be foreseeable years of litigation simply to clarify what the bill means as to certain subject matter it purports to cover.

"Summarizing, the so-called 'compromise' bill is at the very most, a bad piece of proposed legislation, and would not accomplish the purposes of the Proxmire and related bills now pending in the U. S. Senate."

AN OUNCE PER PUSH?

You dieters who take "water pills," avoid fluid intake, and indulge in sweat baths and other means to reduce weight by losing water, are inviting possible disaster. You may damage kidneys, and perhaps cause other health hazards. Lose weight by exercise—pushing yourself away from the table!

— Nutritional Therapy
Box 3413, Los Angeles

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tives, air and nutrition in general. According to Greenberg, former editor of *Science*, the amount of money being spent on nutritional research is "close to nil."

The idea of preventive medicine is faintly unAmerican. It means first of all, recognizing *we are the enemy*, and that we have to give up the idea that we can abuse ourselves and expect the doctors to put us back together when we have. It also means a different sort of practice of medicine, one in which the physician doesn't play the role of hero. Finally, of course, preventive medicine isn't gimmicky, aggressive or lucrative to the hospital, drug and medical equipment industries.

The times still aren't ready for such ideas. Congress is aching to pass a national health bill which will encourage yet more "heroic" cancer therapy. The administration still thinks that clean water and air is a plot against the free enterprise system and would rather put the dough in bombers.

So, pray that Dr. Miraculous will find the cancer cure, and phone in your pledges to all medical telethons.

In Laetrile Prosecutions, Dr. Privitera Says

'Real Issue Is Nutrition and Doctor-Patient Relationship'

Even if upheld by an appeals court, the Municipal Court ruling against the California "anti-cancer-quack" law by Judge Sam Cianchetti in Covina, Ca., will be valid only within that court's jurisdiction, says James R. Privitera, M.D., the 34-year-old physician who was charged with using Laetrile in "diagnosing and treating cancer."

As reported in the April *Bulletin*, charges against Dr. Privitera were dismissed (now under appeal) by Judge Cianchetti who found that the doctor "was not accused of representing that (Laetrile treatment) would cure cancer, he told them it would make them feel better, and there is strong evidence this is true."

In dismissing the seven counts, Judge Cianchetti ruled the law invalid, said it is "overbroad," and interferes with a doctor's right to treat a patient as he believes necessary – a principle enunciated (as pointed out in briefs filed by Dr. Privitera's attorney, George W. Kell of Modesto) by the U.S. Supreme Court in recent abortion and birth-control decisions.

Although still facing trial July 29 on charges brought by U.S. Customs officials in San Diego, the California physician says he intends to continue using the nutritional approach in his practice, including Laetrile (B-17) and B-15.

DR. PRIVITERA, ATTORNEY DILLING DISCUSS LAETRILE 'VICTORY'

"The real issue on trial," he says, "is nutrition in general, and whether a doctor is going to treat patients by bureaucratic dictates that interfere with the doctor-patient relationship."

A speaker at the annual convention of the National Health Federation, Dr. Privitera discussed the case (in which NHF appeared as a "friend of the court" and filed a memorandum listing reasons for dismissal of charges), and described events leading to his arrest:

'DECOYS FOR STATE'

"Two individuals, decoys for the State, came into the office claiming they had cancer. Both were advised that I treat the whole person, not cancer. I treat nutritional deficiencies associated with diseases, including cancer. Both had tape-recorders in their purses. They use recording devices and try to use the conversation as evidence, then parts are published to make one look like a quack . . ."

Dr. Privitera charges that State agents "exceeded" their search-warrant authority by seizing business records, literature and drugs, and a book by the late Dr. Max Gerson, borrowed from a friend.

'FRIGHTENING EXPERIENCE'

Arrested the same night, Mrs. Carroll Leslie, West Covina, used strong language to describe to the convention audience the manner in which she was treated by officers. In the July 1974 arrest, entrance was gained by breaking a window in her home, she said, after which officers "generally ransacked the house, every room was turned upside down, even empty closets. Correspondence, my personal address book, magazines dealing with health, vitamins were confiscated . . ."

Next day another contingent of Food and Drug agents and West Covina police officers arrived to arrest her, only to learn the job had been performed by others the previous day.

Mrs. Leslie paints a frightening picture of the nocturnal visit by two San Diego plainclothesmen who broke down the door when she refused to let them in at 1:30 a.m. (she remembered reading about a woman in San Gabriel who

CARROLL LESLIE

was beaten and robbed by men who gained admittance to the home by displaying a badge).

"They told me to let them in or they'd break down the door. They did just that, and as I was moving toward the door to open it, one last kick brought the door down, hitting me in the head and causing a concussion."

HANDCUFFED

"They put my hands behind my back, put handcuffs on me. I asked if I could get slippers and change clothes – I had a robe on over a nightgown – and they refused. Of course I was slightly stunned. They took me into the street, locked me in the car, then went back into the house and searched it, without a warrant. I asked if they would please let me turn the lights out in the house, they refused that too."

In the police car she found Dr. Privitera who was arrested about 12:30 a.m. after he went to his

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office upon receiving a phone call that someone had broken into his office, would he please come down and see what was missing? He did, and was arrested in a dark hallway, from behind. The two were jailed in West Covina, placed in a "tank," then removed to cells, "14 by 8, with filthy blankets, steel slats for beds, a toilet seat with wads of toilet paper on ceiling and walls, I guess from previous occupants. I was deathly sick, my head was pounding, and swollen from the door hitting it. I was afraid to let them move me because I knew Mrs. Privitera was working to get us out and I didn't want to get lost in bureaucratic red tape. I told a belligerent matron, 'You may think I'm a common criminal, but it has not been proven yet and until it is you can treat me with a little decency.' They were slightly better after that but would tell us nothing. By 3 a.m. Mrs. Privitera had raised the bail, if it had not been a weekend she could have gone to a bank but she had to raise $1,500 to get the $15,000 bail . . . But despite the fact the bail had been raised by 3 a.m., we were not released until 11 a.m."

Mrs. Leslie found three Los Angeles officers waiting for her in her home later that night – another error – they didn't know she already had spent from 2 a.m. to 11 a.m. in the pokey on the same warrant.

"I've read many stories about how people are treated when they oppose tyrannies, but I couldn't comprehend how they felt until it happened to me – that sheer terror, helplessness, the inability to do anything to influence the situation you're in. Nothing I could say about slippers or clothing would influence those men, they were robots, and I felt terrible because I was totally out of control, and to one who covets freedom as I do, it was the worst fate imaginable to lose it – if only for 10 or 11 hours. I am not an orator, but I want to tell you 1984 is here! I was raised to cherish freedoms, passed on by generations who paid the ultimate price. The problem is *power*. Man cannot handle unrestrained power, and those men who arrested me, and their bureaucratic bosses, have too much power. We must stop them. We must act now. Today or yesterday it was Dr. Privitera and me, and Friends of the Earth People, and so on. Tomorrow it may be you!"

WHEN LAETRILE IS LEGAL

Had Superior Court Judge Ben W. Hamrick treated the issue of constitutionality as Judge Cianchetti did, there would be no San Diego trial. But of course the State would appeal – too much is at stake.

The San Diego decision was not all "bad," however. Judge Hamrick did rule that a doctor may use Laetrile or any other nutrient if he makes it clear to the patient he is treating "the whole person," not cancer. Said Dr. Privitera: "This is quite monumental, actually, because it does make it legal for any doctor in California to administer Laetrile if the patient clearly understands the treatment is not for the cancer but for the whole body."

CONSTITUTIONALITY ATTACKED

Attorney Kell, who successfully defended Dr. John Richardson of Albany in a Laetrile suit brought by the State, is attacking the constitutionality of Section 1707.1 of the California Health and Safety Code, not only in the Privitera case but in earlier suits (Bergman vs. State Department of Health, and Dr. Stewart M. Jones vs. State Medical Board).

Mr. Kell contends the law is unconstitutional on several grounds, among them that it violates the 14th Amendment "by forcing the physician to decide whether he is or is not violating the law in performance of services for the patient."

In that decision involving an abortion, the Supreme Court held that "the attending physician, in consultation with his patient, is free to determine, without regulation by the State, that in his medical judgment the patient's pregnancy should be terminated." Continues Mr. Kell: "The Court ruled that since the State could show no 'compelling State interest,' in the anti-abortion legislation, it was invalid.

"Laetrile users contend that where the State itself admits Laetrile provides the patient with 'subjective improvement' in the form of 'increase in the sense of well-being and appetite, gain in weight and decrease in pain,' the State cannot even arguably demonstrate any 'compelling State interest' for intervention into the privacy of the relationship."

Mr. Kell also says he "would welcome a prosecution against our defendants under Health and Safety Code Section 1714, because efficacy of Laetrile then would be the issue and it could be proved once and for all to be either effective or ineffective. But . . . prosecutors have absolutely avoided any prosecutions under that section. I have personal knowledge of five cases in which such charges were first filed, then dropped before trial. (The 1974 California Legislature passed a law making violation of 1707.1 a felony offense, but used Section 1714 as the vehicle for increasing the penalty under Section 1707.1). This, Mr. Kell maintains, "is improper use of the legislative process, since increase of the penalty under 1707.1, where efficacy cannot be proved in defense, provides the prosecutor with an unneeded club by which he will be able to force the doctor into an adverse plea-bargaining position. No doctor can afford to risk his license to practice on the chance of being proven guilty of a technical violation under Section 1707.1, which could result in a felony sentence with automatic loss of licensure." (This charge—felony—still faces Dr. Privitera and Carroll Leslie, Phyllis Disney of North Hollywood, and William Turner and Winifred Davis, both of Chula Vista, Calif.).

The issue involved in the case against Dr. Privitera (true also in the actions against Dr. Richardson and Dr. Jones) is a "freedom-of-choice" issue if ever there was one, so the National Health Federation authorized Attorney Kirkpatrick W.

(Please turn the page)

By Longtime Political Ally

Beilenson Asked to Withdraw His Mandatory Fluoride Bill

Senator Anthony Beilenson of Beverly Hills, author of S.B. 211 which calls for mandatory fluoridation of California water systems, has been asked to reconsider his position on the issue, and to "withdraw the bill . . . "

The request came from a longtime political ally, Edward W. Mehren, Solvang, Calif.

In a letter to Senator Beilenson (copies of which went also to Governor Brown, Senator Omer L. Rains and Assemblyman Gary K. Hart), Mr. Mehren said he has been "favorably impressed and solidly in favor of most of the legislation you have sponsored and supported, and have joined in most of that which you have opposed."

But—"now I find myself violently opposed to your S.B. 211 on fluoridation of water. I recognize that the people of Beverly Hills fell into the trap of voting for such a measure.

"Since 1934 I have been a student of agriculture in the tradition of crop-rotation, employment of waste materials in soil for humus, and maintenance of invaluable topsoils for adequate crop nutrition and growth. Coupled with this has been a continuing study of fundamental nutrition as opposed to the poppycock we get from agribusiness and the food industry. My studies related bad dietary practices with physical degeneration and the growing crop of disease including cancer, heart failure, nephritis, intercranial lesions and contributory conditions to ill health from fluoride. Mottled teeth and destroyed teeth result from an overdose of this poison . . .

"Consider, Tony, that these foreign nations have studied and acted to declare fluoridation illegal: Austria, Denmark, France, Greece, Luxembourg, Italy, The Netherlands, Norway, Spain, Sweden, Switzerland, West Germany and Yugoslavia. I would be praiseworthy of your action if you had introduced a bill to take the same course of action in California."

The letter to Senator Beilenson then pointed out that "beyond any question of doubt, it has been proved that sugar, white flour and the foods of commerce . . . are primarily causing the horrible tooth-decay in the young, and even the aged . . .

"Your experience and mine in political life has shown how many can be bought through campaign contributions and the rest. The fluoride craze, supported by a controlled ADA and a controlled AMA through subsidies and advertising monies, has brought much money to the aluminum industry and chemical manufacturers with the by-product, fluoride. The market wasn't big enough selling it for rat poison, so they came up with the idea of adding it to drinking water. And they have been selling this concept, to the detriment of the public. The sugar people love the ploy because they thus escape the blame.

"I do not believe you can be bought. I believe you are honest. I believe you search for and support truth. That's why I am taking the time to type this myself to you on Sunday when I have much else to do—but deem this more important than anything else. I hope you read it in that light . . ."

He then suggests that the senator withdraw S.B. 211. (*Ed note: To which, we suspect, there would be tens of thousands of "seconds" if there were opportunity to offer such a motion).*

Dilling to file a memorandum with the court as amicus curiae (friend of the court). The data supplied by Mr. Dilling supported arguments of Mr. Kell and provided additional material on which Judge Cianchetti could base a decision.

Solons Urged to Kill S. B. 211

The National Health Federation urges Californians opposed to mandatory fluoridation of public water supplies to register opposition with legislators. A form-letter is available ($1 per 100), addressed to senators and assemblymen, stating:

"We strongly oppose Senate Bill No. 211. It is designed to take away our right of the referendum, a democratic process we dearly cherish.

"In this case, it is an attempt to take away our right to stop local governments from putting fluoride, which has been implicated as a cause of cancer, into our water. This is an outrage!

"Certainly, YOU wouldn't think of supporting this bill.

"In view of all the other hazards associated with fluoride, this new association between fluoride and cancer is the straw that breaks the camel's back. We urge you to sponsor or cosponsor an anti-fluoridation bill. Please give this request your immediate consideration . . ."

Homeopathic Instruction Sessions Aug. 4-22

Principles and Philosophy of Homeopathy and First Aid Techniques will be taught in a workshop during the annual session of the National Center for Instruction in Homeopathy and Homeotherapeutics to be held August 4-22 on the campus of Millersville State College, in the "Dutch country" of Pennsylvania, according to Henry N. Williams, M.D., dean of the Bureau of Instruction. Registration, open to doctors, nurses and lay persons, may be made by contacting the National Center for Homeopathy, 6231 Leesburg Pike, Falls Church, Va.

Another Anti-Amygdalin Court Order

A permanent injunction forbidding "the manufacture, processing, packing and labeling" of Aprikern (processed apricot seeds) and Bee Seventeen was issued April 24 by Federal Court Judge M. Lucas against General Research Laboratories, the Institute of Nutritional Research, and Alex and Nancy Geczy, Donald Kuehne and Emory W. Thurston, Ph.D., Los Angeles.

The case, brought by the Food and Drug Administration, was in trial three days. The court further ordered that the defendants be enjoined from "introducing into interstate commerce any articles . . . which bear or contain the food additive amygdalin, which is unsafe . . . and unfit for food by reason of the potential for releasing of hydrogen cyanide from said food . . ." (Ed. note: Individuals weighing 150 pounds have taken 30 apricot seeds (600 mg) a day without ill effects, according to Ernst T. Krebs, Jr., biochemist who developed B-17).

'SOFT' ON RED NO. 2

The Food and Drug Administration is backing away from a tough stand on Red No. 2, the controversial red food dye linked to fetal deaths in animals. Many companies still use the dye, although one major corporation – as Nabisco – has stopped using it and should be commended. Ralph Nader's Health Research Group requested a ban on the coal tar derivative found in cherry pies and perhaps in any other red-colored food. Whether it causes cancer or not in humans is not conclusive, but companies that realize consumers don't care to take chances about that should be praised . . .

–Consumer Gazette
466 Lexington Ave.,
New York

WELCOME – NEW LIFE MEMBERS!

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Shoreview, Minn.

MR. and MRS. EDWIN N. LORD
Wheaton, Ill.

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 industry, pharmaceutical manufacturers, and others, laws and regulations have been imposed which better serve these special-interest groups than the public at large. We see and hear of new instances daily. To name a few: spiraling health-care costs, consumer exploitation by leading industries, excessive devitalization and adulteration of our foods, restriction of certain types of treatment, banning of certain health books from the mails, the harassment of those who advocate natural methods of healing and natural foods, the poisoning of our air, water and soil through greed and carelessness, and many other health-related issues.

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

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

Will you join us in this worthy effort?

ELECTED FEDERATION OFFICERS

Charles I. Crecelius – President and Executive Head of the Federation. Address: P.O Box 688, Monrovia, California 91016.

Betty Lee Morales – Secretary

Dorothy B. Hart – Vice-President

Kurt W. Donsbach – Chairman of the Board of Governors and Executive Assistant to the President. 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

John Yiamouyiannis, Ph.D. – Science Director
Address: P.O. Box 688, Monrovia, California 91016
Phone: (213) 358-1155

Convention Bureau – Plans and co-ordinates all convention activities.
Address: P.O. Box 688, Monrovia, California 91016
Phone: (213) 358-1155

Don C. Matchan – Editor of **NHF Bulletin.**

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
Telephone (213) 358-1155
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PLEASE READ THE LABEL!

If the last numbers under name in the address above are 6-75, it means your membership renewal is due July 1. Sending your check now will save NHF the expense of billing you.

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.

UPCOMING NHF CONVENTIONS

Midwest Regional—Sept. 26-28
Sheraton-Chicago—Chicago

Northeast Regional—Nov. 22-23
Statler-Hilton—New York

HELP SAVE OUR HEALTH FREEDOMS